

the findings are sent to Blackpool where a committee meets once every two months to decide who is eligible and who is not. If the patient has nowhere to garage his vehicle the local authority has to provide a site; when they have done this the case goes back to the Ministry of Health who will then permit them to put up a garage. All this takes quite a time.

Dr Ansell: There is also one other thing that you can do if a person is too disabled to drive one of the vehicles they provide and has a job. The Ministry of Labour will provide a taxi service; I have several cases of Still's disease who are unable to drive a motorized vehicle but who are going to work daily with a taxi service provided by the Ministry of Labour, for which they pay a part but not all.

Dr Lask (Ealing): Are vehicles provided for people who are not working?

Dr Ansell: No. They have been allowed them on occasions such as when there is a young mother with a family to rear, but it has to be possible for them to be employed.

Miss Macindoe: You can get them for housewives without a young family; one was recently provided for a middle-aged woman.

Dr Ansell: I had a patient turned down at Reading. She has gone back to live elsewhere near Cambridge and has been accepted for one there. There are many difficulties over this.

Dr Lask: May I ask Dr Ansell about the incidence of other illness in chronic patients. Is it a rarity? Do arthritics have other illnesses before they develop arthritis?

Dr Ansell: This is difficult to answer. First of all, rheumatoid arthritis has a wide spectrum of disease and I have dealt in the broadest outline with it from children up to grandmothers. Everyone by the time they get to 70 has had a number of illnesses. Among our own juveniles which we follow very closely at Taplow there does not seem to be much extra disease; the incidence is usually about one in 500 and there seems to be no particular risk for the younger people with rheumatoid arthritis; older patients get more or less the same sort of diseases as anybody else.

Professor Bywaters: In general this is true but then they tend to live rather sheltered lives, they are perhaps not as subject as most people are to trauma, but they do have the same kind of diseases as other people. I do not think they are particularly prone to illness apart from gastric disease.

Chairman: This applies to so much of our work, with psychosomatic disease especially. The fact that one is nervous does not make one immortal.

Summing up

Professor Bywaters: I am not sure that summing up is really a useful exercise; certainly it is a difficult one. Everyone carries away from a symposium like this a different impression, depending upon their own particular approach, so I will not attempt a summary of what people have said today but will only give briefly my own personal impressions.

The most important and I think the most perceptive remark we had today was to my mind Miss Macindoe's, 'What sustains the arthritic patient is the feeling that his doctor was interested in him and wanted to see him'. Someone has said that the secret of patient care is in caring for the patient whether we are almoners, physiotherapists, occupational therapists, consultants, family doctors or even residents; it is really hardest for the residents because they are there in a transient capacity. Hope on the positive side and freedom from fear on the negative side are the most important of all ingredients in medical treatment and medical care, as the speakers have emphasized. If the people

concerned with these patients' care are as keen, as dedicated and as conscientious as those we have listened to today, our patients have good reason for hope. But, care for the patient must be for the whole patient, including with him his family, his job and even his hobbies and if we can arrange this we are really doing a good job.

Dr J. H. Hunt (*Chairman*): Before vacating the chair I would thank on behalf of the College all those who have made it possible to hold this symposium here, first of all Dr John Osborne, Dr Mackay and Dr Cove-Smith of the West London Faculty; Messrs Geigy (U.K.) Limited, Pharmaceuticals Division and Mr Ruff for all they have done, not only for this symposium but for all the others which they arrange all over the country. Lastly, Hammersmith Hospital authorities, especially Mr Vellacott, for all he has done and also the catering staff.