

BOOKS AND REVIEWS

Psychosomatics, by M. Balint and B. Luban-Plozza, *Médecine et Hygiène*, Geneva, 1969, No 857.

. . . Scientific evolution, far from having solved all the problems raised by disease, has cast doubt, according to Duregard, on the very concept of disease, by bringing to light the whole field of multifactorial etiologies, psychosomatics, the complexity of doctor-patient relations, the therapeutic results of the use of placebos, etc. However, the use of the most advanced methods should not result in the de-personalization of medicine. Quite the contrary; a major trend in modern medicine tends to bring out the extreme individuality of each case, verging on a biochemical or molecular definition of every single human being.

Diagnosis by machine will very probably alter the whole doctor-patient relationship. This has already been affected by progress in methods of measuring health in figures, in that the patient's condition is told him by a machine.

It is vital that the modern doctor, "surrounded by machines and swamped with figures", should not lose contact with his patient as a human being.

As the physiologist Bechterev said: "If the patient doesn't feel better after seeing his doctor, it means the doctor is no good". Patients want a confident, someone who will listen to them. They often use their bodies as a means of communicating with the doctor. Their illness becomes a way of making contact, of being able to talk to someone.

General practitioners are becoming increasingly aware of the fact that psychological tensions, caused by family or professional worries, are behind many illnesses, but fear they would have to spend too much time and energy on such background problems.

In 94 % of general cases, treatment of psychological disturbances is medicinal. (Hoff, Leiter). Luck, intuition and the legendary "healing touch" are far from axiomatic in the art of medicine. Braun writes that: "What I do (for a functionally sick patient) is often not at all what I have learned". In spite of the efforts of recent years, we are still stumbling on the threshold of the proper treatment for psychosomatic complaints.

How can this situation be remedied and the perpetual lack of time made up? How can the student's training and the practitioner's experience increase their knowledge and effectiveness in psychosomatic medicine? If doctor-patient relations can be learned, can they be taught?

M. Balint's reply is that the medical practitioner—that is every doctor—should learn how to use his own personality and emotional make-up as weapons of diagnosis and therapy. The doctor must consider the patient's condition not only as a sign of somatic suffering, but

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possibly as the physical expression of an inner conflict or difficulty to adapt.

Balint's research and training methods, his small discussion groups, are proving to be a practical means of developing the vocational personality and of teaching the relationship between the doctor and his patients...

Bruxelles-Médical, Bruxelles, 1969, No. 2.

Our century will no doubt be marked by the discovery of nuclear energy, the development of the computer, the conquest of space and the first heart transplant. But apart from these sensational discoveries, it will also be marked by the advent of a new phenomenon, namely the collective awareness of certain threats weighing on the future of humanity.

For the first time in his history man realises that his future on earth is seriously threatened; threatened by destruction by thermo-nuclear warfare, threatened by asphyxia through the pollution of water and air, threatened by famine owing to a population explosion. And for the first time, humanity is beginning to realise that over and above the races, ideologies and religions, it must unite in order to take energetic and collective precautions. If humanity is to survive, that is to say not only to survive but to advance, it must succeed in controlling nuclear armaments, air and water pollution as well as fertility.

I feel I am in a position to state that from a purely technical point of view, we now have at our disposal an arsenal of contraceptive methods which should enable us to face up to the demographic problems. But it is not enough to be in possession of efficient methods for checking the threat of overpopulation of our planet; what is needed is to be able to use them on a large scale, which implies an education of the masses, something which is still far from being attained, and it is in that direction that our efforts ought at present to be directed. (*J. Schwerts*)

The Conflict of Generations in Nursing, by Yrjo Lethi, *International Nursing Review*, Basel, 1969, Vol. 16, No. 2.

This seemingly unavoidable conflict can be eased by certain practical measures associated with the meeting situation itself. Evidently the situation ought to be prepared very carefully and with long-range aims. It would hardly cause very great trouble if the older workers were informed about the affair beforehand, and surely it would be still better if they were allowed in some way to participate in choosing the new employee, for instance by expressing their opinions. Similarly, one should explain to the new worker what is awaiting her. Experience seems to