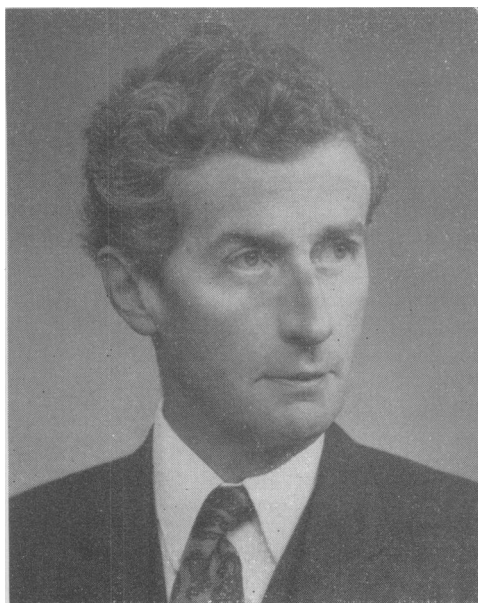


MEDICAL NEWS



PROFESSOR OF SOCIAL MEDICINE AT TRINITY COLLEGE, DUBLIN

James Stevenson McCormick, M.A., F.R.C.P.I., F.R.C.G.P., general practitioner, County Wicklow, has been appointed to the Chair of Social Medicine at Trinity College, Dublin following the retirement of Professor W. J. E. Jessop. Dr McCormick who was educated at Clare College, Cambridge and St Mary's Hospital, London, will take up his appointment on 1 July, 1973.

Dr McCormick has been very active in the Royal College of General Practitioners, is a former Vice-chairman of Council and was chairman of the academic review committee and chairman of the working party on the relationship of the general practitioner and the hospital. He is at present honorary secretary of Irish Council and has been the author of several papers on the future of the general practitioner and on ischaemic heart disease.

Dr McCormick has also been chairman of the Eastern Health Board and is currently a member of the Dublin Regional Hospital Board. In 1971 he was appointed Chairman of the Consultative Council on General Practice.

Trinity College hopes that the Department of Social Medicine will now have a major orientation and commitment towards the training of students for general practice.

Dr McCormick was born in 1926 in Dublin, is the son of a doctor and is married with four children.

PROFESSOR OF PRIMARY MEDICAL CARE AT SOUTHAMPTON

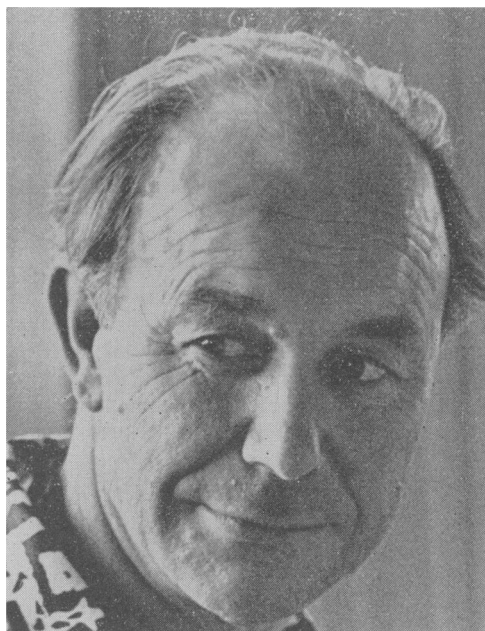
The title of Professor of Primary Medical Care has been conferred on Dr J. A. Forbes who has been senior lecturer in community medicine at Southampton Medical School since 1969.

Professor Forbes was previously in general practice in Oxford and was involved in research at the Oxford Record Linkage Study from 1965 to 1969. His current research interests include investigations into alternative methods of providing primary medical care. These studies have been made possible by a grant of £77,000 from the Nuffield Foundation.

Professor Forbes, who is a Fellow of the Royal College of General Practitioners, graduated M.A. in 1947, and M.B., Ch.B. in 1951, and was awarded the degree of M.D. in 1963. (*See Editorial*).

DR G. K. H. HODGKIN

Dr G. K. H. Hodgkin, M.A., F.R.C.G.P., M.R.C.P. who works in general practice at Redcar, Yorkshire has been appointed associate professor of family medicine at the University of Newfoundland, Canada. He delivered the James Mackenzie Lecture in 1970 and will



deliver the Wander Lecture at the Royal Society of Medicine this year, and has been a member of the Board of Censors and an examiner of the Royal College of General Practitioners for several years. Dr Hodgkin has been one of the pioneers in developing examination techniques in general practice, including the modified essay question published in this *Journal* in 1971.

He has been outstandingly active in the Royal College of General Practitioners both nationally and in his Faculty, and has been Vice-chairman of the North-east England Faculty, secretary and chairman of the North-east Faculty's research committee, and was provost in 1970-72.

