

The College museum

Sir,

The letter in "College News" from Dr Peter Thomas, honorary curator of the College museum, prompts us to write to you to tell you of a small collection of old instruments which we have in the North Eastern Faculty.

This collection was started some three or four years ago and, indeed, a small display has been available to the public until very recently, for something like the last year. This display was in a glass show case and was prepared for the purpose of a demonstration at a peripheral clinical meeting held at West Lane Hospital, Middlesbrough. This display was also exhibited for a short time to the public in Newcastle-upon-Tyne until it found its permanent resting place at the Bowes Museum, Barnard Castle. Whilst on display there it was the subject of a small item of news on local television.

It has now been closed and packed up, preparatory to its move to Beamish Hall, Co. Durham, the site of the new North of England Regional Open-air Museum, the first of its kind in Europe.

It was indeed the public interest in the project of the proposed North of England Regional Museum, and the help of Mr Frank Atkinson, F.S.A., which prompted us in the North Eastern Faculty to start our collection of instruments. Like the college collection, ours belongs to the 19th and early 20th centuries. In future months, preparations will be made for the exhibiting of a part of our collection at the new North of England Regional Museum, at Beamish Hall.

H. MADGWICK, K. H. PICKWORTH,
Honorary Secretary, Honorary Collector,
North Eastern Faculty. North Eastern Faculty.

Present state and future needs of general practice

Sir,

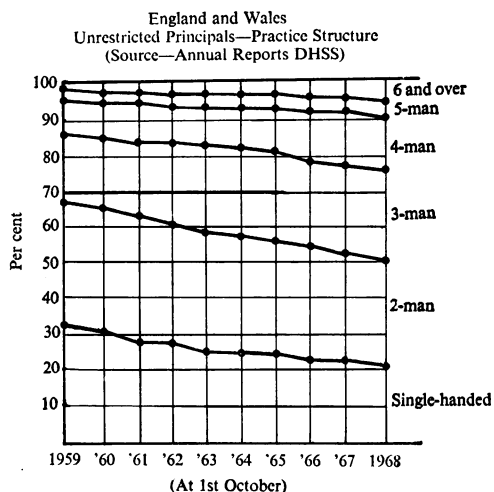
In a letter published in your August issue, Dr T. E. A. Carr of the Department of Health and Social Security draws attention to an item of rather misleading information contained in this report, which was published earlier this year. At the end of his letter, Dr Carr commends the report as a whole as being 'first class'. This view—appearing as it does just above Dr Carr's office address—might suggest to the less knowledgeable reader, and in particular those overseas, that the content of the report has now received the official seal of approval.

Lest this should be the case, I am prompted to draw attention to two other places in the document where I believe its authors have given us "mal-presentations" of the information which they so diligently collated—each of which could mislead.

My first such criticism relates to the matter appearing in chapter 2 (pages 5, 6 and 7) which deals with changes in what the annual reports of

the Health Departments call 'practice structure'—or the size of groups and of partnerships. At the top of page 7 there is a statement that the trend towards larger groups has been speeded by group practice grants (*sic*). A line or two later there is a similar reference to the fall in the proportion of single-handed practitioners as being 'dramatic'. On the opposite page (6) eye-catching visual support is given to this argument by a histogram—appearing under table II—in which a bold block, reminiscent of a new office block, demonstrates an 83 per cent increase in the number of practices of six or more members, as between 1961 and 1968. A slightly smaller skyscraper shows the 60 per cent increase for the number of doctors in groups of five members.

If one examines the state of 'practice structure', and the figures in the annual reports, the result can be expressed rather differently, so far as effect is concerned:



Whereas in 1961, 24 doctors in every 1,000 worked in groups of six and six plus, by 1968 this number had increased to 43; for five-man groups the figures are 38 and 60 respectively. In other words, in 1961 more than 950 principals were in groups of four, three and two, or single-handed; seven years later this figure was just under 900.

