defence of Sir Henry, may I make the following observation? Paragraph 84 of the Willink Committee's Report says "In the evidence given by the Commonwealth Relations Office the opinion was expressed that the opportunities for employment in the self-governing Commonwealth countries have been declining and will shrink still further in the future". Sir Stanley Davidson (1955) writing in the *British Medical Journal* in a convincing article said "there can be little doubt therefore that Australia is rapidly becoming overdoctored". This and other evidence led us to the conclusion that the opportunities for British doctors overseas were declining.

We now know how false these prophecies proved but at the time we had to decide whether to accept or reject what seemed good evidence. We accepted it with disastrous results but I think we had little choice.

May I add my tribute to Sir Henry to that of Dr Hunt. I consider it a great privilege to have known and served with a man who was kindness itself, possessed of an outstanding intellect and who was a superb Chairman.

JOHN T. BALDWIN

REFERENCE

Davidson, Sir Stanley (1955). *British Medical Journal*, **1**, 1171.

Correspondence

STUDENT HEALTH SERVICES—GENERAL PRACTICE OR NOT?

Sir,

Your editorial *Student Health Services—General Practice or Not?*, asks a number of pertinent questions from a position of apparently limited information.

Should student health be a separate service? The fact is that in the majority of universities in this country it already is. Some of the early services just after the last war began as consultative or advisory but almost all developed subsequently full treatment services within the National Health Service.

The spate of new services after 1960 was launched in this style *ab initio* fusing both prevention and treatment, physical and mental care in the same doctor—a policy of whole person medicine surely endorsed by the Royal College of General Practitioners. Some have extended this care to all resident on the campus. The latest development of occupational medical care to combat the many physical environmental hazards of radiation, lasers, toxic fumes, microbiological laboratories and animal houses is as yet confined to a handful of universities. University Health Services have indeed led and are still leading in many areas.

The position is not dissimilar in USA where the first Student Health Service was born in 1826. The World Health Organisation Committee endorses their separate development.

Although there is a general pattern each Student Health Service has developed according to the needs of its particular institution. Many of the newer universities and colleges draw the bulk of their students from outside their own areas. As high a percentage as 95 may be strangers and have no family in whose context the student health doctor or the general practitioner can care for them. Their 'family' becomes for the greater part of the year their peers, their tutors and academic advisers and the members of the university staff concerned with welfare, their 'home' a hall of residence, a student house, a flat or lodgings.

Students are informed clearly and unequivocally of their right to register with any National Health Service practitioner providing services in the area in which they live. The majority choose the Student Health Service which presumably satisfies their needs best—an important fact today when consumer orientated services are in vogue. Students however who live in the area are encouraged to remain registered with their family practitioners with whom student health doctors are always only too ready to co-operate.

A paraphrase of Roger de Coverley's famous maxim 'there is more to be said on both sides' is perhaps a fitting prelude to a suggestion that a joint meeting of the Royal College of General Practitioners of which many student health doctors are members and the British Student Health Association could do nothing but good and assist in the formulation of a policy to be implemented which is in the interests of the patient.

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REFERENCE

Journal of the Royal College of General Practitioners (1973). Editorial, **23**, 72–90.

Sir,

Your editorial *Student Health Services—General Practice or Not?* (February *Journal*) gave a broadly

balanced view of the pros and cons of separate student health services, but I think with one exception: you did not give sufficient weight to the problem created by the frequent changes of lodging that characterise the average student.

In large cities, London in particular, students change lodgings on average twice every academic year. If they register with a local practitioner when they first come to London they are almost certain to be far away from him when they come to need medical help. The list we hold here covers both Inner London and parts of Middlesex and we take students from the river in the south to the North Circular Road and from Commercial Road in the east to the Fulham/Willesden line in the west. This area contains 95 per cent of the lodgings, flats and hostels used by students in the Central Colleges.

Unless some other group of doctors is prepared to accept, to visit and to care for peripatetic students over such an area, however skilled and competent they are they cannot offer continuity over a three or four-year course.

It may well be that in small university towns a good group practice with psychological skills and interests, working in conjunction with an occupational student health and counselling service is the best way of providing care; indeed I think it probably so. But in the large cities this does not seem possible.

However the question should be extrapolated into a yet unresolved larger issue. Students are only a minority of the large numbers of unmarried, peripatetic young workers that have left home and move round our larger urban conurbations. Their medical needs, particularly if they have psychiatric problems, are not well met under the present system. There can be few conscientious practitioners among that minority who take trouble with the psychiatric side of their work who have not been distressed by the problems of how to cope with a disturbed young patient who has moved to another part of the city.

Perhaps the time has come for a thoughtful initiative—and the Royal College would be the place for it—whereby some co-operative network could be instituted to enable those doctors with a special interest in this sort of practice to work together in the care of those young people who can properly, though not pejoratively, be described as ' no fixed abode '.

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REFERENCE

Journal of the Royal College of General Practitioners (1973). Editorial, **23**, 77–9.

Sir,

Your February editorial raises some interesting points, but fails to give sufficient weight to one particular aspect of the care of students. You state: " Are student health services cost-effective?" Dr Dana Farnsworth who built up the magnificent University Health Service at Harvard made the wise remark that a good service destroys its own evidence, or in other words it is not possible to do a controlled experiment in the same university population and yet practise ethical medicine. Undergraduates and other students in our universities in most instances represent a very large investment by the community. One wasted term, wasted because of illness, psychological or physical, represents a large amount of money, and an efficient medical service will, in purely economic terms, pay for itself when the value of years saved, and with that expense to society is calculated.

It is probably not generally recognised that at least ten per cent of all students suffer minor psychological problems such as anxiety and depressive states which incapacitate them out of all proportion, for their only asset is their intellectual working capacity; if this is impaired they cannot work and they cannot absorb and they cannot learn. Not only is it necessary to have medical men with a wide general training, but also people with some expertise in dealing with minor psychological problems, if many man hours are to be saved.

Few doctors who look after students use many pills, but all spend countless hours talking to those students who have such problems. This is a very time-consuming business, and it is not the least important part, and probably accounts for a larger proportion of the time expended on students in most services in our universities.

It is highly questionable whether an ordinary general practice is equipped to take on this kind of commitment, unless one or more of the partners have a special interest in students and their problems and is prepared to spend a considerable amount of time on them. This he clearly cannot do without cutting back his commitments in other directions, and unless he is reimbursed by the university or college for his work he will suffer financially.

An outsider will always be at a disadvantage when it comes to just such things as " family relationships in a family group ". Universities are fairly close communities and unless the doctor understands how they work, and this can be difficult even for those within the university, he is at a distinct disadvantage if he is to help his patient effectively. The " family situation " refers not only to problems in human relations in various departments, but also to environmental problems such as peculiar biological, chemical and other hazards that exist in a university but rarely outside. An ordinary general practice which may only see a few students would suffer from the very disadvantage which you quote as the case against university health services.

It should be remembered that the doctors who work in university health services come from widely different backgrounds, many have spent