He has published a wide variety of papers and books, among the best known of which is his *Towards Earlier Diagnosis* which is now in its third edition. *The Practice Nurse*, of which he was joint author, was No. 10 of the *Reports from General Practice*.

His papers have appeared in *The Lancet*, *British Medical Journal*, *The Practitioner*, *Proceedings of the Royal Society of Health*, *Newcastle Medical Journal*, as well as in this *Journal*.

SIR HARRY JEPHCOTT PROFESSORSHIP

Glasgow will be the first university in the United Kingdom to have a Sir Harry Jephcott Visiting Professor. The appointment has been made by the Royal College of General Practitioners and Glasgow University, and has been offered to Dr G. K. H. Hodgkin who is expected to combine this with his recent appointment in Canada.

VISITING PROFESSORSHIP

Dr Donald Irvine, M.D., F.R.C.G.P., has been to the University of Iowa, U.S.A. as visiting Professor in General Practice. in the Department of Family Practice. Dr Irvine is honorary secretary of the Council of the Royal College of General Practitioners.

PROFESSOR ANDREW KAY

Professor Andrew W. Kay, Regius Professor of Surgery in the University of Glasgow has been appointed Chief Scientist for the Scottish Health Services. Professor Kay, who is 56, was elected President of the Royal College of Physicians and Surgeons of Glasgow in November 1972.

DEPUTY CHIEF MEDICAL OFFICER

Dr J. A. G. Carmichael M.R.C.P. has been

appointed to the post of Deputy Chief Medical Officer in the Department of Health and Social Security.

NEW ZEALAND

Dr J. G. Richards has been appointed Associate Professor of General Practice within the Department of Community Health, at the University of Auckland, New Zealand.

GENERAL PRACTITIONERS

The number of doctors in general practice in England and Wales in 1971 reached 21,910 having increased steadily from 21,293 in 1967. During the same period the number of unrestricted principals (i.e. practitioners providing the full range of medical services) rose by about 800 to 20,633.

The average number of patients per unrestricted principal in England and Wales, which had risen since 1958 to 2,479 in 1969, fell in 1970 to 2,460 and in 1971 to 2,444.

PHARMACEUTICAL SERVICES

Between 1963 and 1971 the number of prescriptions dispensed in England and Wales under the National Health Service increased by 30 per cent, and the total cost of prescriptions was slightly more than doubled. The average ingredient cost of a prescription increased by 77 per cent during the same period. In 1971, the average number of prescriptions per person ranged from 5.2 in the East Midlands and the South-east to 7.2 in Wales.

HOSPITAL COSTS

The national average cost per patient per week in hospitals in England for the year 1971/2 was £78.58. The cheapest region was Liverpool where the cost was £70.95 and the most expensive was the East Anglian region where the cost was £86.89.

The average cost per patient per week in 1971/2 for the London teaching hospitals was £112.25.

COMMUNITY HEALTH SERVICES

The use of local health authority services increased between 1959 and 1971, particularly by the elderly. Much of this increase was due to the larger elderly population, but attendances by home nurses on the elderly more than kept pace with the rise in their numbers.

Although health visitors are still concerned predominantly with children, the number of children being attended fell slightly between

1963 and 1971 whereas the number of elderly attended rose by 70 per cent.

PERSONAL SOCIAL SERVICES

The number of elderly and disabled persons in local authority residential accommodation rose by nearly 42 per cent to over 116,000 during the period 1959–1970. Attendances on the elderly by home helps rose much faster than the rise in the elderly population, reaching nearly 400,000 cases.

OBSTETRIC SERVICE

In 1970, over 87 per cent of all births took place in National Health Service hospitals; 49 per cent more than in 1959. The average stay after delivery in 1970 was 6.3 days, a reduction of 34 per cent since 1958.

PSYCHIATRIC SERVICE

Admissions to hospitals and units for the mentally ill appeared to be levelling off in 1970.

THE MEDICAL AND ECONOMIC CONSEQUENCES OF SMOKING

The MRC-DHSS Epidemiology and Medical Care Unit at Northwick Park Hospital, and the Department of Economics at the University of Essex are jointly carrying out a detailed study of the medical and economic consequences of smoking. On the medical side, the focus is on the demands that smoking makes—through the various smoking-related diseases—on the National Health Service facilities. Possible future changes in smoking habits could clearly have major effects on demands for and patterns of medical care. On the economic side, the costing of the diagnosis and treatment of the smoking-related diseases and the effects of smoking on the national economy in their several forms are the main areas of enquiry.

To make detailed medical care and economic assessments of the resources devoted to smoking-related diseases, however, much information is needed that is currently not available, and this is especially true for general practice. The study is concentrating initially on lung cancer, for a number of reasons, and its organisers need to know, for example, how many visits to or by general practitioners' patients with lung cancer account for, how many times district nursing and other local authority facilities are arranged for them, how many patients return to work and what their sickness absence experience is.

