

afternoon has shown us that this is something that must be explored, that we should all have it in our minds and that it might make an enormous difference in certain areas of human misery. With that final remark I would thank the speakers very much indeed for their stimulating talks and for their contribution to the discussion.

CLOSING REMARKS

E. V. Kuenssberg, M.B., Ch.B. (*Chairman, South-east Scotland Faculty*)

Mr President, ladies and gentlemen, before summing up I would like to carry out the very pleasant duty of thanking all the people concerned in the success of this meeting. Our first thought must go to the University for letting us have this beautiful building, for letting us have Holland House and for the superb, kindly and helpful staff, not only the porters, but the janitors and projectionists, the city gardener and the Parks Department of the city of Edinburgh responsible for these lovely flowers. The multitude of people who have made this meeting a success make me extremely humble. I cannot possibly enumerate all the loyal members of the post-graduate education committee of the South-east Scotland Faculty under the chairmanship of Dr W. Thompson who produced this excellent plan for the symposium. On another occasion I have already drawn attention to the secretary of this conference, Dr Duncan McVie. But, of course, even Duncan could not have achieved all this without his stalwart, Dr John Monro, who seems to be able to run a bus or put up notices wherever he likes when other people need police permission and all the rest of it; Drs Connie Gibb, Knox and of course the two Lamonts, without whom the Edinburgh Faculty would just not exist. We have had the help of some students to whom we are very grateful for giving up their Sunday and Saturday to come here—before their term started.

Now I come to the other part of my task: To summarize this meeting and to thank the people who have made it such a success in the way of delivering papers and chairing it. The fact that this symposium was opened by the President of the College of General Practitioners is, of course, no coincidence; it is a general demonstration of the forward thinking and forward looking of the College. At this same weekend there is another course running in Oxford of

this same magnitude, organized by the College, chaired by Dr Annis Gillie and Lord Cohen.

To recapitulate, Dr Mitchison gave us a masterly and apparently so simple introduction to the biological knowledge of immunology. It was fascinating to have unfolded by his engaging clearness of exposition a science which did not exist when most of us went to the university. I am sorry that there was no opportunity to hear a more direct application of Dr Mitchison's talk to such things as the newer development of treatment of rhesus factor incompatibilities, because obviously there lies direct progress which we probably will see within the next year or so. Professor Cruickshank, brought us down to earth with his challenge to get on with an important job, and to immunize in the most humane and practicable way. Whether it was his grandchildren who taught him that or whether it was scientific knowledge we never really got out of him, but we will be very grateful for his encouragement not to carry on pricking people but to consider the whole thing in the proper perspective of priorities. Then came our own G. I. Watson, the doyen of general practice epidemiologists, who has a most expert way of asking the most important question, 'Why is this happening?' His stimulating observations will motivate much of what we are looking for in general practice during next winter. Dr Beale's paper was so packed with information, important to all of us, that we shall be eager to read it when it appears in print.

Professor Court's modesty, yet his perfection of delivery, must have been to everybody's delight and we shall always be deeply conscious of the problems of loss of life in the under-one-year-olds, the challenge of the high risk groups, and the achievements of preventive medicine as opposed to curative medicine. I take away Professor Court's remarks on these ticklish questions of insisting on hospitalization as a most vital contribution. His reference to the danger to the foetus gives me an opportunity to clap the College on the back, because the College is on the point of starting a study on outcome of pregnancy in relation to infection and drug therapy during pregnancy. We hope to have 5,000 women carefully recorded with antenatal records as to their drug taking and intervening illnesses, and hope that thus we may make a contribution to an outstanding problem. Please participate in this study when the opportunity arises in your particular area. Dr Rowbotham's contribution has been a most special experience for all of us. Her wide experience was so applicable to us in general practice that it is hard to believe she has never been in general practice herself. I gather that she has a father who is a general practitioner and a few brothers, I forget how many, so obviously here is a genetic factor. She illuminated practice difficulties with such deep wisdom and such personified humanity that we shall not forget her plea, for instance, of the right

of the dull boy to be given some confidence and acknowledgement and support in the general educational upmanship which our children have to cope with these days. A plea for adventure as the spice of life for the adolescent is a welcome re-statement. That the general practitioner cannot escape the responsibility of his calling as regards the community has been recognized and demonstrated by a large number of general practitioners and I was grateful for having this brought out again this morning. The forward look by Dr Rowbotham towards the parents of the next generation is the hub of the question and we certainly will have to do some thinking about it.

