

**PRACTICE ORGANISATION ROOM**

Messrs Keeler Ltd have mounted a display on the testing and treatment of eye conditions.

For the next three months a display has been mounted on research methods in general practice with the help of the General-Practice Research Unit of the Royal College of General Practitioners. This shows not only simple research methods but also the approach to more advanced projects.

The Royal Air Force Medical Service have mounted a superb display on the role of the Service Medical Officer showing the equivalent civilian posts.

The Practice Organisation Study continues to display the geographical location and internal organisation of a large number of highly organised practices throughout the United Kingdom.

**GENERAL-PRACTITIONER AUDIO VISUAL WORKSHOP**

A two-day symposium for general practitioners wishing to improve their skills in

teaching will be held in conjunction with Liverpool University on October 27-28, 1973.

Applications should be made to Dr R. Yorke, 3 Wicks Lane, Formby, Liverpool.

**COLLEGE COURSE**

A course on *Early years in general practice* will be held at 14 Princes Gate from 8-12 October, 1973. Applications should be made to: The Courses Secretary, 14 Princes Gate, Hyde Park, London SW7 1PU.

***In Memoriam***

J. J. McCANN, Sandy Cove, Co. Dublin.  
Foundation member.

P. E. McCORMACK, Vauclose, New South Wales.

G. E. PETERS, Henley Beach, South Australia.  
Foundation member.

**MEDICAL NEWS****NEW CHAIRMAN OF  
MEDICINES COMMISSION**

Sir Ronald Bodley Scott has been appointed Chairman of the Medicines Commission to fill the vacancy created by the death of Lord Rosenheim in December. The appointment is until 31 December, 1975.

**REGIONAL HEALTH AUTHORITIES**

The Secretary of State for the Social Services, Sir Keith Joseph, has announced the names of the chairmen he is appointing to the 14 new Regional Health Authorities in England, subject to parliamentary approval of the National Health Service Reorganisation Bill. Six are at present chairmen of Regional Hospital Boards and four have local authority experience.

Northern Region—Col. W. A. Lee, *O.B.E.*,  
T.D., D.L.

Yorkshire Region—W. Tweddle, Esq.,  
*C.B.E.*, T.D., L.L.M.

Trent Region—Ald. S. P. King, *O.B.E.*, J.P.  
East Anglia Region—The Hon. Leo Russell,  
*C.B.E.*, T.D.

North-west Thames Region—Ald. Mrs  
B. F. R. Paterson, *C.B.E.*, J.P.

North-east Thames Region—H. R. Moore,  
Esq., *C.B.E.*

South-east Thames Region—J. C. Donne,  
Esq.

South-west Thames Region—Mrs Inga-  
Stina Robson, J.P.

Wessex Region—Col. Sir Joseph Weld,  
*O.B.E.*, T.D.

Oxford Region—D. Woodrow, Esq., M.A.

South-western Region—W. R. Northcott,  
Esq.

West Midlands Region—D. A. Perris, Esq.,  
*M.B.E.*, J.P.

Mersey Region—E. W. Driver, Esq.

North-western Region—S. C. Hamburger  
Esq., *C.B.E.*, J.P.

## APPOINTMENTS TO AREA HEALTH BOARDS

The Secretary of State for Scotland has appointed Dr D. W. W. Hendry, M.R.C.G.P., of Cupar, to the Area Health Board for Fife, Dr A. C. Mayer, M.B.E., of Tarbert, to the Area Health Board for Argyll and Clyde, and Dr J. McKay, M.R.C.G.P., of Glasgow, to the Area Health Board for Glasgow.

Dr J. W. H. Elder, M.R.C.G.P., of Annan, has been appointed to the Dumfries and Galloway Area Health Board and Dr E. V. Kuenssberg, C.B.E., F.R.C.G.P., has been appointed to the Lothians Health Board.

## FIRST CONFERENCE OF THE NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS

The first conference of the New Zealand College of General Practitioners will be held in Christchurch, New Zealand from 6 to 9 February, 1974, after the Commonwealth Games. This will coincide with the formation of the New Zealand College of General Practitioners.

