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

years in general practice, some have special expertise in environmental medicine, some have a hospital background, but all have come into this type of work whether part-time or full-time because they have a special interest in students.

It need hardly be added that the financial rewards compare unfavourably with those of ordinary general practice. Anyone who is familiar with the literature (and some of the basic documents are not quoted in your bibliography, e.g. the Memorandum of the Royal College of Physicians on University Health Services)[2] if not with the practice of medicine in our universities will have no misgivings about the standard of medicine practised but can only be filled with apprehension at the suggestion that ordinary general practices without a special interest and training in the care of students and university problems should " take over ".

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REFERENCES

Journal of the Royal College of General Practitioners (1973). Editorial, **23**, 77–9.
Social and Preventive Medicine Committee (1966). Student Health Services.

Sir,

I am sure that the British Student Health Association will comment officially, and much more ably than I, on your editorial on Student Health Services (February *Journal*).

Most of us working in the field of student health would not, I think, be so presumptuous as to consider ourselves specialists but we do fulfill a function which would be difficult if not impossible for neighbouring general practitioners to manage.

I made special note of my case load on the day I received the *Journal*—and it turned out to be a typical day—and it does, I feel, exemplify my argument. Forty seven patients were seen at the Student Health Centre, most of them fairly trivial such as sore throats, coughs, warts and muscular aches and pains following sporting activities.

There were, however, two very depressed students each of whom required an hour of my time; there were two students having difficulties with the contraceptive pill who required about 20 minutes each; three students wanted information (one was worried because one of his testicles hung lower than the other!) and students are not satisfied with mere reassurance: they want explanations. There was also a case of illegitimate pregnancy whose distress had to be assuaged and whose future had to be decided.

In between these cases my weekly "health education" article for the student newspaper had to be compiled, letters written for students going overseas, a report for the Student Welfare Committee prepared, letters of referral for two patients drafted and finally three students visited in their digs.

Now none of this is difficult and it could all be done just as well, if not better, by any general practitioner. But I know how busy my colleagues are in this area and I do not believe that they could possibly give patients the individual time that many students require. Indeed it is my impression that they were quite relieved to shuffle off some of their student patients when I began this job about two years ago.

Of course much of what you say is correct and of course there is a problem of imbalance between the frenetic rush of term time and the monastic calm of vacation, but since I am on call 24 hours a day for seven days a week, I feel I can luxuriate in the restfulness of the vacations without a guilty conscience.

As this rambling discourse may reveal, Student Health services are necessary not only for the benefit of the students but also for the sanity of nearby general practitioners.

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REFERENCE

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

UNIVERSITY DEPARTMENTS OF GENERAL PRACTICE

Sir,

Professor Byrne's useful survey of university departments of general practice (*Journal* Supplement Number 1, 1973) contains several statements that I wish to clarify, correct, or challenge.

On page 8, he says that the Aberdeen Department has a small number of university medical staff not engaged as principals in general practice. Though literally correct, the statement should be clarified; all of us here work part-time as honorary assistants in four different practices, thus maintaining our clinical skills. It is my hope that we may be designated honorary principals in general practice, thus enjoying the same status as our academic hospital colleagues—and, by no means incidentally, avoiding some of the problems presented by university general practices.

On page 10, Professor Byrne states that the general practitioners in Livingstone New Town have lists restricted to 1000 patients. The correct figure is 1500 patients.

On page 11, Professor Byrne asserts that departments like Aberdeen can be developed more quickly, cheaply, and with fewer problems than can those with a university practice. This I must dispute. I have always argued that a university department of general practice should, like the other academic clinical departments, not have to depend on income earned by doing work for the National Health Service. This means that a department such as ours is more, not less, expensive, but in my view principle is more important