

University of Reading

January 15–March 19. *Vocational training course for general practice.*

Further information from *Dr J. C. Hasler, Spring Hill, Sonning Common, Nr. Reading, Berks.*

University of Sheffield

A course in dermatology for general practitioners will be held from 24–28 March 1969 at the Rupert Hallam Department of Dermatology, Sheffield Royal Infirmary. The course will have special reference to common skin ailments encountered in general practice. The fee is

£10 0s. 0d. and accommodation at one of the university's halls of residence will be available at a moderate additional charge.

N.H.S. practitioners are (subject to certain conditions) eligible to have the course fee paid on their behalf and also to receive certain allowances (travelling expenses, subsistence).

As the number who can be accepted is limited, enquiries and applications stating whether or not the latter are made under the scheme for N.H.S. practitioners, and whether residential accommodation is required, should be addressed as soon as possible to *The Postgraduate Dean, Faculty of Medicine, The University, Sheffield S10 2TN.*

Correspondence

Infant deaths

Sir,

I found the article on infant deaths extremely stimulating. I have had experience of three cot deaths in general practice. They all occurred at the weekend. One of them in particular may be of interest as it shows all the features brought out in the article.

The child was six months old; was not with its parents; and was being minded. The minder was living on her own as her husband was serving a prison sentence. The child had been ill and no call for medical aid was made. The woman is pregnant at present and is a very poor attender for antenatal care both to me and to the hospital. Although she is supposed to be of fixed abode, several attempts by a health visitor to make contact have proved fruitless.

London.

R. SALOLE.

The mood of general practice and the need for professional leadership

A computer-based general practice and health centre information system

Sir,

I was very encouraged to read the articles by Dr John Fry and by Dr K. Bowden and his associates in *Journal* No. 77 (Dec. 1968), they are complementary in that Dr Fry illustrates the problem and Dr Bowden puts forward a possible solution.

Dr Bowden's ideas are by far the best put

forward hitherto but their realization in terms of the country as a whole must cost 200–300 million pounds, and such an expenditure on general practice is not foreseeable while the needs of general practitioners compete with those of hospital practitioners, who no doubt feel that if the population were adequately supplied with cars they could all go to hospitals for all complaints, the general practitioners themselves taking up a subservient position in the hospital hierarchy and working under the same roof. It is difficult to see how such a centralized scheme would not be more efficient overall and general practitioners must show that the continuance of their traditional role shows advantages over such an arrangement. With the increasing need of heavy capital expenditure to cope with the demands of improved medical care the requirements for centralization of resources become increasingly difficult to resist and it is impossible to avoid the extinction of general practice as we know it.

Most general practitioners are highly skilled in arts which count for nothing in a hospital environment and they fear that centralization inevitably involves entry to the hospital hierarchy on a permanently inferior level. This is unfair, but unless the reality of general-practice skill is demonstrated this is what must come about. The cost of an adequate computer service based on hospitals must be so much cheaper than a similar service supplied to general practice that it is difficult to see how the advent of the computer cannot

have a crushing effect on our part of the profession.

It would appear that our only hope is to seek recognition as a separate profession, just as solicitors are separated from barristers.

This is not a demarcation manoeuvre to make our political situation more secure but rather an affirmation of our belief in the value of our professional abilities and our desire to prevent their extinction in an increasingly centralized future.

Marlow.

BRENNIG JAMES.

Eleventh International Congress of General Practice

Sir,

The International Society of General Practice and the Austrian Society of General Practice invite the general practitioners from all over the world who are artistically active to participate in a *public exhibition* on the occasion of the 11th International Congress of General Practice from 14–21 September 1969 in *Innsbruck/IGLS* (Austria).

All general practitioners who are active as painters, sculptors, poets, writers, composers, singers, actors, choreographers, musicians, band-leaders, photographers or who engage actively in other artistic fields will, upon early application, be able to exhibit their works of art or to demonstrate their artistic talents in public.

The two above mentioned societies of general practice will not accept any responsibility or costs. They will, however, help to find exhibition premises, demonstration rooms, private theatres, music halls, orchestras, and so on but the costs must be borne by the participating artists themselves. Some compensation is possible through the sale of tickets.

The International Society of General Practice had, on the occasion of its 10th International Congress 1968, members from 26 countries and from all five continents.

Those who are interested in this international doctor-artist-exhibition, should write to the Office of the Secretary General of the International Society of General Practice, Lange Str., 21a, D-4740 OELDE/Westph., West Germany.

FRITZ GEIGER, M.D., LL.D.

President, the International Society of General Practice and the Austrian Society of General Practice.

International Society of General Practice

Sir,

The International Society of General Practice is a scientific association of general practitioners on an international basis. At present, this association has members in 36 countries and in all five continents.

In order to offer a joint home for amicable contacts to the great number of general practitioners all over the world, who are, apart from their professional work, active as journalists, artists and organizers, the International Society of General Practice has, within their members, founded an *International Order of General Practitioners, active as journalists, artists and/or organizers*.

All those colleagues, who are interested and active in one of the above-mentioned sectors, are cordially invited to join. There will be no enrolment or membership fees. Applications for membership are to be directed to the Office of the Secretary General of the International Society of General Practice, 21a Lange Str., D-4740 OELDE/Westph., West Germany.

FRITZ GEIGER, M.D., LL.D.

Hypertension—a study in general practice

Sir,

Dr Robert G. Sinclair is to be congratulated on the excellent report of his detailed investigation, proving his point that the family doctor is well placed to study this interesting condition (*J. roy. Coll. gen. Practit.* 1969, 17, 17.)

I agree with most of his conclusions but must point out that by describing hypertension as a *disease*, he is denying Pickering's now generally accepted view that hypertension is *not* a disease entity but a physical sign—which may or may not be indicative of underlying pathological processes (1955).

Of course Dr Sinclair is right to emphasize the need to discover possible aetiological factors when a significant degree of hypertension is found on clinical examination, and it is very interesting that out of 651 patients studied, he was only able to find three of them with some renal abnormality. A success rate only slightly higher than my own in a similar study of 100 consecutive hypertensive patients seen in my practice—I found none with underlying physical causative factors (1958).

Dr Sinclair states that none of the other possible though rare causes of hypertension were discovered in his series of 651 hyperten