

2. The analysis of a rôle-play in which a consultation was enacted by members of the group and a student or trainee was taught from that situation.
3. The analysis of a 'live tutorial' in which teacher and trainee discussed before the group, a current clinical problem.

The demonstration opened with a video-tape recording of one of the workshop's rôle plays. The patient was a girl who might have had a deep-vein thrombosis associated with the taking of an oral contraceptive: the first minute or two of this film was accompanied by gales of laughter as members of the conference acclimatized themselves to the sight of Dr Bill Styles in the role of the girl. As the interest of the clinical problem, and the problems of teaching, became more apparent, the laughter gave way to genuine interest and involvement.

This was then followed by an unrehearsed rôle-play in which a patient presented with chest pain; a tutorial between the teacher and the trainee ensued and the workshop then discussed the teaching, and the lessons that might be learned. Finally, there was a 'live' tutorial between Dr Jack Norell and his trainee Dr Keith Dunbar which was also examined by the workshop.

There was a lively discussion on the problems and perils of workshop techniques. Many doctors at the conference felt that each group of teachers should develop its own programme for learning to teach, and the members of the London Teachers Workshop constantly reiterated the importance of learning by teaching, in contrast to learning by studying the theories of educationalists. Dr Playfair described the experience of the Plymouth Workshop where teachers sat in on each other's surgeries and case histories were later discussed by the group.

The session was concluded by Dr John McKnight, who thought that the challenge presented by the papers, the demonstration and the discussion that followed, had made a fitting conclusion to a stimulating conference.

Correspondence

Episodes of Disease

Sir,

I was most interested to note that in the article "Symptoms in General Practice" by Morrell, Gage and Robinson (*Journal*, January 1971), consultations were divided into three types depending upon whether or not the symptom or disease had been presented to the doctor before. This introduction of the idea of considering episodes of disease has not been common in British studies of morbidity or work load. It has, however, been a basic consideration in morbidity studies in Australia where, without the advantage of a defined practice list, the episode of disease has often had to be the basic unit of measurement. This has advantages, as the authors of this article have pointed out. However, it also introduces the problem of not only defining disease—difficult enough as we all know—but of defining episode of disease. The authors' definition of a new symptom as one which had not been presented to any doctor in the previous 12 months is, as they state, easily interpreted and may be uniformly applied. It will inevitably include some chronic conditions, deformities and disabilities which have not needed treatment in the previous 12 months as new episodes and will underestimate new episodes of common acute conditions such

as tonsillitis and gastro-enteritis which may occur in the one patient more than once in a year. In the Australian Morbidity Survey, acute conditions are counted as new episodes when they first present and chronic and recurrent conditions such as diabetes, osteoarthritis or migraine, are counted as new conditions only when the patient has never previously received treatment for them from any doctor. These examples of slightly differing approaches merely illustrate some of the problems associated with the concept of 'episode of illness'. However, because it is important in relation to behaviour of patients in seeking help for illness, I am glad to see it is being discussed.

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Juggling with dates

Sir,

I wish to report a method of juggling with dates. Birthdays, dates of arrival and departure from the list, etc., are available to us for research, but the difficulty has been to know what to do with them to get the results. A Megaunit of time has therefore been chosen to represent 1,461