

**SECOND SESSION****Rheumatology in general practice**

**Dr J. H. Hunt**, M.A., D.M., P.R.C.G.P., F.R.C.P., F.R.C.S., F.A.C.G.P. (*Chairman*)

I WAS impressed by what Mr Kates told us this morning about the surgery of rheumatoid arthritis. It gives us all a great deal of encouragement that so much can be done to help these people. I was interested in what he said about the position of the general practitioner in all this. He put us at the beginning and the end of the case but I think we ought to be there all the way through. There is a tendency to call the general practitioner the 'doctor of first contact', but I am sure 'doctor of continuing contact' is a far better term.

There are 60 subjects of special interest which the general practitioner can study; about half of them are clinical and rheumatology is certainly one of the most important.

The recent Royal Commission's Report gives a boost to our post-graduate vocational training. It says quite clearly all the way through that general practitioners and specialists should be equal; but general practitioner is spelt throughout with a small 'g' while consultant always has a capital 'C'!

Dr Dudley Hart mentioned 'the Zulu's advice' but he did not tell us what it was, I asked him at lunch time and he said "An old Zulu of 82 with grey hair and as fit as a fiddle was asked to what he attributed his longevity and his health, to which he replied that he had learnt always to co-operate with the inevitable". This is what patients with rheumatological conditions so often have to do.

This afternoon, we are to talk about social problems and the management of arthritis; our session is introduced by Dr Barbara Ansell, followed by members of our sister professions. I do not like to call them ancillary workers or paramedical workers; I think 'sister professions' is a much better term.

**Social problems**

**Dr Barbara M. Ansell**, M.B., Ch.B., F.R.C.P. (*Consultant physician, Rheumatism Research Unit, Canadian Red Cross Memorial Hospital, Taplow, Maidenhead, Berks*)

RHEUMATOID arthritis is a relatively common disease which is lived largely at home. In its mildest form it causes little interference with normal life although the patient may be unable to participate in sport, while in its most severe form it can render a person housebound, chairbound or even bedfast. Social problems are encountered