



**PROFESSOR P. S. BYRNE**

Professor P. S. Byrne, *O.B.E.*, *M.B.*, *Ch.B.*, *F.R.C.G.P.*, has been appointed by the University of Manchester to the newly created chair of general practice. Professor Byrne has had a distinguished medical career, and achieved numerous honours. He was awarded the gold medal in surgery by the University of Liverpool in 1936 and has during the last few years delivered the Gale memorial lecture to the South-West England Faculty of the Royal College of General Practitioners, the William Pickles lecture, and in 1971 he was invited to Canada to deliver the Victor Johnson oration. He was appointed *O.B.E.* in 1966.

He has been a leading member of the Council of the Royal College of General Practitioners for several years. He is a former Vice-chairman of the Council, a former chairman of the education committee and is currently chairman of the board of censors.

He was previously Director of the Department of General Practice in the University of Manchester where he had moved at first with a part-time appointment in 1965. He becomes the fifth Professor of general practice in the British Isles.

Professor Byrne has written numerous papers particularly on medical education. These have been published in this *Journal*

and in several others. The most recent appeared in the December *Journal* on the evolution of courses for general practitioners.

#### **APPOINTMENT**

DR J. A. R. LAWSON has been appointed regional adviser in general practice for the East of Scotland. Dr Lawson holds the degrees, *M.B.*, *Ch.B.*, *F.R.C.G.P.* He has been a member of Council of the Royal College of General Practitioners for several years and is a former Vice-chairman. He is now chairman of the publications committee.

#### **YORK ORATION**

DR C. A. H. WATTS, *O.B.E.*, *M.D.*, *F.R.C.G.P.*, delivered the 1971 Oration to the York Medical Society on 6 November, 1971. The first Oration was given in 1890 by Sir Jonathan Hutchinson and Dr Watts was only the second general practitioner to deliver it, the first being Dr William Pickles in 1955.

#### **CENTRAL COUNCIL FOR POSTGRADUATE MEDICAL EDUCATION**

The advisory committee on general practice of the Central Council for Postgraduate Medical Education has held its first meeting. It has recommended the appointment of regional general practitioner advisers. Dr James Cameron, *C.B.E.*, *F.R.C.G.P.*, has been elected chairman. The composition of the committee provides equal representation between the General Medical Services Committee and the Royal College of General Practitioners.

The advisory committee has endorsed the principle of five years vocational training for future general practice and agreed to a period of three years at present. Working parties have been set up to deal with finance and educational programmes.

#### **MEDICINES COMMISSION**

Lord Rosenheim succeeded Sir Derrick Dunlop as chairman of the Medicines Commission on 1 January, 1972.

#### **MACCABEAN PRIZE AND MEDAL**

Entries are now invited for the Maccabean Prize of £30 and a bronze medal, which is awarded annually by the Faculty of the

History of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London. Competitors, who must be under 30 years of age on the 15 March, 1972, will be required to submit before that date, an essay of not more than 6,000 words on any subject connected with the history of medicine or pharmacy. Entry forms and further details may be obtained from the Honorary Secretary of the Faculty, Dr J. K. Crellin, The Wellcome Institute of the History of Medicine, 183 Euston Road, London, N.W.1.

#### SCOTTISH GENERAL PRACTITIONER RESEARCH UNIT

MR A. NICHOL has been appointed statistician to the Scottish General Practitioner Research Support Unit with effect from 29 November, 1971.

This unit is actively planning several projects. Its primary purpose is to promote research, especially among general practitioners in Scotland, by providing advice and appropriate facilities.

#### B.M.A.

The 1972 Annual Scientific Meeting and Exhibition of the B.M.A. will be held in the University of Southampton from 24-27 July, 1972.

Among the subjects which will be considered are "Data handling in general practice". "The research of today and the ethics of tomorrow", "Prostaglandins and reproduction". It is expected that the sessions will be recognised under Section 63 of the Health Services Act, 1968.

#### CHAIR OF NURSING STUDIES

The first Chair of Nursing Studies in Great Britain has been created at Edinburgh University. Dr Margaret Scott-Wright, who is at present the Director of the Department of Nursing Studies, has been appointed by the Edinburgh University Court to the newly established chair. Dr Scott-Wright holds the degrees B.A. Ph.D.(Ed.), S.R.N., S.C.M.

#### MEDICAL EXAMINATIONS FOR DRIVERS

The Medical Commission on Accident Prevention has recently published a new edition of their guide for medical practitioners on fitness to drive. This specifically deals with the drivers of heavy goods and public service vehicles, many of whom are being examined by general practitioners.

The booklet is available from the Medical Commission on Accident Prevention at the Royal College of Surgeons, Lincoln's Inn Fields, London, WC2A 3PN. Price: 50p.

#### AMBULANCE CREWS

The Department of Health and Social Security has accepted the advice of the ambulance service advisory committee that the analgesic 'entonox' could be used more widely by specially trained ambulance crews without risk to the patient.

#### HISTORY OF MEDICINE

The 23rd International Congress of the History of Medicine will be held in London from the 2-9 September, 1972. The Council of Honour includes as Vice-president, the President of the Royal College of General Practitioners. Registration forms should be returned before 1 May, 1972 and details are available from the Secretariat at the Wellcome Institute of the History of Medicine, 183 Euston Road, London NW1 (Tel: 01 387 4477).

