

are unable to do more than mitigate the problem. Much research is needed to determine the best way to attack the more resistant cases, and to find out whether these arise from man's nature and are inborn, or from the selfish, competitive life he is apt to live.

It is sad to learn that the report could not be printed for lack of a philanthropic backer, and good to note that the Local Medical Committee were not defeated by this particular difficulty. The authors are to be congratulated on what must be a very unusual, if not unique document. Everyone interested in social problems should obtain a copy and study it with the care it deserves.

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### FIVE YEARS AT DARBISHIRE HOUSE

Darbishire House is a university health centre. It was set up in 1954 by agreement between the responsible authorities concerned with medical care and the city of Manchester. Its principal objectives as set out by its founders are:

- (1) First-class medical care for the inhabitants of a densely populated city area.
- (2) A demonstration of the proper integration of preventive and curative services as represented by the personal health services of the local authority, the family/practitioner services, and the hospital/specialist services.
- (3) An instrument for undergraduate medical education which can be used to leaven the present emphasis given to hospital medicine.
- (4) The means of showing how medical care can take into account the social factors in the causation of disease in the individual and in the community, thus demonstrating the use of such a centre as an instrument of socio-medical research.

There is a board of management which includes representatives of the university, the city council, the executive council, the local medical committee, and the four general practitioners. Day-to-day management of the centre is in the hands of the general practitioners, who have the help of a full-time university reader to advise on teaching and research.

The centre has benefited particularly from a close partnership with the city of Manchester. Preventive clinics for the district are established within the centre and staffed by the four practitioners; home nursing is related to the patients of the general practitioners, and the nurses do nursing in the centre as well as home visits; health visiting for the area has been largely decentralized, with the health centre as its immediate headquarters; and the family welfare service holds an evening clinic in the building. These are substantial advantages and show a real attempt to co-ordinate the local government health services into the general plan of medical care. We read

with pleasure in the fifth annual report\* that the health authority has been decentralized from the Town Hall to Darbshire House and that three health visitors now work there.

One of the most important duties of a health centre such as Darbshire House is the education of the student in general practice. Students are attached to the doctors at the centre for periods of a fortnight each, during which time they follow the work of the family doctor in the consulting room and in the houses of the people. The annual report of the centre for 1957-1958 states that 130 students had received this instruction. This is good, but while health centres remain a luxury—and one which is unlikely to spread throughout the country in the foreseeable future—it must still be held to be better for the student to get right away from his medical school for instruction in the ways of general practice; otherwise his expectation of what general practice can offer in the way of auxiliary help and available apparatus will be greatly disappointed.

Darbshire House is carrying out a refreshing experiment in the polyclinic type of practice and all interested in the future of the family doctor will watch its progress with interest.

\*University of Manchester: Darbshire House Health Centre. Annual Report, 1957-1958.

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### HANDICAPPED YOUTH\*

In the latest of his surveys on the problems of the youth of Glasgow, both able-bodied and disabled, Dr Ferguson seeks to find the causes of the numerous difficulties which arise in the employment of handicapped young persons. He deals with the normal group of physically handicapped young people and as a separate problem, with a group of non-educationally retarded young persons. As a pilot scheme he began with a group of cardiac cripples who with vocational guidance achieved very much better results than those who had not received that assistance.

The same pattern resulted with the largest group. Ferguson's previous studies had shown that

"Four main factors contributed to the unhappy showing of these handicapped children. Gross educative lack: Lack of urgency in securing their satisfactory

\**Handicapped Youth* by Thomas Ferguson and Agnes W. Kerr, Oxford University Press, London, 1960, pp. i + 144. Price 15s.