I have attempted to express the trend towards larger groups so that it can be taken in at a glance (*see figure*). It will at once be seen that over a decade there has been a trend, but to say that it has noticeably been 'speeded' by the introduction (in 1966) of group practice allowances is I believe to misuse that word; there has been recently a slight accentuation of the gradient of the long established trend. Even so, in 1968 (the last published figures available) about three quarters of all principals were in groups of three or two, or single-handed, and those in groups of five, six and

six plus together barely exceed ten per cent of the whole.

So far as the 'dramatic' fall in the numbers of single-handed is concerned, this statement is only justifiable by using a date 20 years earlier as a baseline. This seems a little odd when the remainder of the report is, rightly, concerned with changes in the 1960s. As can be seen from the diagram, in that decade the number of 'loners' has steadily fallen from about 300 out of every 1,000 to about 240—still a sizeable section. It is perhaps significant to note that of these doctors the large majority are not in geographical isolation; their single-handedness is of choice, not of necessity.

My second brief criticism relates to a short paragraph in chapter 3 (Patterns of work). In two sentences reference is made to the institution of remuneration for visits between midnight and 7 am; it is reported that claims for such visits in 1968 totalled 202,000, or ten per doctor

per annum. In my not infrequent contacts with general practitioners of all types, I do not think I have found one who would accept this bald statement as a fair summary of 'the present state of general practice'. Because of the conditions attached to claiming such a night visit fee, which include a signature by the patient (or relative) the avowed purpose of which is to verify that the doctor is not seeking to cheat the government, many principals find the claiming process extremely distasteful. Some indeed have publicly stated that they do not claim at all.

For this reason, I believe that the paragraph is misleading, and that it should properly have had at least one more short sentence explaining that whilst no other comprehensive figures were available, the claim figures must be regarded as an understatement of the position.

Stevenage.

DAVID GULLICK.

Book reviews

Social aspects of clinical medicine. JESSIE GARRAD AND LORD ROSENHEIM. London. Baillière, Tindall & Cassell. 1970. Pp. 174. Price £1 8s. (£1.40p).

Medical educators, increasingly concerned about the unbalanced nature of the undergraduate curriculum, have voiced the need for a shift in emphasis away from disease- to people-orientated medicine. There are several ways in which this may be achieved, and for many years the Medical Unit at University College Hospital, London has held "Social Medicine Conferences" for this purpose. This book springs from such roots, and compresses into 174 pages a vast wealth of experience, arranged into four sections. In the first, the basic skills in taking a social history are detailed. The second section illustrates the close inter-relationship existing between medical and social factors. The third section contains a brief description of rôles and functions of all concerned with health and welfare with an historical account of how the main services developed. The fourth is a reference section imaginatively classified by functional needs of a patient rather than by the more familiar list of organizations offering services. The book is rounded off by a full bibliography and appropriate index.

This experienced and professional attempt to fill a gap is likely to achieve its aims despite the limitations of a hospital-based approach, (it isn't only *outpatients* who are required to make a standard contribution towards the cost of prescriptions). Thus, the point of departure for most of the clinical examples is admission to hospital. Such

an approach emphasizes unduly the medical social worker's rôle in dealing with established medical and social pathology, which indeed occupies much of present-day hospital services, but it fails to demonstrate clearly enough opportunities afforded by daily work in the community for prevention of illness. In this sense the work falls short of its full potential in achieving the shift of emphasis so necessary in the medical curriculum. To the provincial reader the gulf fixed between hospital and general-practitioner services seems to be made wider than perhaps it is.

Further editions, for such there must be, might see corrections of the misprint on page 89 under "Industrial Health Service", and the odd emphasis of the functions of the MOH.

This book is a 'must' for senior medical students, and also for the young entrant to general practice.

Today's drugs. Commissioned articles from the *British Medical Journal*. London. British Medical Association. 1970. Pp. 213. Price £1.00.

This is a most useful book for the general practitioner and represents a collection of 60 articles from the New Series—published under this title in the *British Medical Journal*. As mentioned in the preface, textbooks on therapeutics tend to become obsolescent even soon after publication and therefore this book represents only a number of subjects presented and brought up-to-date since they appeared in the *Journal*. Further volumes