we subscribe to the rest. Every periodical coming into the library is looked at by the library staff, and any item thought to be of use is noted. Although the number of periodicals taken is small compared with other libraries, we run our photocopying service in association with the library of the Royal College of Surgeons, and have access also to most of the other medical libraries in London.

Every member and associate can use the photocopying service, and is entitled to have 100 free pages of copies in any one year. This service is subsidized by John Wyeth and Brother Ltd. The library is trying to collect details of all published work about general practice or by general practitioners. We collect reprints if they are available, if not we card index the reference and file it in our catalogue. In this way we hope eventually to build up a catalogue of references to work in this field. If members and associates would like to let us know when they publish anything we would be most grateful. M.D. theses are being collected and we now have some 132 in the library. Any unwanted sets of journals will be gratefully accepted. If we cannot use them ourselves, we can pass them to other libraries willing to take them. Our honorary curator of the College Museum, wants any old instruments, doctors' day-books, etc. for his collection, and these can be sent to the library.

INSTITUTE OF RELIGION AND MEDICINE

The annual assembly and conference of the Institute of Religion and Medicine will be on the theme of *Groups and Teams in medicine and ministry* and will be held at Keswick Hall, Norfolk, on Tuesday, Wednesday, and Thursday 13–15 July 1971. A full and interesting programme has been arranged.

Those wishing to attend should write to **Miss M. C. Kidson, 58a Wimpole Street, London. W1M 7DE** (Telephone 01-935 4687).

REPORTS

PREVENTIVE TECHNIQUES FOR THE MODERN COMMUNITY

Thoughts on a conference

In planning a two-day conference under this title the Chest and Heart Association wisely extended its terms of reference beyond the clinical areas with which its title is usually associated. The result was a meeting attended by over 300 workers in the health field. These included medical and nursing staff from the public health sector, from industrial medicine and some 60 doctors in general practice. The conference was held in The Bloomsbury Centre Hotel, a centre on translatlantic lines where, perhaps to increase the illusion, an air conditioning motor in a room adjacent to the lecture theatre maintained a continuous roar like Niagara in the middle distance.

The first morning's papers sought to delineate the epidemiology of some diseases to determine whether screening methods led to the prescription of some form of advice or treatment that would result in an improvement in mortality figures. A 'mobile health clinic' operated by the local authority in Southwark on a neighbourhood basis was described. It was hoped that this would detect conditions which could be cured or ameliorated when the screening information was passed to the family doctor. There was a sharp contrast between the view that healthy people should be sought for screening and the view that a more profitable line of enquiry would be to examine those 75 per cent of people in a practice who present themselves for some reason or another in one year for consultation by the family doctor. A sharp divergence was to be seen in deciding when a person's blood pressure becomes sufficiently raised to require treatment, and one speaker mentioned 140/84 at the age of 35 years. The clear message to the observer was that individual research workers and units throughout the country should glean further information about the advantages of screening and its consequences before extending the slender resources of the National Health Service on more wide spread screening programmes.

In the afternoon, the bleak outlook for patients with bronchial carcinoma was further

emphasized. At diagnosis only one in five patients are suitable for lung resection, and of those who do not have a resection only one per cent will be alive five years later. Of the 20 per cent who are operated on, only 25 per cent will be alive in five years. Bronchial carcinoma is a self-inflicted disease, and there was speculation as to the point of screening by six-monthly mass x-ray and sputum tests for malignant cells when simple reduction in cigarette smoking would result in a greatly reduced mortality.

Family doctors were reminded of their key function in early diagnosis of malignant disease, and of the negative attitude of the Department of Health towards the mass x-ray services. When the radiology services of hospitals are strained to capacity, a policy of reduction and eventual obliteration of the mass x-ray service seemed foolish.

Papers presented on the second day began by considering the principles and practice of screening for heart disease and the discovery of possible candidates for admission to the angina club. Two devices were of direct relevance to the practice situation, a standardized questionnaire of six questions aimed at revealing significant praecordial pain and the electrocardiograph, either in its conventional form of modified as an Electro-Cardio-Analyser. The latter instrument is at present undergoing trials in general practice in Preston. The electro-cardio-analyser is a portable instrument which records ECG signals from six leads and analyses them electronically, signalling abnormalities by a light flashing on an indicator panel. The ECA was designed as a screening device to be operated by non-medical workers. Wherever abnormal findings are recorded a standard 12 lead tracing is made later. At present the instrument is being evaluated and its limitations determined. Once these have been established it could play a valuable part in the presymptomatic screening of practice populations.

Naturally enough discussion followed on the advisability of screening by these, or any other methods. There are now two predictable sets of opposed arguments which can be relied upon to appear for an airing at this stage. These vary from the extremes of "here's a good test, let's use it on everybody" to "Why screen anyway, you can't do anything useful about your findings and you'll only engender neurosis by prematurely alerting patients to uncertainly predictable catastrophe". There are all shades of argument in between and almost all came up. If agreement was achieved it was that screening surveys were perfectly legitimate research exercises out of which service procedures could be developed when it was clearly shown that early discovery of abnormality could be acted upon in some way beneficial to the patient.

The morning's session ended with a paper on lung dust—of all kinds—and the troubles it may cause. Dust detection can be a complicated business especially when particles are to be identified. There is one portable instrument, the Cusella personal air dust sampler, the use of which might profitably be explored in the context of practice. One thing was clear from the discussion, dust can be troublesome enough by itself but dust plus smoking gives the lungs no chance at all.

During the afternoon discussion of general principles was extended further. Many of the audience may not have heard critical and objective consideration of survey methods conducted at this level before, and to all the lesson was the need to achieve as near complete objectivity as this imperfect world will permit. The question "Why screen?" was gone over again, very thoroughly, with "When?" and "How?" besides, and in his summing up in the last paper Professor Alwyn Smith listed assumptions and criteria on which surveys should be based. In relating methods now in use to these criteria, which were very strict, he found that the conscientious application of the clinical method came out relatively well, ahead of a number of complex and expensive instrumentalities. He agreed that the answer to "Who should conduct screening programmes" was the general practitioner to whom the clinical examination procedures were second nature. He hoped that more efforts would be made to find ways of screening the extremes of life, the unborn child and the aged.

The general impression conveyed by the conference was that it was well balanced and that good papers were heard by an audience which could profit much by hearing them. Every conference, however, leaves some questions unanswered. Why, for example, do some specialist chairmen when introducing a general practitioner speaker take the utmost pains to identify him as such, conveying wide-eyed surprise that he should appear on the platform at all? Why, too, at tea after the meeting was there one table at which no less than six elegantly dressed ladies, health visitors maybe, were smoking cigarettes?