

University of Glasgow*Obstetrics residencies*

For periods of one or two weeks in an approved hospital in Glasgow and district. By arrangement throughout the year.

Clinical attachments—continuous

Full-time or part-time attachments to hospital teaching units to enable general practitioners to increase their experience and keep up to date with recent trends and advances. Fee £1 5s. a week for full-time attachment.

Applications to the *Director of Postgraduate Medical Education, The University, Glasgow, W.1.*

University of London

For courses arranged by the University of London and the British Postgraduate Medical Federation, please see the *Postgraduate Diary*, which is circulated to members in London and the home counties, or apply to the *Secretary, British Postgraduate Medical Federation, 18 Guilford Street, London, W.C.1.*

Those wishing to see a copy of the *Postgraduate Diary* should apply to the *Administrative Secretary, The Royal College of General Practitioners, 14 Princes Gate, London, S.W.7.*

University of Oxford

Programmes of attendance on hospital and public health practice, for one or two weeks, are arranged to suit practitioners' individual requirements. Doctors eligible under Section 48 of the N.H.S. Act may claim expenses from the Ministry of Health for attendance at these courses. Whole-time or part-time clinical attachments in particular departments can sometimes be arranged. Special arrangements are made for doctors who have not been practising for a period and now wish to return to active work.

Applications for clinical attachments (normally two weeks) in the following departments will be considered:

<i>Obstetrics:</i>	Mr J. A. Stallworthy and Mr E. A. Williams, resident attachments, Churchill Hospital.
<i>Psychiatry:</i>	Dr G. O'Gorman, Warneford Hospital. Dr B. M. Mandelbrote, Littlemore Hospital, outpatient attachments.
<i>Paediatrics:</i>	Dr H. Ellis and Dr B. Bower, clinical attachments.

Correspondence

Sir,

I was interested in the paper, *A family study of respiratory illness*, by R. N. P. Sutton *et al.* in your issue of July 1967. Their results add another small facet to the slowly increasing picture of the epidemiology of these common diseases. However, I take issue with some of the conclusions the authors draw from their results.

They state that with increasing age the number of respiratory illnesses

experienced by each person each year diminished and yet reference to Table I, shows that, in fact, the incidence was greater in the over-16 age group than it was in the 6 to 15 age group. In relation to the same table they comment that the numbers are less and there is little difference between the age groups in relation to febrile respiratory illnesses and sore throats. However, they do not give the numbers and, in fact, there is a greater percentage difference between the highest and lowest figures given in relation to sore throat and febrile respiratory illness compared with the differences under the heading of respiratory illness.

The comment that the periodicity of investigated illnesses tallies fairly well with that of respiratory illness in the survey families and with the claims to sickness benefit, as represented in figure 1, is surely a matter of opinion and by no means clear-cut. The two peaks of incidence of investigated illnesses do not correspond with peaks in the other two graphs.

They later comment that the information given in tables II and III show that most of the illnesses diagnosed as sore throats were associated with infections with beta-haemolytic streptococci. This is not in fact so; what the figures do show is that most of the illnesses associated with the isolation of beta-haemolytic streptococci were sore throats. There is a significant difference between the two statements which needs to be recognized.

C. BRIDGES-WEBB, A.C.G.P. (Research Fellow)

Traralgon, Victoria.

Sir,

The *International Society of General Practice* (ISGP) would like to invite all doctors interested in promoting general practice to become members. As the problems of general practice are similar and solutions are urgently needed in most countries, international co-operation would show the best results.

The society with its annual international congress on general practice in Salzburg (Austria) and its membership in already 24 countries serves as a medium for ideas, personal contacts, mutual help, and international good will.

A new concept of general practice is necessary in the interest of our patients and medicine.

It would be appreciated if you too would join and help general practice through your personal contributions.

Join by writing to the General Secretariat, The International Society of General Practice, Lange Strasse 21 a, D-4740 Oelde/Western Germany.

F. GEIGER, M.D., LL.D.,
President of the ISGP,

A-6433 Oetz, Tyrol, Austria.
