

Medicine and Books

Talking to the point

Doctors Talking to Patients. Patrick S Byrne and Barrie E Long. (Pp 195; £2.45.) HMSO. 1976.

Six Minutes for the Patient. Ed Enid Balint and J S Norrell. (Pp 182; £2.20.) Tavistock Publications. 1976.

Language and Communication in General Practice. Ed B A Tanner. (Pp 202; boards, £4.95; unibook, £2.95.) Hodder and Stoughton. 1976.

A class of mature social work and probation students was critical of general practice, so their tutor (who has a case load himself) arranged for each student to visit a practice for two weeks. Subsequently, they all said they were impressed with the rapid turnover in a surgery session (when sometimes more patients were seen than the caseworkers' total case load). They agreed that the doctor's receptionist—under pressure from both patients and doctors—had the most difficult time. Consultation figures from overseas, hospital, and private consulting rooms suggest that many doctors seeing patients they already know reach tempos much the same as those in general practice in Britain.

Yet myths persist: one is that there was a golden age when all family doctors saw only a few patients an hour—but I suspect that they were the more affluent in those days of private practice—rather than the more diseased patients who found their way to dispensaries or outpatient departments; another myth is that if we halved our list size we would spend twice as long on each patient, and health care quality would be doubled. After years of demanding smaller classes to produce higher educational standards the teaching profession now finds its members out of work rather than the class size decreasing. If the junior doctors' submission of evidence to the Royal Commission is logistically sound, unemployed doctors may, within 10 years, produce a comparable crucial experiment in primary medical care; others expound Parkinson's law that work expands to fit the time available and, at the RCGP Spring meeting in Exeter, Dr John Fry is proposing that: "This house believes that most general practitioners can provide good care for 5000 patients." Another form of inverse law states that it is patriotic for a miner to increase output by 10%, or for Leyland to make 11 cars where they made 10 before, yet it is rare for pundits to discuss increasing productivity in general practice.

Condensed consultation

While the debate continues over work load it is likely that the future will be moulded more by powers beyond our control than by Stakhanovite planning from those wonderful experts who gave us "reorganisation." Much more urgent is the need for the present system to be improved, so that the six-minute consultation is more effective and more sensitive. Every practitioner with 2500 patients (who consult, on average, four times a year), over five morning surgeries and four evening surgeries sees 24 patients each session. It is amazing that, since 1948, 20 000 practitioners have been doing this much with so little academic interest. Medical students learn the intricacies of the Krebs cycle, but have no idea of the interaction patterns of consultation.

Three new books now tackle the subject of consultation from three different angles and complement each other. Any GP who

is interested in practice above the level of the leastest for the mostest should buy at least one. None is easy reading, but neither is Gray's *Anatomy*. The total cost of all three paperbacks is £7.60, and trainers should buy all three for their training library (from their £1300 training grant), and for others it would only cost about one full life insurance examination and one private sick note.

Joint effort

I rate *Doctors Talking to Patients* as one of the most exciting general practice books I have read since Michael Balint's first book, or Arthur Watt's classic on depression. In 1971 it was hatched in Westmorland as a research project, when 60 British doctors, four Dutch, and six Irish GPs, with some hearty antipodean encouragement, taped consultations with 2500 patients in all moods and weathers. Those who have made the pilgrimage to Manchester will recognise Pat Byrne's shrewdness and Barrie Long's devastating insight. The consultations were analysed, superimposed, and a clear skeleton emerged: it is as if Linnaeus had tackled the six-minute interview. It needs reading, not skimming, and I applaud the brave doctors who presented themselves for analysis; my heart bled for several in the chapter "Consultations that go wrong." In case my enthusiasm was personal, I asked my favourite second opinion, and he said, "fabulous." To my mind, the book marks a change in dimension, similar to that when black and white television was superseded by colour: I can see future trainees bringing their tapes to tutorials and they will soon learn to be better than those of us who have been submerged in the deep end for so long.

Six minutes for the Patient is an end of an epoch: it is the last of the late Michael Balint's works. To many Balint suggests an hour for each patient, but this book (edited by Enid Balint and J S Norrell) suggests that it is the flash of empathy of a doctor for his patient and his ability to communicate this to the patient that is most important, not the turning of GPs into mini-psychiatrists. Chapters on "the time factor," and "the patient's use of doctor" can help all of us in practice. The essence of Balint is that a dozen doctors with continuous care for patients should meet regularly, over two to four years, to discuss their patients' problems about such things as death, repeat prescriptions, referrals, stillbirth, asthma, night calls, divorce, and abortion. The group relates personal interaction in a peer group setting, and predicts the future. With sensitive leaders and an integrated group, this book eloquently shows what can be done in six minutes for the patient.

