Stauntonkliniek ging. In 1959 verwierf hij gedurende een jaar aan dezelfde kliniek een part-time fellowship in „Psychological aspects of medical practice", wat hem 20 uur per week kostte. In die tijd namen de collega's voor hem waar.

In dit boekje beschrijft hij aan de hand van een groot aantal arts-patiënt-contacten zijn door de training veranderde instelling, waardoor hij in staat was beter dan voordien hulp te bieden. Hij onderscheidt daarbij in navolging van Balint in de ontmoeting met de patiënt drie toestanden: geen ziekte (waarbij de mogelijkheid wordt geboden preventieve maatregelen te nemen); ongeorganiseerde ziekte (de meeste patiënten vallen in deze categorie); en georganiseerde ziekte („hij is een maagpatiënt"). Bij de beschrijving van de patiënten volgt hij steeds een diagnostisch schema, bestaande uit: traditionele diagnose; reden om op dit moment bij de dokter te komen; integrale diagnose.

Dit zeer vlot en openhartig geschreven boekje gunt de lezer-huisarts een zeer ruime blik in de praktijkvoering van deze Amerikaanse collega. Het is verarssend hoeveel gelijkenis er is. Ter lezing aanbevolen aan iedere huisarts, in het bijzonder als hij, zoals dat heet, niet-psychosomatisch is ingesteld.

H.

L. M. van Dijk. Aritmieën van het hart. Deel 10 van de Nederlandse Bibliotheek der Geneeskunde. Stafleu's Wetenschappelijke Uitgeversmaatschappij n.v., Leiden, 1966. 111 bladzijden, prijs in abonnement f 12,—; los f 16,—.

Van Dijk heeft dit boekje geschreven voor de algemene arts, die niet over het cardiologische instrumentarium beschikt. Hoewel het boek rijkelijk is geïllustreerd met electrocardiogrammen, drukcurven en dergelijke, dienen deze vooral om de beschreven ritmestoringen vast te leggen en wordt telkens gewezen op de gegevens welke een nauwkeurige observatie aan het ziekbed kunnen geven. In vele gevallen kan hiermede de diagnose worden gesteld en een juiste behandeling ingesteld.

Het wil mij voorkomen dat de schrijver in zijn opzet volkomen is geslaagd, waarbij ik aanneem dat het ook vanuit cardiologisch standpunt verantwoord is.

J. G. Antvelink

Het lezen waard

Iedere arts met belangstelling voor de geschiedenis van de geneeskunde zal het boek van Garrison gaarne in zijn bezit hebben. F. H. Garrison. An introduction to the history of medicine. W. B. Saunders Comp., London, 1960, 996 bladzijden, prijs *f* 50,—. Ontbreekt deze belangstelling dan kan het volgende ter lezing worden aanbevolen: G. A. Lindeboom. De betekenis van het onderwijs in de geschiedenis der geneeskunde. Geneeskundige bladen, 45e reeks no. XI, F. Bohn n.v., Haarlem, 1953, 21 bladzijden, prijs *f* 1,20.

Literatuurinformatie (4)*

Hitchens, R.A.N. & C. R. Lowe. Laboratory services in general practice. (1966) Med. Care 4, 142-149.

The growth of hospital and general practitioner demand for laboratory services from 1955 to 1964 has been examined in Cardiff and a more detailed analysis made of the request forms submitted by 134 practitioners during the calendar year ended 31st December 1961. Over the decade the number of investigations carried out doubled for hospital and quadrupled for general practitioners. In hospital, the call for biochemical investigations is greater than for any other service. In general practice the call for biochemical investigations is increasing rapidly but is still small, haemotological investigations account for more than half of all requests and pregnancy tests for the greater part of the remainder. In general practice the referral rate for female patients is very much higher than for male patients. Compared to hospital, general practitioners make relatively unsophisticated use of laboratory services, the great majority of their requests being for anaemia, pregnancy and infection. General practitioners vary enormously in their use of the services; those recently qualified, with higher qualifications, with medium lists, and in large group practices all making a greater than average demand. There is reason to believe that there will be at least a fourfold increase in general practitioner demand for laboratory services over the next ten years, and there is urgent need for a plan to meet this expansion.

Ford, P. A., M. S. Seacat & G. A. Silver. The relative roles of the public health nurse and the physician in prenatal and infant supervision. (1966) Amer. J. pub. Hlth. 56, 1097-1103.

This paper describes a program aimed at broadening prenatal and well-baby services through the use of a public health nurse with obstetrical and pediatric experience. The plan was readily accepted by patients as demonstrated in a reduction of visits to physicians as well as by patients' satisfaction with their care, with a majority stating a preference for the combined nurse-physician care. Continuity of service has been provided with care of the mother during the prenatal period and of both mother and infant up to two years post partum.

Working relationships between the professionals involved have developed as time went on and a high degree of cooperation has been achieved. The doctors changed their attitudes from one of hesitant compliance to one of active cooperation and confidence.

The nurse found her role to be extremely satisfying. Day-to-day activity in providing patient care was found especially appealing because of the colleague relationship that had been established between the nurse and the physician.

Edwards, G. E.A. Who goes to alcoholics anonymous? (1966) Lancet I, 382-384

During a week in 1964, 40 out of 45 A.A. groups in London cooperated by asking all members attending meetings during that week to complete a questionary. Males accounted for 81% of membership and females for 19%. The mean age was 45.7 years. 58% were married, 19% single, 20% divorced or separated, and 3% widowed. Present social class distribution was: I (upper), 9%; II, 26%; III, 50%; IV, 10%, and V, 4%. Mean age at which drink „became a problem" was 28.5 years for men and (significantly older) 33.9 years for women. Only 33% of members had not received hospital treatment for alcoholism. Mean duration of A.A. membership was 48.1 months. 93% of members were attending not less frequently than „most weeks". Mean duration of sobriety was 28.8 months, but 42% had been sober for less than six months. 57% of members had experienced one or more „slips" after joining A.A. and 18% had 5 or more „slips". 82% of members believed that their general practitioner knew of their alcoholism, and 51% of employers were believed to be aware of it.

Rose, M. S. Motivation in medicine. (1966) Lancet I, 583-585.

The author discusses the physicians' attitudes to their patients and finds four motivations which are not commonly recognised: the desire to dominate; Aggrandisement; Contempt; Hope to have one's skill confirmed. The reasons for medicine are 1. To fight disease on every front. 2. To prevent untimely, unnecessary, or avoidable death. 3. When death is inevitable-to make it bearable. 4. After death-to salvage the family. Are we a profession of philosophers, linguists or men of the world, applying a universe of information to our all-embracing problems or are we mostly men of limited calibre, more interested in detail, income and image? Probably the profession covers the spectrum, the author believes.

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