

In a medical bookshop

get this out?' 'This?' I thought to myself, 'what could she be talking about?'. She then handed me the candy. It turns out that 'this' was a wick and I was watching my daughter eat a wax candle in the shape of a candy! I was now so completely horrified and amused at the same time that I began laughing and crying simultaneously in a way that only a working mother during the holidays can, which of course greatly upset my daughter. (They are sensitive at this age, easily embarrassed, developing their independent identities. They are able to identify many objects — although not always correctly). I then found myself in the awkward position of trying to surreptitiously scoop wax out of her mouth while arriving at the head of the line holding an open candle with a big bite out of the side complete with teeth marks (teaching point re: dental development and current recommendations which, for the record, do not include using wax in any capacity). I really had no choice at that point but to buy the thing. To this day, my daughter asks me, 'Mama, is this the store where I ate the candle?'

AGE 5 YEARS: Now we're getting into much higher level thinking. I've been getting questions this year such as 'Who lives with Santa on the North Pole?' 'Where does he get his groceries?' 'How many languages does Santa speak?' 'Can he hear you if you are whispering?' 'Will Santa ever die?' 'Does Santa understand *everything*?' Magical and critical thinking in stiff competition.

AGE 6 YEARS AND BEYOND: Will my oldest still believe in Santa next year? I hope so, but if not, this is a chance to discuss with students the gradual loss of innocence that children experience. Hopefully Christmas will continue to be an exciting time of year for my kids. Hopefully medical students can apply some of these holiday images to clinical encounters during their training. If nothing else, they should get a few good laughs when I give my lecture.

Julie Scott Taylor

This summer I spent a day in central London walking round the area near my old medical school. My feet drifted to the bookshop. There was still a floor of medical books, but no aisle was labelled 'general practice'. The assistant told me that there were a couple of racks at the back of the public health aisle.

When I tracked them down these racks were most disappointing. One was devoted to books teaching you how to pass exams or parts of exams. The other rack seemed equally dry — explanations of the health service, academic treatises and other worthy but unexciting books. These must be the books that are selling; books young doctors in training are actually buying. Perhaps they give us an insight into their priorities; to pass exams, to understand the subject.

But they were not the book for which I was looking. Indeed, until I failed to find it, I did not realise that I had been looking for it. A book with a title like 'How to enjoy general practice and carry on enjoying it', that was the book I was looking for.

Does such a book exist? If such a book were written it would have to talk about cricket. The fascination for the batsman is that every ball in every over is different. In the same way, the fascination of general practice for me is that, even after 20 years, each week at least, I see something new. I see something different; a new illness, a new way of responding to illness.

The glory of general practice is the people. The privilege is to see life from the perspective of such a wide variety of people; the ill and the well, the native and the immigrant. We are one of the few professions to be invited into the homes of almost all people. Often the pictures and decorations are filled with meaning that will be shared with us if we simply show a little interest. This business of seeing life from another person's point of view is called empathy; intellectual empathy if we understand their point of view, emotional empathy if we, so to speak, feel their feelings. This empathy needs to lead to action if it is not to be sterile. Fortunately

as GPs there is often something we can do, if only listening carefully and with respect. Empathy that leads to action, called in the Hebrew bible 'chesed', this seems to me an essential virtue for general practice.

Most recently I have been privileged to work at the 'Medical foundation for the care of victims of torture' writing medico-legal reports. Here I have met a man from Eritrea who was willing to risk torture in order to meet with fellow Christians under the shade of a tree at noon. I have met a shepherd from the desert who had never been in a town before, yet had to give his story a shape that would be understandable to a Home Office official. I have met, alas, with the Home Office, its 'culture of disbelief' and its policy of driving 'failed asylum seekers' into destitution. I have also come across the stories of many individuals and groups who have helped.

This experience, painful as it is at times, has re-enforced my sense of privilege at sharing in the stories of so many people. So, in my experience, general practice can remain enjoyable — so long as the empathic feelings and understandings generated by our work are followed by action and not squandered in inactivity or cynicism.

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