Brown bread and butter

Language and Communication in General Practice, the paperback account of a recent seminar at the Royal College of General Practitioners, is edited and prefaced by a GP, Dr Bernice Tanner, introduced by a director of the Nuffield Foundation, in which three linguists and two psychologists join a developmental ethologist, a biologist, and four GPs to pool their common knowledge. Many of the authors have only secondhand knowledge of consultations, which made it of less interest to me (as did a remark such as ". . . we all know the name of

Chomsky”), but I read on and found the book rewarding. It is to the other two books the brown bread and butter that goes with their champagne and oysters. Doctors are notoriously isolated from other professions—so much so that Marshall Marinker once threatened to run a seminar on family life using only *King Lear*, *The Family Reunion*, and *Who’s afraid of Virginia Woolf?* as the basis for discussion. The non-medical experts were sensibly helpful and I could follow most: their description of children learning to talk corresponds with recollections of our own children. Patrick Byrne’s chapter is a trailer for “Doctors talking to patients”; Sam Vakil shames us by demonstrating how a few brief developmental notes made during five to 10 minutes’ consultation can be of vital importance if milestones are not reached (and presages Court); Patrick Pietroni illustrates non-verbal communication, especially by using a consultation with the same words but played in two different ways, and for this chapter alone it is worth reading the book. The last chapter by Dr Paul Freeling, “Interactions in small groups,” is more for the teacher than the taught, but as we shall need nearly 1500 trainers this could help them to imagine their groups forming, norming, storming, and then performing. I could not disagree with a word except that he spelt “consensus” in a way not approved by Gowers or Fowler. Nuffield modulators will read avidly as he unpeels skins (like the Button Moulder’s onion) overtly to reveal his strategies as a group leader.

Trainees and teachers need such books if they are to carry on the British tradition of continuous personal care in general practice. Taken together these three inexpensive books should stimulate us all to see ourselves as our patients see us, and Wilhelm von Humbolt nearly 150 years ago correctly wrote that “language must make infinite use of finite resources.” So must general practice.

ROBIN STEEL

The silent world

The Causes of Profound Deafness in Childhood. George R Fraser. (Pp 410; £17.) Bailliere Tindall. 1977.

To those who are seriously concerned with the aetiology of profound deafness in childhood the work of George Fraser is not only respected but also revered. No fewer than one in every thousand children in the developed countries suffer from hearing loss bad enough to interfere with acquiring speech, and Fraser’s investigations into the causes of blindness have opened up completely new avenues. Now his attention has turned to the less well-known, but equally important, topic of childhood deafness.

This is a detailed retrospective analysis of 3535 individuals suffering from profound deafness who live in the British Isles, or within 50 miles of Adelaide, South Australia. Most of them were under 16 (defined as being at the beginning of adult life), and the adults were suffering from severe bilateral hearing defects dating from birth or childhood. Each patient had a detailed clinical examination, together with several investigations with specific reference to three autosomal recessive syndromes including deafness in combination with goitre, fainting attacks with anomalies of cardiac conduction, and with retinitis pigmentosa. Considerable attention was paid to medical and family histories, particularly within the prenatal period—easier in children because less time has elapsed since infancy. Much information was obtained by postal questionnaire, although a personal home visit was included wherever possible. The surveys from which the material was gathered were carried out from 1958 to 1961 in Britain, and 1966 to 1967 in South Australia.

In case potential readers—and these include all those interested in genetics, epidemiology, and, of course, deafness—are put off by thoughts of innumerable pages of statistics, let me

hasten to say that George Fraser has the rare distinction of writing clear, concise, and readable English. This fascinating account of an important investigation clearly analyses both congenital and acquired causes of childhood deafness (although in about one-third of the British children no cause was discovered for their disability).

The inquiry suffers from the disadvantages common to most retrospective surveys, and with difficulties of defining profound deafness or determining the age of onset. Yet the clear exposition of possible genetic causes of congenital deafness, together with the valuable experience and information gained by this project, must surely have laid the foundations for further large-scale studies.

D F N HARRISON

Surveying the nation’s health

Primary Health Care. Donald Hicks. (Pp 629; £9.50.) HMSO. 1976.

The Department of Health and Social Security commissioned a review of primary health care in June 1973 and the text was delivered in November 1974—in the 17 months’ gestation the author had written (by hand) about 300 000 words and had abstracted 336 tables and three figures from about 400 references. The book is trenchant, coherent, and eminently readable.

