

### Studies of a General Practice

SIR.—The survey of work in general practice in an urban area undertaken and reported upon by Dr. E. M. Backett and others (*Journal*, January 16, p. 109) is of the greatest interest, and it may be opportune to report, and compare where possible, a survey taken over a period of one year (November, 1952, to October, 1953) in an N.H.S. practice classified as rural. This survey was concerned only with diseases and the amount of work involved.

The practice consists of a partnership of two, each partner, as far as possible, seeing his own patients. The survey was taken of one of the partners' work, the N.H.S. list varying over the year between 2,100 and 2,200 persons. The practice area is in a radius of 10 miles from the surgery with a handful of patients up to 12 miles. The hospital and maternity home are 11 miles away.

The N.H.S. medical work was 9,675 items, consisting of 5,017 visits (51.8%) and 4,658 consultations at the surgery (48.2%). Work such as the signing of pension forms, certificates for coal and housing, life assurance reports and examinations, telephone conversations to hospitals, etc., was not included in the 9,675 items listed, nor were long conversations with patients (if they did not directly concern that person's disease—if any). For the purpose of the survey, diseases were classified under 17 headings as shown on the chart. The small number of patients referred for specialist opinion is mainly due to the fact that the hospital laboratory and x-ray department are willing to carry out any investigation on our direct request. This facility is very much appreciated.

|                                  | No. of Consultations Plus Visits | Consultations Plus Visits % (Approx.) | No. of Cases Seen (New) | New Cases % (Approx.) | Referred to Specialist |
|----------------------------------|----------------------------------|---------------------------------------|-------------------------|-----------------------|------------------------|
| 1 Respiratory ..                 | 1,952                            | 20                                    | 578                     | 20                    | 33                     |
| 2 C.V.S. ..                      | 1,315                            | 14.5                                  | 144                     | 5                     | 8                      |
| 3 Digestive system..             | 640                              | 6.75                                  | 229                     | 8                     | 12                     |
| 4 Blood diseases ..              | 433                              | 4.5                                   | 62                      | 2                     | 2                      |
| 5 Orthopaedic ..                 | 790                              | 8                                     | 285                     | 10                    | 27                     |
| 6 Endocrine disturb-<br>ances .. | 155                              | 1.5                                   | 41                      | 1.5                   | 1                      |
| 7 Midwifery ..                   | 483                              | 5                                     | 54                      | 2                     | 4                      |
| 8 E.N.T. ..                      | 751                              | 7.75                                  | 443                     | 15.5                  | 24                     |
| 9 Neurosis ..                    | 424                              | 4.5                                   | 94                      | 3.25                  | 9                      |
| 10 Skin diseases ..              | 555                              | 5.75                                  | 266                     | 9.25                  | 12                     |
| 11 Infectious diseases           | 350                              | 3.5                                   | 105                     | 3.5                   | 1                      |
| 12 Minor surgery ..              | 327                              | 3.25                                  | 117                     | 4                     | 2                      |
| 13 Accidents ..                  | 325                              | 3.25                                  | 167                     | 6                     | 8                      |
| 14 Renal system ..               | 287                              | 2.75                                  | 60                      | 2                     | 6                      |
| 15 Gynaecology ..                | 225                              | 2.25                                  | 50                      | 2                     | 14                     |
| 16 Eyes ..                       | 174                              | 1.75                                  | 118                     | 4                     | 8                      |
| 17 Surgical ..                   | 489                              | 5                                     | 62                      | 2                     | 25                     |
| Total ..                         | 9,675                            | 100                                   | 2,875                   | 100                   | 196                    |

