

co-operation from a patient in treating illness diagnosed on need rather than on demand?

**Professor Backett:** We have been examining the attitude of patients to the new problems of medicine for the last seven or eight years, and in the south prior to that. To our surprise we have been overwhelmed with the co-operation of patients. For example, just recently 97 per cent of 7,000 people co-operated in a postal survey which was designed to test an area of ill health.

**Dr Murchison (Inverness):** Do you think that the clinic set up by Dr Horne, M.O.H. of Glasgow, which offers testing of haemoglobin, blood pressure, etc., will serve a useful purpose?

**Professor Backett:** I do not see the development of this kind of medicine through the public health services, except as an interim measure. It seems to me that if you are really dealing with chronic disease, which is essentially a family matter, it is quite improper to approach the problem through services which are essentially impersonal. Because there is just no time, no money, no space and no anything, we must make do as best we can at the moment.

**Dr W. W. Fulton (Glasgow):** This was only a pilot experiment which ran during the Glasgow Fair fortnight on certain evenings of the week for men over 65. This was a multiple screening centre, and among other things they intended to check the haemoglobin of everybody who went there. In fact this was the only part that broke down because they simply could not keep pace with the numbers coming in. The results are not yet available; the things which were looked for were glaucoma, obesity, abnormal constituents of the urine and so on. The general impression was that the majority of the people who went were hypochondriacs who had something wrong with them; and in many cases their own doctors knew what was wrong with them already. This reinforces what has been said that one must be very careful in mounting an experiment of this kind and spending public money if you are only going to find out what you already know.

## CLOSING REMARKS

**Dr G. H. Clement (Past Provost of Faculty):** It has been a very great pleasure to have Dr Annis Gillie as a distinguished visitor to the North of Scotland Faculty and this symposium today. As you all know Dr Gillie is President of the College of General Practitioners and has been a tower of strength, wisdom and inspiration in the growth of the College since its inception. Dr Gillie has been a general practitioner during most of her professional life and, though she has now retired, she is still actively embroiled in the affairs of medicine, with the Oxford Regional Hospital Board and with other bodies. We have all, I think, met Dr Gillie today, and we all know of her intense interest in general practice and her brilliant chairmanship of the Gillie Committee.

Now we are all very grateful to Dr Gillie for undertaking this long

journey north to be present today, and our very grateful thanks are due to her.

**Dr Annis Gillie, O.B.E., F.R.C.P.** (*President, College of General Practitioners*)

Thank you for saying such kind things and for inviting me to come here today. I have very greatly enjoyed the experience of meeting many of you that I never have the opportunity to meet further south. I am always very sorry for those who are asked to sum up and never more so than at this moment, because this is a difficult symposium to summarize. What one is supposed to do is to extract an essence from the discussion that has a significance of its own, over and above the individual contributions, and it seems to me that a subtitle of today's symposium might well have been *Meeting Point*. Not only was it the obvious meeting point of haematologists, clinicians, general practitioners and the medical sociologist who made such a challenging contribution to this symposium, it was also a meeting place of attitudes. As Dr Cook has reminded us, anaemia may be a presenting symptom of serious illness, or it may lie concealed by a cloud of trivial complaints that seem a burden to us doctors. Anaemia may be the diagnosis although not obvious by ordinary physical signs. Dr Macdonald with his scientist's attitude is a clinician too and he reminded us that the range of normality meant that anaemia might be present in one case at a level that represented absolute normality in another. Dr Cook's paper is a true example of meeting point; a meeting of the far-scattered family doctors in this area with the haematology service. A service with which, alas, the increasing disabilities of the G.P.O. may seriously interfere.

The general practitioner within the hospital offered us a basis for selective screening of one part of the population—selective screening of the 'at-risk' groups. Coming to the general practitioners, there is the 'meeting point' with the enormous number of our anaemic patients, which Dr Knox presented to us in its relationship to the other parts of the service. Lastly, we had the opportunity of meeting face to face the challenges and the paradoxes that Professor Backett described. It is only too obvious that the family doctor is in the strategic position; he has access to information and to his patients which is almost unique in the world. The opportunities that exist for him, in groups or singly, to collect knowledge for further elucidation may help us to see where the optimum health lies, what can be afforded and what is really wanted.

**Chairman:** All I can say in thanking Dr Gillie is that it was the masterly performance that we have come to expect of her.

**Dr W. E. Smith:** We owe a gratitude to a number of organizations and individuals: the Inverness Education Authority, the school staff and some of the boys who acted as stewards. Those of us who have helped to organize this meeting know how much we owe to Geigy and in particular to the staff whose work and organization has been an eye-opener. Lastly, I would like to refer once more to Dr Gillie and our speakers all of whom have been so stimulating, and not least the 'schoolmaster' who took the chair, Dr Scott.