Professor Carstairs, as always, excelled in his challenging address this morning. How he does it nobody knows, but he always manages to hit a bull's eye. He has brought perspective to the total problem of mental illness. His challenge for the early detection of depression we certainly will not forget, as will be his advice to lessen the patient's fear that he may go out of his mind. His remarks on failed after-care are most pertinent, and I would like to encourage general practitioners here because Professor Carstairs quoted Edinburgh as an example where after-care seems to be looking up a bit and where the medical officer of health has been running a co-ordinating committee on mental health services. It is not an exaggeration to say that this is almost entirely due to the pressure brought by general practitioners on the other services to get this going. This is not a denigration of the great services rendered by medical officers of health and I say this in the presence of the medical officer of health, whom I am very glad to see here this afternoon.

I was reminded of a great change that has taken place, and which is most noticeable when one comes back to this country from a short visit abroad, in the ton-up boys, these youngsters on their motor cycles. They, in contrast to the Continent, are almost all equipped with crash helmets. We all know what a fearful toll of life the motor cycle accident without the crash helmet takes, and I am sure it is the attractive image that has been created of the ton-up boy with his painted motor cycle helmet which has made it acceptable to these youngsters. They feel that they must also wear a crash helmet, and if we can start thinking along these lines elsewhere we might perhaps hit on an educational answer.

I found the presence of Dr Wilson extremely gratifying, as he is one of the research officers in the much maligned Ministry of Health. To have such a thoughtful address from him makes me feel a great deal more hopeful, but it is not for this reason that I would like to commend to you Dr Wilson's address. There is no doubt that the tables and facts he has given us must make us reconsider. Even if we take no action, we must consider our position and see where and how we can define our high risk groups. It is impossible to

summarize Dr Williamson's paper because we would have to re-read it. His vital statements are really quite inimitable and I can only assure Dr Williamson that in spite of Dr Hodgkin's trailing his coat he has influenced him. The influence of Dr Williamson was seen in Manchester earlier this year where he gave another address on the same problem; Dr Hodgkin was in the audience and the address made Dr Hodgkin go and look at his old people. No doubt a good many of us will have a look at this very same problem as the result of this most stimulating paper. Dr Logan referred to the Faculty of the College in Manchester and this reminded me of the regretful apologies of his chairman from Manchester, who would have very much liked to be with us. There have been many other apologies from a wide area of the country. We expected to be censured by Dr Logan and I quite expected him to say that the title of our conference was out of date, but it was planned two and a half years ago and it just shows what progress there has been in two and a half years. His forceful presentation of the problems of general practice and the changing picture of rehabilitation and care will be an important landmark in our future development. We are grateful for his putting into perspective the many social and medical care problems. I hope that Dr Logan's full paper will be published in the proceedings of this conference because I am sure it will be worth reading.

We come now to Dr Keith Hodgkin; it is from people like him that we in general practice draw our inspiration. I am sure this is no overstatement; who else but he could have made so clearly all these points which embody the essence of general practice work? He said we must be able to show what we are doing and Keith has done so in his book *Towards earlier diagnosis* which appeared in 1963; if any of you have not read it, do read it. It is one of the best investments, one of the most devastatingly honest documents, in which his early diagnostic attempts are analysed. Of course Dr Keith Hodgkin was walking around the platform threatening with the pointer the projectionist or anybody else, thus we can understand why he has such a high proportion of relatives of elderly patients looking after them, but I do not want to detract from what he said because most of it has a ring of gold.

I am grateful to Professor Sheps from U.S.A. for having encouraged us in our much maligned British Health Service.

I have one more task and that is to thank the chairmen. Professor Tom Anderson whom I thanked on another occasion but I should add that his chairmanship was quite superb. Our next chairman was if I may so describe him, our own Professor Richard Scott. The mere fact that we have him as a professor teaching at this university bodes

well for general practice and gives us the greatest encouragement. His chairmanship was full of the humanity which we associate with the general practitioner and we are very grateful to him for giving up a Sunday which he can ill afford. He cannot have seen much of his family as he has just been on an academic tour abroad for four weeks. When we asked Professor Crofton to come here we knew that he was dean of the medical faculty, and we are very grateful that he found time to come to us today, but we also knew that he would get a lecture from Dr Keith Hodgkin on how to educate his students. Professor Crofton had a very difficult team to control and he did it extremely well. To get across the forward-looking theme of this conference and not have it submerged in details was no mean feat. Lastly, I would also like to include the Geigy Pharmaceutical Company, who have contributed so handsomely in every way to the success of this conference.