A preliminary survey has been carried out in general practices near Northwick Park Hospital; this helped in devising an improved questionnaire, which is now available, that elicits information about resources of different kinds used in the management of lung cancer, and which is easy to complete.

The Unit is seeking the help of interested general practitioners in providing information for the definitive enquiry, by completing a questionnaire on living patients with lung cancer now under their care.

The questionnaire is in two parts. The first part provides for brief information about presentation, diagnosis and treatment, while the second (which would be received by the doctor a few months later) is for recording the use made of general practice, local authority and other services during the interval, and also to gather information about patients who have died. Needless to say, strict confidentiality will be preserved as to the identity of patients and doctors, and results will be used for statistical purposes only.

Because most general practitioners have only two or three patients with lung cancer on their lists at one time, it is not likely that participation in the enquiry will involve much extra work.

The pilot survey indicated the large extent to which numerous services have to be mobilised, and the obvious problems lung-cancer patients face in trying to return to work and re-adjust generally. These facts are not in themselves surprising, but this enquiry will be a step towards trying to put numbers and orders of magnitude to them. To begin looking in more detail than hitherto at what resources do go into the management of different diseases and treatment situations is of potential value to all concerned.

Interested practitioners should apply to Dr T. W. Meade, Director, Epidemiology and Medical Care Unit, Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ

NORTHERN IRELAND

The postgraduate programme for general practitioners is now available and can be obtained from The Postgraduate Adviser in General Practice, The Northern Ireland Council for Postgraduate Medical Education, 107 Botanic Avenue, Belfast BT7 1JP.

DENTAL AUXILIARIES

The Committee of Management of the

School for Dental Auxiliaries Ltd are advertising for girls to take up work in Scotland as dental auxiliaries. They are being invited to apply for a two-year training course in London where they will be taught simple fillings, minor extraction and the cleaning of teeth.

The requirements are at least four passes at ordinary level (including biology) and salaries, when trained, will be £1,104 rising to £1,674 with six weeks' holiday a year.

THE ROLE OF PSYCHOLOGISTS IN THE HEALTH SERVICES

The Standing Mental Health Advisory Committee has set up a sub-committee under the chairmanship of Professor W. H. Trethowan F.R.C.P., F.R.A.C.P., D.P.M., 'to consider the role of psychology in the health services'. Dr P. Freeling F.R.C.G.P., is a member of this committee.

The views of interested persons and organisations are now invited and should be sent as soon as possible to the Secretary of the Sub-committee, Mr I. Jewesbury, Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

OXFORD REGIONAL HOSPITAL BOARD

The Secretary of State for the Social Services has recently re-appointed eight members of the Oxford Regional Hospital Board and made one new appointment. Two of the re-appointments are Dame Annis Gillie, D.B.E., F.R.C.G.P., and Dr P. M. M. Pritchard, M.A., M.R.C.G.P.

BALINT SEMINARS

Dr M. B. Clyne is starting to hold a series of seminars based on the principles of the late Dr Michael Balint at University College Hospital, Gower Street, London. These have been approved by the British Postgraduate Medical Federation under Section 63 and are intended to instruct general practitioners in the use of the doctor-patient relationship, for the recognition, diagnosis, treatment and outcome of the patient's illness and to carry out both training and research on the part played by emotional illness in general practice.

Those interested should apply to M. B. Clyne, M.D., F.R.C.G.P., 150 Lady Margaret Road, Southall, Middlesex.

CANCER

The Marie Curie Memorial Foundation is

holding a symposium *Cancer care—assessment of the present position* at the Royal College of Surgeons of England, on 23 May, 1973.

This has been approved by the British Postgraduate Medical Federation under Section 63 as a two-session course for general practitioners. Enquiries should be made to: The Marie Curie Memorial Foundation, 24 Sloane Street, London SW1X 9BP.

VOCATIONAL TRAINING SCHEMES

In November 1972 there were 264 places in vocational training schemes of which 243 were occupied. Further places have been created since.

GENERAL-PRACTITIONER PAPERS

ALLEN, A. C. & ALLEN, S. (1973). An immunisation reminder system in general practice. *Update*, 6, 427-429.

ANDERSEN, N. A. *et al.* (1972). Teaching health centres. *Medical Journal of Australia*, 2, 1312-1316.

Anderson, J., Day, J. L., FREELING, P., McKerron, C. G. & Tomlinson, R. W. S. (1972). The workshop as a learning system in medical teacher education. *British Journal of Medical Education*, 6, 296-300.

CARNE, S., Dewhurst, C. J. & Hurley, R. (1973). Rubella epidemic in a maternity unit. *British Medical Journal*, 1, 444-446.