#### RECENT GENERAL PRACTITIONER PAPERS

1. AULBERS, B. J. M., OLIEMANS, A. P. & PHILBERT, R. P. (1971). Considerations of the patient consulting rate. *Huisarts en Wetenschap*, **14**, 423-8.

(The data obtained in the Intermittent Morbidity Study made in 52 general practices in the Netherlands in 1967 has shown considerable difference in contact rate between the participants. Factors analysed.)

2. BYRNE, P. S. & FREEMAN, J. (1971). Postgraduate training for general practice: an assessment of aptitudes and abilities of trainee entrants. *British Journal of Medical Education*, **5**, 292-304.

3. CHANCELLOR, A., ADAMS, A., KERR, C. & ANDERSEN, N. (1971). Community attitudes to general practice. *Annals of General Practice*, **16**, 165-78. (Sydney survey undertaken by New South Wales Faculty, Nov.-Dec., 1969. 5,343 people.)

4. CLARKE, A. H., DIXON, R. A., RICKARDS, D. F. & SAXBY, N. V. (1971). Automated management of routine medical records in general practice. *Methods of Information in Medicine*, **10**, 207-15. (Computer storage of information on paper tape.)

5. FABER, V. C. (1972). Dental anaesthesia

in general practice. *Modern Medicine*, **17**, 46–55.

6. FISK, J. W. (1971). Manipulation in general practice. *New Zealand Medical Journal*, **74**, 172–5. (During 1970—327 patients treated.)

7. IRVINE, D. & JEFFREYS, MARGOT (1971). B.M.A. Planning Unit survey of general practice 1969. *British Medical Journal*, **4**, 535–43. (Postal survey of 776 principals.)

8. MARSHALL, B. Y., GEORGESON, H. M., LEE, I. K. & Emmott, T. G. (1971). Experience of clindamycin in common infections seen in general practice. *British Journal of*

*Clinical Practice*, **25**, 503–505.

9. ROSE, E. (1972). Cervical cytological survey in a general practice 1964–70. *Update*, 19–24.

10. SMYLLIE, H. C., TAYLOR, M. P. & CUNNINGHAME-GREEN, R. A. (1972). Acute myocardial infarction in Doncaster—estimating size of coronary care unit. *British Medical Journal*, **1**, 31–34. (A “no refusal” coronary care service offered for one year to selected sample of ten general practices.)

11. WILSON, J. B. (1971). Referral to hospital. *Health Bulletin (Edin.)*, **29**, 186–7. (Nov. 1969–Oct. 1970 statistics.)

## Correspondence

### Keeping an open mind

Sir,

The well reasoned article by Dr Reichenfeld (October *Journal*) demonstrates yet again that illness is often multifactorial and emphasises the necessity to compose (rather than ‘make’ diagnoses in physical, psychological and social terms. If this is done always it is unlikely that symptomatic ‘diagnoses’ will ever be accepted as other than a temporary categorisation.

H. W. K. ACHESON,

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### REFERENCE

Reichenfeld, H. F. (1971). *Journal of the Royal College of General Practitioners*, **21**, 593–600.

### Mouth to mouth respiration

Sir,

May I please challenge Dr Norah Schuster’s surprising last two sentences in her (otherwise splendid) article on the Royal Humane Society (November *Journal*)? She wrote about mouth to mouth artificial respiration for the drowned:

“The Red Cross Society now teach no other method of revival in their ordinary classes for the public. It remains to be seen whether this disagreeable, rather difficult operation requiring a certain skill, great blowing power by the donor, and almost two pairs of hands to get adequate ventilation, can continue to be universal to the exclusion of all forms of first aid for the drowned.”

Now let us look at this bit by bit:

(1) “The Red Cross teach no other method”,

indeed they do. See pp. 69–71 of their official Manual, and pp. 12 and 13 of their Junior Manual and p. 27 of their *ABC of First Aid*. The alternative Sylvester is taught here as part of the routine course. In the new editions about to appear the Holger Nielsen will be featured again in detail.

- (2) “Disagreeable”. This is a matter of opinion. Anyway, agreeableness is not a factor when it comes to assessing the best method of life saving.
- (3) “Difficult”. This is far less a matter of opinion. Children and the simple minded everywhere have mastered it rapidly.
- (4) “Requiring skill”. Almost anything worth while requires skill, but this method has so much simplicity that skill plays a minor part. Understanding it is the major factor.
- (5) “Great blowing power by the donor”. Heaven forbid! This is exactly what should be avoided and the text books all stress this very strongly. Just look them up!
- (6) “Almost two pair of hands”. The method is for one pair of hands exactly and is described as such. I can add from my own experience and from observation of the experience of hundreds of others, successfully executed as such.

It seems a shame to denigrate the mouth to mouth. To the informed, it is the best life saver of the bunch.

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### REFERENCES

Schuster, Norah. (1971). *Journal of the Royal College of General Practitioners*, **21**, 643.  
*First Aid—Authorised Manual*. (1965). pp.