

Applications should be made to: Dr P. M. Higgins, M.R.C.G.P., The Department of General Practice, Guy's Hospital Medical School, London Bridge, SE1 9RT.

Obituary

WILLIAM HYWEL MORGAN

J.P., M.R.C.G.P., L.S.A.

It is with deep regret that we record the death of this Welsh doctor on 9 May, 1972. He was educated at Barry Grammar School and the Welsh National School of Medicine, Cardiff, qualifying in 1941.

After a term on the house at Cardiff Royal Infirmary and Haverfordwest, he enlisted in the R.A.M.C. in which he served for five years, reached the rank of Major, and was appointed a D.A.D.M.S.

After leaving the Forces, he served as an assistant in general practice at Splott, Cardiff. In 1948, he became a principal in a busy single-handed practice with a main surgery at Whitchurch Road in the City. There he remained for the whole of his working life, being overtaken by ill-health in 1969. In the following year his health improved and, helped by a colleague, who later became his partner, he resumed his professional duties. He died after a short illness.

As a first-rate family physician, Hywel had many and varied interests. A senior ex-Army medical officer he was, appropriately enough, appointed Civilian Medical Practitioner in charge of the troops at Maindy Barracks, Cardiff. For a short time H.M. Coroner for the East Glamorgan area of South Wales, he was also, for many years, an able Chairman of both the Ministry of National Insurance and Ministry of Pensions medical boards.

In the field of medical politics, administration, and organisation, he had few equals. He was, in turn, honorary secretary and chairman of the Local Medical Committee. He served for 16 years on the Cardiff Executive Council and its sub-committees as well as championing the cause of his confrères on other important committees. His contribution to this field of medical activity was incalculable. Fearless in debate, he conducted his arbitrations and inquiries with a courtesy, skill and vigour that always commanded universal respect.

For many years he was a staunch, loyal and valuable member of the B.M.A. He not only served on the Divisional Executive Committee, but was elected a representative in 1963. In 1968 he held office as Vice-chairman and, in the following year, Chairman of the Cardiff Division.

OMBUDSMAN AND GENERAL PRACTICE

An amendment was moved in parliament when the National Health Service (Scotland) Bill was being considered. This would have brought complaints against general practitioners within the scope of the Ombudsman. The amendment was defeated by nine votes to seven.

PRACTICE MANAGEMENT AND ORGANISATION

Plymouth

A second course on practice management and organisation will be held in Plymouth on 14-15 October 1972. The last course was heavily over-subscribed and applications should be made to: Medical Postgraduate Dean, University of Bristol Senate House, Bristol BS8 1TH (*see advertisement*).

Northern Ireland

The first course to be organised on management by the Northern Ireland Staff Council for general practitioners is being held on 2-6 October, 1972 for one week at Ballygally Castle Hotel, Larne. It is designed to help those general practitioners concerned in the administration of the health services or health centres. Applications to: Dr N. D. Wright, 107 Botanic Avenue, Belfast BT7 1JP.

REGIONAL ADVISERS

The regional advisers in general practice have now formed a group. Dr G. Swift, *O.B.E.* has been elected chairman and Dr D. J. Price secretary.

POSTGRADUATE MEDICAL CENTRE

A new postgraduate medical centre has been opened at Dartford and will form part of the Joyce Green Hospital. The centre is also to be used by dentists, veterinary surgeons and pharmacists.

After becoming a member of the Royal College of General Practitioners, he closely identified himself with the aims and objects of the South-east Wales Faculty, and was, for a period, a member of the faculty board.

In 1968, his name was added to the Commission of the Peace for the City of Cardiff, and despite ill-health, he carried out his obligations as a magistrate until his untimely passing.

The far-reaching extent and influence of Hywel's manifold activities speak for themselves. His was a life of unremitting service to his patients, his colleagues, and the public. A man of balanced and mature judgment, and

gifted with a strong personality, he worked relentlessly for the betterment of general practice in all its aspects. He will be hard to replace. We shall always recall his name with respect and gratitude.

In private life he was an ideal family man, sincere, generous, and imbued with a deep sense of Celtic humour. He loved boating, sea-fishing, motoring, antiques and above all, his beautiful home and garden set on Rhiwbina Hill.

He is survived by his wife, Rose, his son, David, and his stepson, Brian to whom our heartfelt condolences are extended.

P. H. THOMAS

Correspondence

Sir,

The papers *Symptom Interpretation in General Practice* by Dr D. C. Morrell and *Diagnosis—The Achilles heel?* by Dr J. G. R. Howie, side by side in the *May Journal*, can be interestingly compared.

Dr Howie in his fascinating paper states that the therapeutic decision in general practice is normally described using a diagnostic label, but presents evidence to show that in fact symptomatic treatment is much more common, although often not recognised as such by the doctors concerned.

Dr Morrell divides the level of diagnostic confidence into symptomatic, provisional, and presumptive for a group of 14 common symptoms presenting in general practice. He also gives the percentage of consultations for each of these common symptoms at which a prescription was issued.

If Dr Morrell's symptomatic and provisional groups are added, a table can be composed comparing prescribing habits with levels of diagnostic confidence (Table). This shows that in all these groups of symptoms, prescriptions were issued at some consultations, sometimes quite large as in disturbance of gastric and bowel function, when only a symptomatic or provisional diagnosis had been made.

This particular paper would therefore appear to conflict to a certain extent with Dr Howie's hypothesis, that symptomatic prescription in general practice is often disguised by a diagnostic label, as the doctors in Dr Morrell's study appear to be willing to prescribe on symptomatic or provisional diagnostic grounds alone.

C. K. DRINKWATER
Vocational Trainee

82 St. Keverne Square,
Newcastle upon Tyne,
NE5 3YL.

DIAGNOSTIC CONFIDENCE AND PRESCRIBING

TABLE: DIAGNOSTIC CONFIDENCE AND PRESCRIBING

Symptoms	Diagnostic confidence per cent		Prescription per cent
	Symptomatic + Provisional	Presumptive	
1 Cough	24	76	97.3
2 Rashes	35	65	79.1
3 Sore throat	11	89	95.1
4 Abdominal pain	78	21	73.1
5 Disturbance of bowel function	87	12	88.8
6 Spots, sores and ulcers	19	81	82.4
7 Back pain	60	40	88.4
8 Chest pain	51	49	81.0
9 Head pain	67	32	79.9
10 Joint pain	55	45	70.2
11 Disturbance of gastric function	74	26	78.7
12 Changes in balance	69	31	66.2
13 Disturbance of breathing	25	75	69.0
14 Changes in energy	57	41	90.2

REFERENCES

Morrell, D. C. (1972). *Journal of the Royal College of General Practitioners*, **22**, 297-309.
Howie, J. G. R. (1972). *Journal of the Royal College of General Practitioners*, **22**, 310-15.