

### PRACTICE ORGANISATION ROOM

The current display in the practice organisation room is on A4 envelopes. This will be on show for about three months.

### COLLEGE GOWNS

The approved gown for Members and Fellows is of lightweight black cloth with facings, collar and trimmings in white moire art silk. The design of the gown is the same for both Members and Fellows with the exception that the Fellow's gown has the coat of arms of the Royal College embroidered on it at chest level on the right-hand side.

Gowns for both Members and Fellows are obtainable to order from:

Shepherd & Woodward Limited,  
109-113 High Street,  
Oxford.

Tel: Oxford 49491 (Mr Venables)

at the following prices:

Member's gown . . . . .	£17.50
Fellow's gown with embroidered crest . . . . .	£27.25
Registered and insured post . . . . .	50p extra

Delivery is normally 10-14 days from the date of receipt of order.

### MEDICAL NEWS

#### MIGRAINE PRIZE

The Migraine Trust prize has been won by Dr Katherina Dalton, M.R.C.G.P. of London. Her winning essay will be published in the *Journal*.

#### COUNCIL FOR POSTGRADUATE MEDICAL EDUCATION

The new chairman of the Council for Postgraduate Medical Education of England and Wales is Sir John Richardson, Bart., M.V.O., M.A., M.D., F.R.C.P.

#### APPOINTMENT

Dr N. H. Silvertown, F.R.C.G.P., has been appointed to the Standing Committee of Convocation of the University of Leeds from 1 July, 1972.

### GENERAL MEDICAL SERVICES COMMITTEE

The Secretary of State for Social Services, Sir Keith Joseph, visited the General Medical Services Committee in June 1972. After making a statement about the future of the National Health Service he answered questions for over an hour. This was the first time a Minister in office had visited the committee.

### SOUTH AFRICA

The following drugs are now on the prohibited list in South Africa; it is now a crime to be in possession of any of them and any British doctors travelling to South Africa should be careful not to carry any: 'Filon,' 'Filon S.R.', 'Preludin', 'Preludin Tablongets', 'Durophet', 'Durophet-M', 'Lucofen', 'Lucofen S.A.', methedrine, 'Metrazine', phenmetrazine, 'Daprisal', 'Anxine', amphetamine, amphetamine sulphate, dexamphetamine, dexamphetamine sulphate, 'Dexedrine', 'Drinamyl' (tabs and spansules) 'Steladex', and 'Dexten'.

### GENERAL-PRACTITIONER PAPERS

1. BROCKLEHURST, J. C., FRY, J., GRIFFITHS, L. L. & KALTON, G. (1972). Urinary infection and symptoms of dysuria in women aged 45-64 years: their relevance to similar findings in the elderly. *Age and Ageing*, 1, 41-47.
2. COPE, J. T. & GREEN, J. P. (1972). Lumbar disc problems. *British Medical Journal*, 3, 285-286.
3. CORBETT, A. C. (1972). Methyl dopa in general practice. *Update*, 5, 169-176.
4. CULE, J. (1972). Theory and practice of Tudor medicine. *Update*, 5, 243-249.
5. DAWES, K. S. (1972). Survey of general practice records. *British Medical Journal*, 3, 219-223. (Sample of records from eight general practitioners.)
6. DEAN, R. M. (1972). Sighthill health centre. *Health Bulletin (Edinburgh)*, 30, 187-190.
7. ELLIOTT, C. K. (1972). Agricultural medicine: its relevance to the health of those working and living in the countryside. *Journal of the British Society of Agricultural and Laboratory Science*, 1, 25-35.

8. GOMEZ, G. (1972). Double-blind trial of lorazepam for anxiety in general practice. *British Journal of Clinical Practice*, **26**, 375.
9. KNOX, J. D. E. (1972). The treatment of diarrhoea in general practice. *Prescribers' Journal*, **12**, 58-63.
10. MARSH, G. N. (1972). Management of visiting in general practice. *Update*, **5**, 251-262.
11. PINSENT, R. J. F. H. (1972). The handling of records. *Update*, **5**, 275-278.
12. PREECE, J. F. (1972). The computer file in general practice. *Update*, **5**, 155-166.
13. REEDY, B. L. E. C. (1972). The practice nurse. *Update*, **5**, 187-193; The general practice nurse. *Update*, **5**, 366-370.
14. SCAIFE, B. (1972). Survey of cervical cytology in general practice. *British Medical Journal*, **3**, 200-202. (280 cervical smears carried out 1967-1970).
15. SCOBIE, J. S. (1972). Better patient care in an organised practice. *Health Bulletin (Edinburgh)*, **30**, 201-203.

### CANADA

A new division of family practice has been established within the department of Health Care and Epidemiology at the University of British Columbia. This is the largest division of the department and is responsible for training in family practice at both the under graduate and graduate levels. A second, family-practice teaching unit became operational in July 1972.

#### *University of Western Ontario*

The division of family medicine is at present one of two divisions of the department of community medicine. After July 1972 the Department of Family Medicine became independent.

#### *Canadian College of Family Physicians*

The Canadian College of Family Physicians has awarded the 'Family Physician of the Year Award' for 1972 to Dr Conrad Mackenzie.

Dr Mackenzie is the first recipient of this award and receives a cheque for 1,000 dollars and expenses for two, to the College's Annual Assembly. The award has been donated by McNeil Laboratories (Canada) Ltd and is designed to honour the college member who in the opinion of the college awards committee has made the most outstanding contribution

to his or her community during a particular year.