Hicks starts by considering the problems of defining and measuring health and illness and then goes on to devote about a third of the book to studies of morbidity in the British population in general, and in general practice in particular. The Survey of Sickness and the General Household Survey each get a chapter to themselves; the two national morbidity surveys share one; and he pays detailed attention to other sources of government information about health and relating to studies by individual workers. Then comes the turn of health visitors, home nurses, social work in general practice, mental health in the general community, and school health. He finishes by discussing the organisation of a primary care team—he firmly believes that primary care is a team job, though “the smaller the team the better.”

Nobody who is interested in the health service and what it is trying to do can afford to be without this book (£9.50 notwithstanding), if only because its coverage is so comprehensive and the material abstracted so relevant, clear, and accurate, and Hicks’s own pungent and provocative views are a valuable bonus. But be warned: the latter are not served up in summary form for the cursory reader, they are sprinkled, like pepper on an omelette, as isolated sentences throughout the text.

ROY M ACHESON

Up-to-date surgery

Current Surgical Practice. Vol 1. Eds John Hadfield and Michael Hobsley. (Pp 268; £6.95 paperback, £14 hardback.) Edward Arnold. 1976.

The Royal College of Surgeons of England takes surgical post-graduate education very seriously. It organises symposia and discussion evenings, hosts scientific programmes, and runs highly successful courses in basic sciences. But perhaps its most popular and rewarding activity is its intensive FRCS courses, incorporating as they do a series of evening lectures on rapidly advancing, controversial, and topical items of surgical interest. The council of the college has now asked John Hadfield and Michael Hobsley to publish selected lectures from these courses, and this first volume is an excellent start to the project. The 18

contributors (mostly surgeons, but also a physician, a gynaecologist, and a dentist) are all well-known teachers and the majority are, or have been, members of the court of examiners of the college. The lectures cover a wide range of subjects, and the editors themselves have written interesting chapters on the aims of postgraduate surgical education, and on benign diseases of the breast. It is particularly refreshing that each section, in addition to being an excellent review of current developments, also represents the personal opinions and experience of its highly expert author—good examples are the chapter on modern surgical attitudes to peptic ulceration by Professor David Johnston, and that on the surgical management of Crohn's disease by John Alexander-Williams. All FRCS candidates should find this first volume of value, and it will also be read with pleasure and with profit by experienced surgeons.

HAROLD ELLIS

Health by compulsion

A System of Complete Medical Police. Selections from Johann Peter Frank. Ed Erna Lesky. (Pp 469; £24.) John Wiley. 1976.

Johann Peter Frank (1745-1821) was one of the early originators of the idea of the responsibility of the State for the health of its people. When he was a young medical student he sketched out his plan for a system of medical police during an interview with the dean of the faculty of medicine at Heidelberg. As a doctor he was a brilliant clinician, medical educator, and hospital administrator, who occupied several professional chairs and was offered a chair at Paris by Napoleon. He spent most of his working life in countries where absolutism was the rule, and believed that health could be promoted only by coercion. The first volume of his *System* appeared in 1779, and the last in 1818, and traced the course of a man's life from the womb to the grave, detailing how every action should be regulated for his own good. This massive six-volume work has been somewhat neglected in British public health history, as no English translation existed of the original German text.

In recent years several medical history scholars in the United States have become interested in Frank's work, and the present book is a translation of selections from his *System of Medical Police*. Many of Frank's recommendations are obviously based on rich practical experience and are, in fact, commonplace today. In Volume I he discusses procreation, marriage, and pregnancy and, among other things, recommends the importance of sex instruction, the need for girls to have outdoor exercise, and for medical attention and the services of a midwife to be available antenatally and during labour. No mother whose physical condition did not warrant it would be excused from breastfeeding her child. He proposed legislation to excuse the mother a period of several weeks from any work in or outside the house so that she could devote herself to the care of her infant.

Similarly, he laid down rules for school health, the provision of swimming baths, playing fields, and physical training for all children. He also dealt with the proper construction of schools, and, throughout, emphasises the relationship between diseases and man's physical and social environment. In later volumes he dealt with food hygiene, diet, accident prevention, and many other topics. He proposed legislation to suppress alcoholism, prostitution, and venereal disease.

Frank lived in the latter period of the age of absolutism, and his *System* was largely devised as advice to an enlightened despot. Although many of his teachings were soundly based the concept of the promotion of health by compulsion had little impact on nineteenth century Britain. His detailed rules would be laughed at today, when health education is endeavouring to encourage changes in social behaviour by discussion and persuasion.

This is an exciting book and is well worth reading. The detail with which Frank deals with almost every human activity is

almost unbelievable, but interest is maintained throughout by the breadth of knowledge of this highly experienced physician.

