

institutional bias of the meeting was so evident. There are no external distinguishing features by which the observers can recognize a computer-minded practitioner though certain characteristics did appear to be shared amongst the whole audience. Youth was one. More than one observer estimated the average age as being in the mid-thirties, balding crowns and greying temples occurring rather among the chairmen of sessions. A further feature was clear evidence of an intense, almost obsessional absorption in their subject. This is all to the good provided that in future the effort and energies of these enthusiasts can be directed towards problems of wider significance. There are known to be a number of practitioners who are working on the reduction of the amorphous flow of data from their practices and reducing it to computer compatible terms. Perhaps, when the next conference in this series is held in a few years' time, we may hear of their work among commonplace rather than esoteric problems. These former are equally deserving of the attention of good medical software.

Correspondence

Education Foundation Board

From Professor Lord Rosenheim.

Sir,

As chairman of the Education Foundation Board of the College, I have been asked by the members of the Board to submit to you a report on its activities. As most of your readers will know, the Board was founded in November 1966 with the aims of providing financial and other assistance for educational projects, whether by research or by study of existing schemes, which were unlikely to be funded from other sources. The Board is deeply aware of its responsibility to promote studies not only of professional training in general practice, but also of the continued education of established practitioners. It has taken special interest in the problems of training those responsible for the training of future general practitioners.

There have been recent changes in the composition of the Board. At its last meeting on Friday, 13 November 1970, the Board with regret accepted the resignations of Dame Annis Gillie, the Lord Platt and Mr Brian Young, but I am glad to say that an invitation to serve on the Board has been accepted by Professor A. S. Duncan, executive dean of the Medical School in Edinburgh, Dr J. O. F. Davies, Secretary of the Central Council for Postgraduate Medical Education and Training in England and Wales, Dr David Morrell and Dr Donald Irvine.

Among the projects recently supported has been the visit of the Secretary of the Board of Censors (Professor J. D. E. Knox) to study the examination methods of the Canadian College of General Practitioners. It has also supported the conference of secretaries of the education committees of the faculties held in Birmingham last July, and a survey by Dr D. H. Irvine of practices in England,

Wales and Northern Ireland that had been identified as suitable to accept vocational trainees. Reports on these and other projects will be published in due course.

The Board controls certain specific trust funds such as that which provides the undergraduate essay prizes, funds the annual Pickles lecture and has recently accepted responsibility for the annual selection of Upjohn Travelling Fellows.

The amount of money available annually is limited, but the Board is anxious to receive applications for the support of projects that have a direct bearing on the education of general practitioners. It continues to look forward to the time when, with more funds at its disposal, it can embark upon more permanent and more ambitious schemes.

University College Hospital
Medical School.

ROSENHEIM.

Rising sickness absence

Sir,

I read Dr Semmence's article 'Rising sickness absence in Great Britain—A general practitioner's view' with great interest. Perhaps I might comment on it from my experience as a regional medical officer and a general practitioner in Scotland.

There can be little room for speculation about the sickness absence of sufferers from the large groups of organic diseases which can be diagnosed with fair certainty, such as chronic bronchitis and emphysema, rheumatoid arthritis, etc., and which cause such human misery and economic loss.

My impression is that many patients suffering from anxiety states/low threshold for stress, masquerade in our statistical columns under various organic diagnostic labels which are determined mainly by their presenting symptoms, because