

Reviews

Neuroses in General Practice. BY C. A. H. WATTS, M.D.; Royal College of Physicians of Edinburgh Publications No. 6. Edinburgh 1956.

This, the second John Matheson Shaw Lecture of the Royal College of Physicians of Edinburgh, was delivered by Dr. Watts on November 11th, 1955. Dr. Watts reveals that his interest in psychiatry dates from his service during World War II and now after ten years in civil practice he is able to look back on the cases which have been treated by him in his relatively stable rural practice: his experience is thus of great interest. The interest of general practitioners in neuroses is revealed by the fact that he has been able to collect nine statistical surveys made during the same period. From an analysis of these he shows that the percentage of psychiatric casualties varies from 6.5 per cent. to 12.7 per cent. with an average of 9.6 per cent., the average being greater in rural than in urban practices. He shows that two-thirds of these psychiatric cases seen in general practice are neuroses and that most of them can be treated at general practice level. "Most of us see forty to seventy patients in a full working day, so that we should see among them two or four neurotics", but the average general practitioner is, Dr. Watts considers, loath to accept his full share of responsibility for these cases.

"The trouble is that when members of the profession are confronted by a neurotic they tend to suffer from three delusions.

"First, the patient is looked upon as a very troublesome fellow, and one to be avoided as far as possible.

"Secondly, it is thought that psychotherapy requires skill and experience beyond the scope of the general practitioner.

"Thirdly, such treatment is thought to be too time-consuming to be possible in general practice."

Each of these three delusions is taken in turn and analysed by Dr. Watts in such a way as to reveal their true nature. None of us like to have our fixed ideas demolished and Dr. Watts takes great care to perform this operation tenderly, as one would expect from a psychiatrist, but even Dr. Watts agrees that little can be done for the chronic psychiatric casualties who form so large a proportion of the total chronic list in any practice. In his practice he recorded all chronic diseases seen by him from January of last year. From January to September he had collected 195 of which 89 (45.6 per cent.) were psychiatric. These patients had all been ill for two years or more. Thirty cases had been regular attenders ever since he first went to Ibstock nearly ten years before. The general

practitioner's attitude towards these patients he likens to that of the surgeon faced with an inoperable cancer: the disease is either too well established or too malignant to be removed. On the other hand, Dr. Watts finds the acute neuroses relatively easy to handle. In a follow-up record seven to nine years after treatment, as many as 48 per cent. were fully recovered and 28.6 per cent. much improved.

To the argument that psychotherapy requires great skill, Dr. Watts replies that a general practitioner has already proceeded a long way towards practicing psychotherapy when he has established, as he should establish, good rapport with his patients. Indeed the psychotherapy of the general practitioner and of the consultant are quite different and Dr. Watts says that "if a general practitioner claims to benefit 75 per cent. of his acute neuroses, the expert psychiatrist thinking in terms of his own involved complicated and chronic cases naturally questions such figures. . . . To the psychiatrist schizophrenia is an everyday problem. To the general practitioner who sees only three new cases a year, that is 1.3 per cent. of all new psychiatric casualties; it is one of his rarer cases. There is a vast difference between the fresh psychiatric cases seen by the general practitioner and the complicated problems passed on to the psychiatrist."

With regard to the alleged time factor in the treatment of psychiatric patients, we are told that practitioners tend to confuse the time needed for skilled psycho-analysis with the relatively shorter time taken over a psychotherapeutic interview. We will all agree here with Dr. Watts. A practitioner in his consulting room more often than not knows the wife and family and surroundings of his patient and is already on the way to completing a psychotherapeutic interview before he is really aware that he has branched out on this particular form of treatment. "I don't think I spend any more time on my psychiatric cases than I do on the maternity bookings, and both types give me great satisfaction, and in psychiatry there are no night calls." The reviewer, however, remembers chasing an elderly lady in her night-shirt around a graveyard at midnight!—but that was a chronic case.

This paper is full of wisdom gathered by a practitioner who has great interest in psychiatry. His attitude to his patients may be gathered from one final quotation.

"The patient entering hospital; the child separated from its parents awaiting his operation; the neurotic filled with worries and forebodings in the surgery of the general practitioner; the melancholic groping in a veil of misery and horror; the young woman waiting to tell her doctor that she is pregnant, wondering what

examinations, what strange experiences lie in store for her; the aged spinster, bitter and resentful as she feels life has passed her by without even a glance. These underlying psychological situations are not just interesting to know about, they are often vital to the health and well-being of our patients. These 'side issues' may in fact be the cause of the trouble. The flamboyant symptoms they produce for our attention are there to sidetrack the patient from what he wishes was not there, from what he is trying to forget. To hunt down these fears and anxieties, to expose them and finally if possible to neutralize or soothe them, requires in a majority of patients no costly equipment and no vast experience. Three things are essential: an interest in people, a listening ear and patience."

Your Pregnancy

JOHN PLOUGHER; with chapters on antenatal and post-natal exercises by MOLLY PLOUGHER. London: Heinemann. 1956. Pp. vi and 109. Price 3s. 6d.

This handy little book, written by a general-practitioner obstetrician, gives a wealth of practical and useful information to the woman who is pregnant for the first time and will also fill in many of the gaps in knowledge of those who have already borne children.

The author has tried, fairly successfully, to keep the style simple and the text easily understood, but unfortunately has slipped into technical medical terms on several occasions, for instance he refers to "adhesions in the tubes" without explaining what this means. The spelling "caesarean" with an "i", and a too liberal use of capital letters are other minor faults in the text. Furthermore there are several inaccuracies, the most glaring of which is the statement (repeated twice) "that the mother's blood circulates through the babies' body". Many practising obstetricians would not agree that internal examinations should be made at the first visit and again at the thirty-sixth week, or that no routine examination is necessary after the thirty-sixth week in the majority of cases. Nor is it generally accepted that the position of the baby may be accurately ascertained by auscultation; nor that exerting pressure on the abdomen is a usual method of hastening expulsion of the placenta; but these are minor details.

There are two instructive chapters on ante and postnatal exercises as well as some useful administrative information. Many practitioners will have no hesitation in recommending this guide to their patients and some may even carry a small stock for their ante-natal clinics. The booklet has the advantage of being small in size and cheap to purchase.