

## THIRD SESSION

**Cum scientia caritas**

## WELCOME

**Dr S. Cole**, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., M.R.C.G.P. (*Provost of the South-east England Faculty*)

I extend the warmest of welcomes to the president of our College, Dr John Hunt. We are very proud and happy to have him with us.

## OPENING REMARKS

**Dr J. H. Hunt**, M.A., D.M., F.R.C.P., F.R.C.S., F.R.C.G.P. (*President of the Royal College of General Practitioners*)

One of the most important and useful developments in recent years in this country and elsewhere has been the liaison between general practitioners and local-authority workers, and this liaison has made a great difference to general practitioners in some parts of the country. They can delegate some of their work to paramedical and social workers who can, in a way, be the doctor's eyes and ears. Some local authorities are much more co-operative than others. Much depends on how much trouble the general practitioners and medical officers of health have taken to get to know each other and to understand each other's problems. Some doctors want very little of this help, many like working alone but on the whole liaison is increasing, doctors are looking for assistance, which enlightened medical officers of health are only too glad to give, and their local authority workers are just waiting to be asked.

This afternoon we are discussing co-operation between general practitioners and local authority workers as it affects the aged and the infirm. I spent one morning last week in our Health and Welfare Department in London, and I was amazed at how many services there are for the aged and infirm—nearly 50 of them altogether—and they are all willing to help in any way they can. Doctors must know where they can get this kind of aid for old folk, and how to pass it on to their patients.