#### *Canadian Medical Association*

The Canadian Medical Association at its annual meeting in 1972 in Montreal, recently voted in favour of the following motion "that the Canadian Medical Association urge the Federation of Provincial Medical Licensing Authorities to recognise certification in family medicine by the College of Family Physicians of Canada, by listing the holders of the certificate in family medicine as such, in their provincial registers."

### GENERAL PRACTICE IN THE UNITED STATES

The President of the American Academy of Family Physicians, Dr J. Jerome Wildgen, reports that there are now 108 family-practice programmes in medical schools; there are 28 Chairs, and 80 per cent of residency vacancies are filled, which is the highest for any specialty.

### NEW MEDICAL SPECIALTY

The standing medical advisory committee of the Scottish Health Services Council has recently recommended that as rehabilitation is an important medical discipline it should be regarded as a specialty in its own right.

It therefore recommends a limited number of consultant appointments in medical rehabilitation initially in teaching hospitals.

The report also recognises the important role of general practitioners and voluntary organisations in a comprehensive rehabilitation service. It recommends that individual general practitioners should be encouraged to develop their own particular interest in rehabilitation and that voluntary organisations in developing their activities should work more closely with statutory bodies.

### PARLIAMENTARY COMMITTEE

The Parliamentary Select Committee which recently reported on population policy and birth-control problems consisted of 14 men, including one general practitioner, Dr Tom Stuttaford, Conservative member for Norwich South.

### AIR POLLUTION

*The National Survey of Air Pollution* reports that the average smoke concentration in urban

areas of Britain fell by about 60 per cent between 1961 and 1971, and that sulphur dioxide concentrations fell by 30 per cent. The decrease is expected to continue. London and Sheffield have achieved a faster rate of reduction than average.

### CORRECTION

Dr B. C. S. Slater has been appointed a regional adviser in general practice for the North-west Metropolitan area and not the North-east Metropolitan area as was incorrectly stated in the July *Journal*.

## Correspondence

### COT DEATHS

Sir,

The sudden unexpected death of a healthy infant is surely one of the greatest tragedies which can befall a family. Even those closest to or best placed to support the parents often feel helpless in the face of such finality. "How does it happen?" "What did we do wrong?" "Why can't it be prevented?" So many questions flood the mind.

Enclosed with this issue of the *Journal* is a leaflet which for some years has been given to parents whose baby has suffered a 'cot death'. Many have found it brings considerable comfort to them.

In the leaflet are explanations formerly advanced to explain these deaths, e.g. 'overlying' or smothering by bedclothes, which are now known to be specious. The Registrar General has recently accepted 'sudden unexpected death' or 'sudden death in infancy syndrome' as a registrable cause of death. This condition is defined as the sudden unexpected death of any infant or young child, which is unexpected by history and in which a thorough post-mortem examination fails to demonstrate an adequate cause for death.

The Foundation for the Study of Infant Deaths, of whose Council and Scientific Committee I am a member, was formed and registered as a charity in 1971. Its objectives are to raise funds to promote research into sudden unexpected deaths, to give information and reassurance to bereaved parents and to communicate and exchange knowledge in the United Kingdom and other countries.

Further copies of the leaflet may be obtained from the Foundation at 23 St. Peter's Square, London W6 9NW (Telephone 01-748 7768). An authoritative report, edited by the late Professor F. E. Camps and Professor R. G. Carpenter, on cot deaths has just been added to our college library.

The Foundation is already supporting research on a substantial scale. The Welfare Committee (which includes medical members) answers many personal enquiries and is, for example, co-operating in projects to devise a more sympathetic procedure for interviewing bereaved parents on behalf of the coroner.

My purpose in writing is to draw your readers' attention to the problem, to elicit their interest in the scientific and welfare work of the Foundation, and to invite them to seek its help if ever the

occasion should arise. Enquiries, suggestions or proposals for research are welcome.

G. I. WATSON  
*President*

14 Princes Gate,  
Hyde Park,  
London, SW7 1PU.

(See *Editorial, book review and insertion*)

### QUALITY IN GENERAL PRACTICE

Sir,

A kick in the pants is one kind of stimulus. It may be therefore that Frank Honigsbaum's article (*July Journal*) will serve a useful purpose for many of his criticisms have some validity.

The value of his commentary is however reduced by inaccuracies and ill-supported statements. Some of these have clearly arisen from an assumption that published evidence is synonymous with established fact. Thus some of the articles quoted are based, inevitably, on limited surveys and in situations which are the subject of constant change.

Does it follow, for example, that an increase in the number of general-practitioner principals would necessarily lead to a higher quality of care? It might require a lowering of entry standards to our medical schools, and maybe a smaller number of highly trained leaders of larger teams with a wider range of supporting services is a better answer.

What evidence is there that the range of services that a general practitioner provides is in any way and necessarily connected with his 'quality' of care? Is it indeed any more desirable for him to remove sebaceous cysts than gall-bladders?—or to own and use his own microscope when a fully efficient pathological service is on his doorstep? (Incidentally how many consultant surgeons and physicians regularly use their own microscopes?) Of course, the isolated general practitioner may have to do all these things, but in our view width and depth of care are not necessarily related—and they appeal to different personalities.

Honigsbaum has a good point when he suggests that the principle underlying the 'hospital plan' is divisive. On the other hand his suggestion for an industrial medical service "to give men easier access to medical care" would only be creating yet another such division!

Again the notion that "cost calculations weigh