COLWYN, R. S., TYSON, V. C. H. & WILLIAMS, I. W. (1972). The analgesic effects of pentazocine-paracetamol (Fortagesic) and codeine compound tablets. *Clinical Trials Journal*, 9, No. 2, 31-35.

FRASER, A. (1972). Pain control. *Australian Family Physician*, 1, 504-506.

FRY, J. (1973). Work patterns: session, day, week. *Update*, 6, 329-330.

GUNNER, E. & NIELSEN, P. (1972). Vaginal cytological investigation for a ten-year period in general practice. *Ugeskrift for Laeger*, 134, 1900-1902.

HUTCHINGS, J. (1972). Alcohol and the family physician. *Australian Family Physician*, 1, 484-488.

JOLLES, K. E. (1973). A system for dealing with repeat prescriptions. *Update*, 6, 277-283.

LAMBERT, D. M. D. (1973). The use of propranolol in the treatment of hypertension. *Practitioner*, 210, 277-282.

LEAVESLEY, G. M. & WATSON, D. S. (1972). General practitioner attitudes to National

- Health Services. *Australian Family Physician*, 1, 516-519.
- McEWAN, J., Newton, J. & Elias, J. (1973). Contraception in medical care. *Update*, 6, 193-198.
- MELOTTE, G. (1973). Depot corticosteroid preparations in hay fever. *Practitioner*, 210, 282-285.
- NORTON, H. G. (1973). Areas of medicine special to general or family practice. *Medical Journal of Australia*, 2, 1426-1431.
- OAKES, M., Human, R. P. & Meers, P. D. (1973). Serum-levels of four antibiotics administered orally to patients in general practice. *Lancet*, 1, 222-224.
- POLLAK, M. (1973). *Today's three year olds in London*. London: Heinemann.
- RUTLEDGE, M. (1972). Counselling in general practice. *Australian Family Physician*, 1, 461-464.
- SEIFERT, M. (1972). Trimethoprim-sulphamethoxazole (Bactrim) in general practice. *Clinical Trials Journal*, 9, No. 2, 11-15.
- SIDES, B. A. (1973). The effect of the introduction of a short-stay general practitioner obstetrical unit on home confinements. *Practitioner*, 210, 286-290.
- SIVERTSEN, L. & BRIDGES-WEBB, C. (1972). Community health care. *Australian Family Physician*, 1, 512-515.
- THIELE, S. (1972). Radiography in a group practice. Review of a material from a group practice in Hedensted. *Ugeskrift for Laeger*, 134, 2663-64. (18 months: 269 primary investigations: 47 follow-up examinations).
- WATSON, D. S. (1972). The value of the social worker in general practice. *Medical Journal of Australia*, 2, 1288-1291.
- WATTS, C. A. H. (1973). Review of schizophrenics in a rural practice over 26 years. *British Medical Journal*, 1, 465-469.
- WINDSOR, B. P. G., LANGSDALE, G. A., HILL, J., Hooper, W. L. & Allen, H. A. (1973). Sulfametyopyrazine single-dose treatment of urinary tract infections in general practice. *British Journal of Clinical Practice*, 27, 15-17.
- WOOD, M. (1973). The practice nurse. *Update*, 6, 441-443.

Correspondence

WHAT KIND OF COLLEGE?

Sir,

Very many ordinary members of our College—I write as one of them—will have read with interest and attention the story of its foundation related in Dr John Hunt's memorable James Mackenzie Lecture.¹ Few had known details of the inside story, and we must all be grateful for the skill and determination with which the small band of pioneers overcame all obstacles, and pushed the project through to its triumphant conclusion. We must be grateful, too, for the refreshing frankness with which the story is told; such candour in high places is all the more welcome for its rarity in our national institutions today.

In his conclusion, Dr Hunt enjoins our younger members to be continually looking ahead, planning the College's future. May I suggest, with respect, that before so doing we might pause awhile, and with a frankness worthy of our mentor, subject our present situation to a searching and critical appraisal? Both the science and the organ-

isation of medicine in this country are undergoing a revolutionary transformation, and we in the College can guide the future of general practice far more effectively if we have some self-awareness of our own shortcomings.

I would like, if I may, to comment on two aspects of the affairs of the College, concerning which I believe there is scope for improvement. The first relates to the control of college policy by members of its rank and file; the second to the relationship of the College to those general practitioners who are not members, and who form, of course, the great majority.

A Royal College, in the very nature of things, has strong centripetal tendencies. Power flows to the centre; an establishment is created. The next step is for the establishment to speak in the name of the College and impose its will on the periphery. This we have witnessed in the past few years. The Council has formulated the College policy; it has decided, for example, upon the criteria for membership²; it has pronounced on vocational training³; it has even issued a state-