

10th International Congress of general practice

Sir,

The 10th International Congress of General Practice opened in Salzburg last month appropriately enough with a Mozart Divertimento, followed by a speech of welcome by Dr Fritz Geiger in German, English, French and Swedish; a display of linguistic ability which was to belie the rest of the congress. Lured by the promise of simultaneous translation of all speeches (German and English were the official languages of the congress and I cannot speak German), I went with high hopes. The small transistors and light headphones worked excellently but the translations were so bad that enormous concentration was required and even then, less than half was intelligible. Heavy sighs, breathless late starts two minutes after the start of a speech and studio asides such as "O Brother!" and "Heaven help me!" did not make for a feeling of participation in the congress but rather for a sense of critical detachment, hence this letter. Transcriptions of the papers though promised were rarely available; though the short talk by the British delegate (Viennese born Dr Bach, of Harlow) was available in English and German but bore almost no relation to what he actually said. In fact it was a German Language Congress and unless one understood German fairly well it was hardly worth six days away from work and about £80 including air fare and hotel.

Even so some of the papers were interesting, notably one by Dr Lücker on computer diagnosis and another (happily in English) on the Dalby project in Sweden, describing an elaborate health centre coupled with university research teams, mental health surveys, an 'at risk' register, public assistance and insurance all housed under one roof and situated in a compact community of about 3,000 persons. As always, the opportunity to meet ones colleagues from different countries proved to be the best part of the congress. Though knowing nobody who was attending beforehand, yet I came away having made friends and contacts with family doctors from Europe, the New World, South Africa and Australia. Their problems seemed much the same as ours: shortage of doctors, excess of patients, a struggle for the status and recognition of general practice as a scientific discipline. The ones I spoke to worked slowly (four patients an hour seemed to be the usual rate) but very long hours. Their surgeries were well or even splendidly equipped, and they were all eagerly looking to the future and the opportunity to bring the best scientific medicine to their patients. Perhaps it was worth while after all; but I still think you should understand German if you are to get the best from the congress.

Derby.

BARON RUSSELL.

Presymptomatic screening

Sir,

I cannot let Dr Lester Cohen's remarks pass without comment (*J. roy. Coll. gen. Practit.*, 1968, 16, 238). First, "Leukorrhoea is by definition non-pathogenic"—it is not so defined in my textbooks. Of the 12 patients