| Date        | Clinical Notes |
|-------------|----------------|
| Origin      |                |
| <br>Marital | State          |
| Maritai     |                |
|             | Children       |
| Work        | Pt/Father      |
|             | Spouse/Mother  |
| Accom       | modation       |
|             |                |
| Family      | History. Fa.   |
|             | Mo.            |
|             | Sibs. (No.     |
|             |                |
|             |                |
| Smokes      | : Alcohol:     |
| Dial C      |                |
| Birth C     | ontrol         |
|             |                |
| Drug A      | llergy         |
|             |                |
|             |                |
|             |                |

Figure 2

relationship with the patient, and a sensing of the non-verbal communications may enable the doctor to help the patient unburden himself for the first time of confidences and fears which lie very deep.

I should mention that the patient gives his

presenting story before we go into the full details of the summary card.

RONALD LAW

## REFERENCES

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Tait, I. & Stevens, J. (1973). Journal of the Royal College of General Practitioners, 23, 311-315.

## **Scabies**

Sir,

Those of us who remember the large epidemic of scabies coincident with the last war will also recall the remarkable efficacy of local treatment with benzoyl benzoate lotion. This treatment has remained effective for the sporadic cases which have arisen since then.

However during the past 12 months scabies in this area has once again reached epidemic proportions with the one difference from the previous epidemic, that they no longer seem to respond to benzoyl benzoate, though they are readily treatable with local application of gamma benzene hydrochloride.

Has the present epidemic arisen because of the emergence of a strain of mite which is resistant to benzoyl benzoate?

F. A. LODGE

Whitehill House, Illingworth, Halifax.

## Social work in general practice

Sir.

A meeting was held in Manchester on 4 April for all social workers involved or especially interested in working with general practitioners. Originally intended to be a small group, it expanded to 55 people out of a total of about 85 who were eligible.

For all those there it was a most interesting meeting because nobody had realised how many other people shared their experience and problems. The speakers covered a wide range from those planning projects to those with many years of involvement in the field.

A wide divergence of attitude emerged. One speaker anticipates having a partner type of relationship with his general practitioners and using his local authority as a general practitioner uses a hospital.

Another saw social work in general practice as medical social work where general practitioner and social worker treat problems that involve working together, other sorts of social problems being referred.

It was clear that there would have to be another meeting to distil the ideas and knowledge of those present into some sort of document. This would be principally directed to those just entering the field and would try to describe the problems of working in general practice so that these can be recognised and discussed before projects are set up.

MARY MARSHALL