

month. I can, however, Sir, blame the editorial board for not drawing the attention of this author to the many changes which were taking place throughout the country and for permitting him to have published in the *College Journal* wrongful criticism of medical schools, most of which are rapidly making excellent arrangements for undergraduate teaching. The College no longer needs to battle in this aggressive way. Its influence is now being measured by achievement. Such articles do not make friends, but they may certainly influence people against the College.

I hope that in the future, care will be taken to see that no major criticism of anything or anybody is permitted, unless it is clear that the author has carefully considered the known literature.

Manchester.

P. S. BYRNE.

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Second training course for general practice at Canterbury

Sir,

The second postgraduate course in general practice finished in July. This concluded two years of attempting to co-ordinate and define the art of the family physician. Sixteen doctors who had had experience in general practice varying from one to ten years, gathered at the Kent and Canterbury Hospital on Wednesday afternoons to listen and discuss problems with speakers from a wide range of sources. Some of the practitioners themselves travelled 40 miles to be present.

The object of the course was to put general practice into perspective with the rest of medicine and to try to close the gaps in previous teaching. Unfortunately, medical education in the past has tended to revolve around the hospital ward and outpatient department and too little around the home. Yet to teach general practice is difficult as it is only when some experience has been gained that one is able to appreciate the scope and discuss the problems.

The academic committee at the Kent Postgraduate Centre have found one answer. This

was to have a small group who could listen to an able speaker and then discuss the talk with him and amongst themselves. It should be emphasized that this was a talk and not a lecture; it was the informality of the whole atmosphere which gave it value. The sessions were two and a half hours long and consisted of two periods of one hour separated by half an hour for tea and argument. The sessions were weekly for ten weeks and this formed a term. As there were three terms in a year this gave a total of 60 afternoons for the whole course. Thus a wide range of subjects could be covered.

The subjects selected for discussion ranged from the purely medical topics of hypertension, diabetes and backache to those of general interest such as the work of the probation officer and marriage guidance counsellor. Inevitably, psychiatry and the difficulties of the inadequate and the insecure occupied a lot of time. Practice organization and management was also a prominent feature. Some of the subjects lent themselves best to visits, for instance to a coal-mine, a nuclear power station and a school for subnormal children. Like the subjects, the speakers were varied in their interests. The opportunity to hear both medical and lay views on a particular topic was instructive. It was fortunate that so many people were willing to give up their time to come and talk.

In future courses there will be changes of content made in the light of experience. Perhaps an introduction to the use of the electrocardiograph could be omitted. The centre did, however, make several instruments available for use in practices for a month and this gave an idea of how they could be used and how frequently they might be needed. A few members of the course tried Grundy-Tutor "self-teaching" machines on the theory of the ECG. This proved a very intensive test.

It seemed unfortunate that members of the public health and school medical service should have to explain the nature of their work because it emphasized the separation which persists under the National Health Service. However, an enthusiastic account of the projected ideas for Thames-Mead gave hope for the future.

A source of criticism was the grouping of subjects in the course. On occasion this caused repetition because a speaker might not be aware of the content of a previous talk. Again, certain topics are so well covered in textbooks that further discussion would perhaps have

been better spent on others; for example, thyroid function, cervical spondylosis and pathological investigations could have been omitted. Instead, the use of diagnostic radiology might be included. The organizers of one of the courses for medical secretaries could help to point the way to the correct use of these valuable ancillaries. As the number of patients increases the doctor's efficiency must improve by delegation.

One of the greatest values of the course is that by discussion it is possible to clarify problems and simplify methods of working. To find, even occasionally, that ways learnt by trial and error seem logical to others, is a heartening experience.

Most general practitioners have particular interests. The course showed what can be done in general practice and what is the ideal. Under present conditions one has to do what is necessary and to be selective about the rest.

During the two years of this course the meeting-place moved from the board-room of the hospital to the new buildings of the post-graduate centre. Here the friendly academic atmosphere welcomes not only this group, but numerous others.

Perhaps the highest commendation that can be given is that attendance was enthusiastic and remarkably constant. This makes it likely that wherever this type of course is tried, it will meet with success. This would be the greatest tribute to the organizers who have given up so much of their spare time.

Maidstone.

HUGH VAUX.

Chronic neurotic patients in general practice¹

Sir,

I read this article with interest and wonder if it is possible to discover how many of these chronic cases are really 'cancer apprehensives'.

In the course of a year a number of people visit our office or write to us expressing their *fear of cancer*. Some say that they cannot talk to their doctor about cancer for fear that he will laugh at them. Others say that they visit their doctor frequently but he never tells

them that they have *not* got cancer. Obviously it is not easy for the general practitioner to spot these 'cancer apprehensive patients', but if they do and have time to talk to them about cancer, often they will rid themselves of a tiresome chronic neurotic patient.

MALCOLM DONALDSON,
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REFERENCE

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10th International Congress of general practitioners

Sir,

In reply to a letter to the editor in your edition of November 1968, concerning the ability of the interpreter of the 10th International Congress on General Practice, organized by the International Society of General Practice, in Salzburg (Austria), September 1968, I should like to make the following point:

The lady interpreter of 1968 was certainly fluent in English but had sometimes some difficulties in finding the adequate manuscripts because in an international congress with speakers from all parts of the world the sequence of speakers did not always strictly follow the programme. In all other respects the interpreter was very competent.

On behalf of the International Society of General Practice I should like to welcome as many participants from the U.K. as possible to our 11th International Congress on General Practice, this time in Igls near Innsbruck (Tyrol, Austria), which will take place from 18-21 September 1969.

A very good simultaneous translation service English-German and vice versa has been arranged.

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