

## Het lezen waard

Het letterkundig maandblad „De Gids” is in april/mei 1966 in een dubbel nummer uitgekomen dat geheel gewijd is aan de dood. Voor de arts staan hier vele belangwekkende bijdragen in zowel van literatoren als van collega's. Deze uitgave is verkrijgbaar bij de boekhandel of bij Meulenhoff & Co. n.v., Beulingstraat 2, Amsterdam-C. De prijs van dit 332 bladzijden tellende nummer bedraagt f 5,75.

## Nota bene

Het verdient aanbeveling kaliumchloride niet in „coated” tabletvorm toe te dienen, ook niet gecombineerd met een ander geneesmiddel, omdat KCl in deze vorm darmulcera kan veroorzaken.

Thiazide-diuretica kunnen diabetes veroorzaken of verergeren. Regelmatig urine-onderzoek op glucose is daarom gewenst bij patiënten, die deze geneesmiddelen krijgen.

Hebt u het telefoonnummer Vergiftigingsinformatiedienst R.I.V. in uw agenda staan? Zo niet, noteer dan: 030-27151.

## Literatuurinformatie (6)\*

Good, R. *The doctor and his dictionary*. (1966) *New. Eng. J. Med.* 275, 587-590.

The ultimate responsibility for orderly development of the language and the dictionary comes down to the people who are in a position to guide the direction of change. Diction and usage in general are influenced by the writers and editors of the popular magazines and newspapers; medical usage is influenced by the medical authors and publishers. The dictionary is in the middle, receiving and dispensing information.

There are no absolute rights and wrongs; language is free to roam at will, and nobody can put a leash on it. But for effective communication there must be a stable medium of exchange, and this is found in the „linguistic norm” that advances between amorphism on one side and petrification on the other. And for effective expression there are criteria involving taste, discrimination and sensitivity-attitudes that the physician has to develop on his own. There is no substitute for individual linguistic scholarship in bringing order and precision to medical language and its repositories.

Petersen, Ch. A. *Why women stay home: a company doctor's analysis* (1966) *Personnel* 43, 36-43 (May/June).

The author discusses age differentials and examines the early period of a woman's working experience: the getting acquainted period (nearly no absence) and the „after the initiation” period (the employee may more and more become a „no show”). He analyses the role of tensions, the middle years and the later years. The working environment can and should be itself an incentive. Psychozonic ailments can frequently be traced to a tense interpersonal relationship. Finally he gives some advice to management.

Browne, K. & P. Freeling. *The doctor-patient relationship. IX. Assumptive worlds* (1966) *Practitioner* 197, 381-386.

One of the phenomena of modern medicine is that whilst its advances have affected mortality rates and to some extent morbidity rates, they have had no effect on consultation rates. There are many possible explanations of this, but the area which concerns us at this time is that in which modern drugs do not help. Drugs said to have an effect on the emotional responses of people come only after the antibiotics and the steroids in their multiplicity and miraculous claims. In fact on clinical trial many of these drugs have

\* Zie (1966) huisarts en wetenschap 9, 259.

been found to be little more than expensive placebos when they are used in emotional disorders less severe than psychoses. Their frequent prescription, however, reflects two important assumptions: that there is a large number of patients whom the doctor thinks have disorders of emotional origin, and that a medication aimed at symptoms of emotional illness will in fact help the patient. This is, of course, sometimes true, but only infrequently. In acting on these assumptions we all encounter occasional cures but also a disappointingly large number of failures.

Callahan, E. M. e.a. *The „sick role” in chronic illness: some reactions*. (1966) *J. chron. Dis.* 19, 883-897.

Chronic illness, defined in terms of residual disability and irreversible pathological damage, incorporates a sick role that is unique and only partially comparable to the role played in acute illness. This sick role differs in the respect that the patient will never completely be able to move out of it, in the sense that former role-resumption will be impossible or inadvisable. The inability to move out of the sick role may cause the individual to experience conflict with societal demands and his own interpersonal response traits. Conversely, the needs of the health team, the family or the patient may cause the individual to accept an „obligation to remain sick”.

In any illness situation, the patient and family depend on the health team for guidance in achieving a therapeutic via media between these two extremes. The health team can fulfill this responsibility only through an understanding of the psychosocial factors which underlie its own needs and attitudes, the patient's needs and attitudes and those of society. The incorporation of these factors into a therapeutic plan of treatment will ideally result in a „mutual interdependency” relationship between health team and patient which can be communicated to the family and society as a model for emulation and thus allow the patient to retain the sick role in a manner which meets his dependency needs while stressing his remaining abilities.

## Ingezonden

### VOORLICHTING TEN DIENSTE VAN HUISARTSEN

Van het hoofd Afdeling documentatie en bibliotheek van de Nationale Raad voor Maatschappelijk Werk, de heer Treurniet, ontvingen wij enkele correcties op het adreslijstje dat wij publiceerden in ons artikel „Schriftelijke voorlichting ten dienste van de huisartsen”, (1966) huisarts en wetenschap 9, 335:

Stichting Technische Voorlichting ten behoeve van Lichamelijk Gehandicapten, Stadhouderslaan 142, 's Gravenhage.

Nederlandse Vereniging tot Rheumatiekbestrijding, Sweelinckstraat 62, 's Gravenhage.

Nederlandse Centrale Vereniging voor Gebrekkigheidzorg is gewijzigd in: Nederlandse Centrale Vereniging ter bevordering van de Revalidatie, Stadhouderslaan 142, 's Gravenhage.

Vereniging tot bevordering der belangen van slechthorenden, 2e Constantijn Huygensstraat 73, Amsterdam.

Vereniging tot bevordering van de Belangen van Astmatici, Keizersgracht 505, Amsterdam C.

„Helpt Elkander”, Algemene vereniging van ouders en vrienden van geestelijk en lichamelijk misdeelden, Koninginnegracht 101, 's Gravenhage.

Katholieke Oudervereniging „Voor het Zorgkind”. Bureau: Woonboot Oude Leidseweg t/o Zwembad Den Hommel, Utrecht.

„Philadelphia”, Prot. Christelijke Vereniging van ouders en vrienden van het afwijkende kind, Postbus 70, Ede.

Bond ter bevordering van de Belangen van Spastici (BOSK), Bezuidenhoutseweg 229, 's Gravenhage.

Wij danken de heer Treurniet voor deze correcties.

Inmiddels hebben meer dan 300 huisartsen bestellingen geplaatst voor de folders bij het N.H.I.

G. J. Bremer  
W. Brouwer