

Correspondence

A Report by a Therapeutic Study Group

Sir,

The report by a Therapeutic Study Group published in the *Journal* of February, 1963 was not only most interesting, but reveals a glimpse of what can be achieved in an almost completely new branch of therapeutics. After reading the report, I was left with a number of questions which I would have liked to put to the authors.

I think they would probably agree, the improvement achieved in most of the cases was somewhat limited and in a few of a rather temporary nature. In two cases the religion of the patient was given though no subsequent comment was made and in case No. 2, where the question of confession arose, I thought it would have been most relevant. A final meeting was held at the home of a priest, the mention of which only arouses curiosity as to his opinion on the various cases.

My overall impression of the cases was that while they were improved, they were left with something vital lacking in their lives and I wonder if with the co-operation of the clergy, a more forceful rehabilitation to their lives could not be undertaken. I believe there would be some justification for our ministers who would possibly describe them as "ships without rudders".

It is my contention that a great deal more can be done for our patients by developing a greater co-operation between doctors and clergy. The South-east England Faculty had a meeting and discussion sometime ago called *Medicine and the Church* the tape recording of which I have been privileged to hear and would commend to all doctors. The enthusiasm of all who took part in that discussion showed the awareness of the need for such closer co-operation. The Natal Coastal Faculty intend to hold a symposium in June 1963 entitled *Religion and Medicine* which is to be on a rather wider basis to embrace the views of various religions and denominations and in the medical side to show that this aspect should not be confined to general practitioners only.

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DAVID MARTYN.

The Surgery

Sir,

I was interested in the Editorial on The Surgery in the *Journal*, February 1963. Yes, I am afraid "surgery" will remain for some time yet, but it is a thousand pities that the family doctor does not welcome the idea that he is consulted by his families and therefore he has his consulting rooms—even more so in many ways than the (hospital) consultant. Every doctor's room is or should aim to be a health "centre". Although the National Health Service Act mentioned health centres (which are in many places not even near the horizon yet), I would have hoped that the

College would continue to talk and write about the general practitioner being *the* educators for health (I don't particularly like the term "health education") and strive to get the younger doctors to take up this new look of health-mindedness every day. This attitude plus the statement "call at my consulting room at 6 p.m." would be a good natural follow-up to removal of the word "surgery" and a suitable advancement from those awful times when it was customary for the doctor's surgery to be recognized by a red lamp!

I am sure that it is matters of this kind which the associates and members of the College could *gradually* set the new patterns of general practice in its allied functions with preventive and social medicine, mental health, family practice and total personal care—much, if not most, through advice and guidance by consultation in a good, clean, well-lighted, attractive room. The benefits (psychological and other) would be great, both to the doctor and to those who consult him. It would in many cases raise the mental habit. It would give a better place and opportunity for discussion and co-operation between the family doctor and any allied medical workers: the family doctor being the "first and last" adviser in the guidance of all those who work on his own patients. It could cut the national drug bill by millions of pounds! It would encourage medical practice, as it were, to emanate from a "clear running river rather than sometimes from a stagnant pool".

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Biological Sex Patterns and Modern Living

Sir,

Dr Philipp (*J. Coll. gen. Practit.* 1963, 6, 35) clearly has much experience of dealing with problems of marital maladjustment and has done well to open a discussion on the subject. Many more doctors and others prepared to spend time dealing with the problems of marital unhappiness are needed in this day and age, the more so as people are nowadays willing to discuss such difficulties more freely than a generation or so ago. There is no doubt, as can be seen from his closing pages, that Dr Philipp has done much to help many couples. He is quite right when he says that partners understand (and can therefore cope with) their difficulties so much more readily when they understand the contrasts between biological needs and modern living (although one could delete the "modern" and say living, for living involves a constant process of adjustment).

Since in practice Dr Philipp seems to be on the right lines, it seems a pity that theoretically he has made a number of fallacious assumptions. It is perhaps worthwhile pointing these out, not simply to pick holes, but because if our knowledge, and therefore our ability to help, is to increase, it must be on the basis of a developing theoretical knowledge. Unhappily a theory based on fallacies will not develop in a fruitful manner.

The first point to make is that Dr Philipp seems to confuse biological adjustment with social adjustment. Here it is important to remember that one must distinguish between biological inheritance and social