ANDREW B SEMPLE

Scrapie and other agents

Slow Viruses. David H Adams and Thomas M Bell. (Pp 214; \$7.50 softcover, \$19.50 hardback.) Addison Wesley. 1976.

Refreshingly readable and informal, this extended essay is sometimes naive but it carries a sustained thesis about the probable nature of slow viruses and the diseases they cause. A smattering of molecular biology is required to appreciate the argument, and a deeper knowledge to evaluate it critically.

Slow viruses are provisionally considered to be viruses with exceptionally long incubation periods. Processes of virus multiplication are reviewed and scrutinised for rate-governing possibilities, with the conclusion that the most likely stable "slowing" influence may be connected with the restraint of cellular DNA replication which pertains in several circumstances.

The well-studied scrapie agent is then discussed, concluding that it is probably DNA-based, of very small size, and protected against ultraviolet irradiation by associated molecules. Consideration of the pathogenesis of scrapie leads to a useful review of other spongiform encephalopathies, progressive multifocal leukoencephalopathy, visna-maedi, subacute sclerosing panencephalitis (derived from measles), and multiple sclerosis (for the infectious aetiology of which measles virus, with or without assistance by the "Carp" agent, is a leading contender). The authors argue that the group of slow viruses are based on DNA, which becomes associated with host cell genome and subject to the same constraints on its replication. In the case of the RNA virus of visna, these constraints may operate on a transcribed DNA phase. Chance presence of a leukovirus during measles infection may rarely provide reverse transcriptase to copy some measles RNA into DNA which may persist under constraints with incomplete expression causing subacute sclerosing panencephalitis.

Other possible slow virus diseases are briefly discussed concluding that, while individually rare, taken together slow virus diseases may make an important contribution to degenerative disabilities and death. There is a very long way to go before our understanding is sufficient to advance control of these challenging diseases. The authors' thesis provides a stimulating contribution to the necessary dialectic. Those who enjoy dialectics will enjoy this provocative book.

N R GRIST

Reviewed in brief

Brathay Hall is one of those splendid places that runs courses for businessmen and others to encourage and test their qualities of leadership, initiative, and endurance when abandoned in such unfamiliar places as mineshafts, rockfaces, and hilltops, in all weather conditions, with only subsistence rations and equipment. The Brathay Exploration Group has sent the *BMJ* a copy of their *Expedition Medicines, a Planning Guide* by R N Illingworth—though whether this is for survival purposes or to elicit advice and suggestions (which Dr Illingworth says he would welcome) is not clear. He begins by saying that only those who are reasonably fit should venture on expeditions to remote parts but, sensibly, does not exclude those suffering from blindness, asthma, epilepsy, diabetes, or pregnancy (provided that the implications are fully considered). There is some excellent advice about immunisation, the safety of food and water, medical equipment and kits, and a list of books and articles on expedition medicine is given at the end of this information-packed booklet, which is obtainable from Brathay Exploration Group, Ambleside, Cumbria, for 50p.

Some new titles

Anaesthetics

Anesthesia and the Kidney. R Dennis Bastron and Stanley Deutsch. (Pp 98, \$11.) Grune and Stratton. 1976.

Cardiology

Non-Invasive Diagnostic Techniques in Cardiology. Alberto Benchimol. (Pp 444; £29.50.) Williams and Wilkins. 1977.

Endocrinology

Sex Hormone Pharmacology. J Brotherton. (Pp 511; £16.) Academic Press. 1977.

Geriatrics

Geriatric Psychiatry: A Handbook for Psychiatrists and Primary Care Physicians. Eds Leopold Bellak and Toksoz B Karasu. (Pp 312; \$17.50.) Grune and Stratton. 1976.

Residential Work with the Elderly. C Paul Brearley. (Pp 107; £4.75 cloth, £2.25 paperback.) Routledge and Kegan Paul. 1977.

Immunology

Current Topics in Immunology Series. Ed J L Turk. (6) "Immunodeficiency." Anthony R Hayward. (Pp 125; paperback, £5.50.) (7) Immunopathology of Rheumatic Diseases." R N Maini, D N Glass, and J T Scott. (Pp 146; paperback, £5.95.) Edward Arnold. 1977.

Immunobiology for the Clinician. Hugh R K Barber. (Pp 310; £14.65.) Wiley. 1977.

Infectious diseases

Viral Diseases of the Skin, Mucous Membranes and Genitals. Theodor Nasemann. (Pp 217; £24.75.) Saunders. English edn, 1977.

Nephrology

The Kidney in Pregnancy. Russell Ramon de Alvarez. (Pp 235; £14.25.) Wiley. 1977.