Comparing Dr. Backett's figures in the urban practice with the above rural practice, it can be seen that there is no great variation—that is, (1) psychiatric disorders, or neurosis, involved 5% of all cases in the urban area and 3.25% in the rural, while work involved was 1 to 7% urban and 4.5% rural; (2) cardiovascular system: 3% of all cases urban and 5% rural, work involved 2 to 10% urban and 14.5% rural; (3) skin: 11% of all cases urban, 9.25% rural, work involved 6 to 12% urban, 9.25% rural. The one outstanding variation between the two practices is in the percentages of work involving visits to the patient's home—36% urban, 51.8% rural. There are a few patients who think that it is easier for the doctor to travel to his house than for him or her to get to the surgery. There is also the "snob" element in a few patients which is difficult, and not always wise, to break. It may be that the rural patient has to be iller than his urban brother before he seeks advice (although up till now this had never occurred to me). Or perhaps it just goes to show that no two practices are alike. If the latter is the case, is it really worth wallowing in a mass of figures?—I am, etc.,

Brightlingsea, Essex.

JOHN MIDDLETON.

### Training General Practitioners in Psychotherapy

SIR.—Dr. Michael Balint's warm-hearted and sympathetic article on "Training General Practitioners in Psychotherapy" (*Journal*, January 16, p. 115) must have been read with gratitude by many analytical psychotherapists. The practitioner's relationship to the psychiatric consultant of the analytical persuasion is one of the most complex and paradoxical issues in present-day medicine. The author describes certain aspects of this relationship which exist on both sides. From the long waiting-lists in all psychiatric institutions and the longer ones in the few existing analytical clinics, it becomes quite obvious how much in need the practitioner feels of the help of medical psychotherapists. Yet when he sends his patient to the analyst, he is often—certainly more often than not—ignorant of the analytical methods and its many implications. He so often feels that analysis is glorified pep-talking, only more expensive, and that if he had the time he could do most of it himself. He usually has heard little of positive and negative transference and less of the meaning of symbols in dreams and free associations. He may marvel at the long time an analysis with one of his patients may take and at the continuation of symptoms even after many months of treatment. He may even wonder whether the relationship between patient and analyst, which is based on the transference, is the right thing for his patient.

All this may make the practitioner into a far from whole-hearted ally of the very specialist whom he has called in. As soon as the practitioner's co-operation with the psychotherapist becomes less than whole-hearted, the analysis may be adversely affected, and the patient may then, with the intuitiveness of the neurotic, begin to see a way of "escape from cure" by playing off the two authorities one against the other. I am quite sure that the practitioner has sometimes most unsympathetic colleagues among the analytical specialists and finds that the latter may have little idea of his own work and its complexity. Ideally, therefore, not only should the practitioner learn much more about analytical psychotherapy in practice, but equally the analyst should miss no opportunity to acquaint himself with the work confronting the practitioner in his daily tasks. Dr. Balint's article may inspire many of his readers to seek a closer understanding and more intimate knowledge. Perhaps it will become possible, not only in London, to have training and discussion groups established, which would be such a blessing to both practitioner and specialist and bring more effective help to so many neurotic patients.—I am, etc.,

Edinburgh, 9.

W. P. KRAEMER.

SIR.—In his good and stimulating paper, "Training General Practitioners in Psychotherapy" (*Journal*, January 16, p. 115), Dr. Michael Balint says that "the only training which systematically caters for these difficulties [difficulties in personality of the prospective psychotherapist] is the psycho-analytic training."

May I be allowed the hospitality of your columns to correct and supplement this statement? The Society of Analytical Psychology also provides a training with identical aims.—I am, etc.,

London, W.1.

MICHAEL FORDHAM.

### Treatment of Angina

SIR.—Dr. David Weitzman's paper (*Journal*, December 26, 1953, p. 1409) on penta-erythritol tetranitrate (P.E.T.N.) raises a number of interesting points, and his somewhat inconclusive results correspond to those which other observers have found with this preparation and with its precursor, erythrol tetranitrate (E.T.). Twenty years ago Evans and Hoyle<sup>1</sup> reached the conclusion that E.T., in common with a large number of other potential vasodilators, had practically no value in the management of angina pectoris, but their conclusion is not borne out by practical experience spread over a large number of cases.