

which provide a variation in demand and in case load, and this must be taken into account in any planning of such a service.

Liaison in the care of the patient who has been in hospital and the development of the nursing services in continuing care of the discharged patient were discussed at the end of the morning session.

In the final afternoon session the conference was provided with an example of integrated medical care between hospital and community medical services, with involvement of specialists, general practitioners, health visitors and nurses. This community-based care was that provided by a day hospital and a home consulting service for the elderly and could well be a pattern for imitation on a wider scale in psychiatry and geriatrics.

In the discussion at the end of the conference it was apparent that the delegates had been stimulated by the reports of what had already been achieved in integration and attachment services in certain areas of the country. The advantages, difficulties and pitfalls in the practical application of the team concept had been outlined in detail. Ideas were put forward that postgraduate medical centres would furnish excellent meeting places for discussion and lectures for all members of such a team. A more controversial point was the suggestion that records could be modified so that they could be available to all members of the team. Another speaker warned that integration of the family general practitioner into hospital should not involve his use as a 'specialoid' or as an extra pair of hands. The tenor of the discussion at the end of the conference indicated that the attitude of the participants, attitudes to which Dame Annis Gillie had referred at the beginning of the conference, had already changed during these two days. As one doctor remarked "we must develop the cult of the team rather than the cult of the personal doctor."

Dame Annis Gillie closed the conference with a vote of thanks to all the speakers and participants.

RESEARCH IN GENERAL PRACTICE

A progress report from the Research Committee of Council

The Research Unit

The International Congress of General Practice at Igls, 15-18 September 1969

The preliminary results of the Practice Organization Committee study on previously recorded data were presented by the director of the Research Unit.

An international study of the natural history of myocardial infarction was proposed. The director expressed the goodwill and continued interest of the college in this study.

The president of the International Society of General Practice, Dr Fritz Geiger, hoped that a personal translation of the *Handbook for research in general practice* would be published in German.

Visitors to the Research Unit recently have included Dr J. Day, of the University of Ottawa, who was interested in the establishment of a department of community studies in Ottawa, and the Millbank Fellows, including Professor Backett who spent an afternoon at the unit. They are interested in the clinical methods and research potential of general practice in Great Britain. Dr Margery Clifton of the Ministry of Technology, with whom the College co-operated in the study of air pollution, visited the unit to explore the possibility of further co-operative research projects. Dr D. Williams, senior medical officer to the Health Department and Dr Sheila Roberts, general practitioner, attended for discussion on the project to analyse the place of ancillary workers in general practice.

The advice of the unit has been requested on several other subjects, including the proposed

study of the reasons for which patients consult their doctor and the study of package programmes in the assessment of appointment systems in general practice.

The study practice

Dr R. T. Farmer took up his appointment of Research Fellow in the practice on 1 July.

In July a meeting was held at the Birmingham Medical School to explore the possibility of establishing a formal relationship between the medical school and two dissimilar practices, namely, the College Study Practice in Harborne and the Castle Vale Practice, north of Birmingham. The former is representative of conventional general practice, the latter is on a new housing estate and is being developed with a considerable degree of specialization. The aim of the association would be to promote research and teaching related to general practice and in particular to learn from the different approaches of the two practices.

The research unit studies

(1) *Retrospective survey group.* At the request of the Medical Research Council a retrospective study is in progress of the grounds on which cases of sudden death are certified as being due to coronary thrombosis. 141 cases have been collected and are being analysed.

(2) *The Tamar Valley study, phase II.* Morbidity recording is being developed on the Devonshire side of the river, and samples of vegetation and soil have been collected for analysis.

The epidemic observation unit

Platelet function in total albinism. The unit have been asked for help in tracing further patients affected by total albinism. Details of this enquiry were published in the October issue of the *Journal*. Anyone knowing a case of this rare condition is asked to report it to the unit.

Earlier this year, Dr Cullen of the Australian college asked the unit to provide information on the prevalence of childhood bronchitis in rural areas for comparison with data from Australia, America, Canada and Sweden. It is hoped to send 5,000 completed questionnaires. Dr Cullen is delighted with the response.

PROCEDURE FOR NOMINATION TO FELLOWSHIP OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

The following major procedural points apply for nomination to fellowship in 1970:

1. The candidate must be a member of the college of five years standing who shall have fulfilled his obligations to the college and to whom as a practitioner the college motto is particularly appropriate, and whose contribution to the science or practice of medicine or to the aims and work of the college shall have been outstanding.
2. The candidate to be nominated should not be so informed.
3. Three sponsors are required for each candidate; in exceptional circumstances a third sponsor may not be obtainable.
4. A nomination may only be sponsored by fellows of the college not serving on Council's Committee on Fellowship or by members of more than five years standing in the college. The nomination must not come from a faculty board or other college committee.
5. Not more than one sponsor may be in group practice, partnership or rota with the candidate.
6. Three nomination forms (see paragraph 7) must be obtained by the originating sponsor from the honorary secretary of Council's Committee on Fellowship, The Royal College of General Practitioners, 14 Princes Gate, London S.W.7.
7. The originating sponsor must seek two further sponsors for his candidate and it would be convenient if he supplied a separate nomination form to each of his co-sponsors.
8. The nomination forms for 1970 must be returned to the honorary secretary of the Committee on Fellowship before 1 February 1970.
9. The success of an application will be communicated to the candidate and to the sponsors separately in time for the annual general meeting for 1970.