Obstetrics and Gynaecology

Clinics in Obstetrics and Gynaecology. Vol 1, No 1. "The Menopause." Eds Robert B Greenblatt and John Studd. (Pp 262; £7.50.) Saunders. 1977.

Reproduction. Jack Cohen. (Pp 356; £4.95.) Butterworths. 1977.

Oncology

BCG in Cancer Immunotherapy. Eds Gilles Lamoureaux, Raymond Turcotte, and Vincent Portelance. (Pp 392; \$18.) Grune and Stratton. 1976.

Cancer Incidence in Five Continents. Vol 3. Eds J Waterhouse, C Muir, P Correa, and J Powell. (Pp 584; \$40, Sw. fr. 100.) International Agency for Research on Cancer. 1976. Distributed for IARC by the World Health Organisation.

Ophthalmology

System of Ophthalmology. Ed Sir Stewart Duke-Elder. Indices. Rosamund E Soley. (Pp 489; £17.50.) Henry Kimpton. 1977.

Spatial Aspects of Orbital Musculo-Fibrous Tissue in Man. Leo Koornneef. (Pp 167; Dutch guilders 67.60.) Swets and Zeitlinger, Amsterdam and Lisse. 1977.

Pathology

A Survey of Pathology. With colour microfiche illustrations and

instructional objectives. Donald W King, Lester M Geller, Paul Krieger, Fred Silva, and Jay H Lefkowitz. (Pp 216; £14.25.) Oxford University Press. 1976.

Pathology Annual. Vol 2, 1976. Series ed Sheldon C Sommers. (Pp 465; £20.40.) Appleton-Century-Crofts. 1976.

Pharmacology

Drug Interactions. Ed D G Grahame-Smith. (Pp 310; £15.) Macmillan. 1977.

Psychiatry

Communication Therapy in Childhood Schizophrenia. An Auditory Monitoring Approach. Elaine Yudkovitz, Nancy Lewison, and Judy Rottersman. (Pp 209; £6.05.) Grune and Stratton. 1976.

Pharmacology of Sleep. Eds Robert L Williams and Ismet Karacan. Foreword by Jules H Massermann. (Pp 354; £20.) Wiley. 1977.

Foundations of Biochemical Psychiatry. David S Segal, Joel Yager, and John L Sullivan. (Pp 346; £12.50.) Butterworths. 1977.

Psychology

Introduction to Psychology. Ed John C Colman. (Pp 350; £6.95 cloth, £3.50 paperback.) Routledge and Kegan Paul. 1977.

Surgery

Regional Flaps of the Head and Neck. John Conley. With contributions by V Y Bakamjian, A J Novak, and E Schmid. (Pp 268; £50.) Saunders. 1976.

Miscellaneous

Annual Research Reviews. Series Editor: D F Horrobin. "The Pineal." Richard Relkin. (Pp 187; \$20.); "Biofeedback," Wilfrid I Hume. (Pp 75; \$15.); "Prolactin 1976." D F Horrobin. (Pp 208; \$20.) Eden Press. Montreal. 1976.

The Johns Hopkins Atlas of Human Functional Anatomy. Illustrated by Leon Schlossberg. Text edited by George D Zuidema. (Pp 108; 44 plates; limp, £4.95, cased, £9.50.) Baillière Tindall. 1977.

Multiple Choice Questions on Lecture Notes on General Surgery. P R Fleming, J F Stokes, and foreword by Harold Ellis. (Pp 60; paperback, £1.25.) Blackwell. 1977.

Helping the Retarded: A Systematic Behavioural Approach. E A Perkins, P D Taylor, and A C M Capie. (Pp 105; paperback, £2.95 post free.) Institute of Mental Subnormality, Kidderminster. 1976.

The Hospitals and Health Services Year Book 1977. Ed N W Chaplin. (Pp 1156; £17.40 post free.) Institute of Health Service Administrators, London. 1977.

Current Medical Diagnosis and Treatment 1977: 16th Annual Revision. Eds Marcus A Krupp and Milton J Chatton. (Pp 1066; \$16.) Lange Medical Publications, Los Altos, California. 1977.

New editions

Medical Emergency Manual. 2nd edn. Ed Mary E Moore. (Pp 182; paperback, no price.) Williams and Wilkins. 1976.

Infant Feeding and Feeding Difficulties. 5th edn. Ronald MacKeith and Christopher Wood. (Pp 330; £5.95.) Churchill Livingstone. 1977.

Antibiotics in Clinical Practice. 3rd edn. Hillas Smith. (Pp 413; £8.) Pitman Medical. 1977.