Details of the final programme will be available in September and further information can be obtained from the Conference Secretary, PO Box 24-002, Christchurch, New Zealand.

## WINSTON CHURCHILL MEMORIAL TRUST TRAVELLING FELLOWSHIPS

The Winston Churchill Memorial Trust was established as a result of a national appeal in 1965 to enable men and women who might otherwise not have the chance to travel abroad to widen their knowledge.

There are no age limits and academic or professional qualifications are not needed. Candidates must be citizens of the United Kingdom and the average length of a fellowship is three months.

Among the subjects set for 1974 are *The design of aids and facilities for the handicapped*, *Health and safety in the ports*, and *Intensive care in hospitals*. Those interested should apply in the month of September to the Winston Churchill Memorial Trust, 10 Queen Street, Mayfair, London W1X 7PD. An

explanatory leaflet will be sent and a form must be completed by 5 November 1973.

## GOVERNMENT HELP FOR NURSES' FEES

The Secretary of State for Social Services has given approval for hospital authorities to help pay the examination fees charged by the General Nursing Council. This is the first time this has been allowed and the authorities will contribute 75 per cent of the examination and assessment fees of students and pupil nurses and 50 per cent of the fees charged for admission to the index of student and pupil nurses.

Last month the General Nursing Council raised the examination fee for student nurses from £6.30 to £10 and the assessment fee for pupil nurses from £5.25 to £8.00 and the admission fee from £6.30 to £10.00.

## SCOTLAND

Doctors in the hospital service in Scotland increased from 2,387 in 1953 to 3,877 in 1971. The number of doctors providing general medical services fell from 2,935 in 1958 to 2,748 in 1971.

There were over 46,000 nursing staff in hospitals in Scotland in 1971, of whom over one third were part time.

## ATTENDANCE ALLOWANCES

Severely disabled children who need help by day or by night, but not all the time, are to have an attendance allowance paid nine weeks earlier than was originally intended. First payments will be made from 1 October. This was announced on 30 April by Sir Keith Joseph, Secretary of State for Social Services, during the second reading of the National Insurance and Supplementary Benefits Bill in the House of Commons. The Bill provides for a 15 per cent increase in all the main social security benefits.

The attendance allowance was introduced by the Government in 1970 as a tax-free allowance of £4 a week for very severely disabled people who need constant attention both day and night. The scope of the allowance was widened in June this year to include those needing attention either by day or at night.

Up to 50,000 children could benefit from this extension of the tax-free allowance, which will be at the rate of £4.15 a week. The higher

rate of attendance allowance for people needing help both day and night will be increased in October from £5.40 a week to £6.20 a week. In total, about a quarter of a million more people are expected to benefit from the extension of the attendance allowance. When the extension of the attendance allowance is complete the total cost of this tax-free benefit will be about £70 million a year.

By the time the first payment was made in December 1971, the size of the allowance had been raised to £4.80. Nearly 110,000 attendance allowances have already been awarded to the most severely disabled people in the country, and 90,000 are currently being paid (the difference is accounted for by death and entry to hospital).

#### **DISPOSABLE SYRINGES AND NEEDLES**

Disposable syringes and needles are not available through the National Health Service. In May 1973 it was estimated that the cost of providing these through the Health Service would be about £2 million a year.

#### **THE ASSOCIATION OF PROFESSIONS FOR THE MENTALLY HANDICAPPED**

The Association of Professions for the Mentally Handicapped came into being on 19 May, 1973 by the unanimous vote of nearly 400 professional workers in the field of mental handicap. The founders came from 22 different professions in the National Health Service, the Social Service and the Educational Service from England, Scotland, Wales and Northern Ireland. About 50 different organisations including voluntary societies and religious orders were represented.

#### **THE SMOKING PROBLEM AND THE DOCTOR**

The Scottish Committee of ASH (Action on Smoking and Health Ltd) and the Scottish Council of the Royal Council of General Practitioners will be holding a conference on 23 November 1973 on *The smoking problem and the doctor*. The programme is designed to alert the family doctor to the medical problems which particularly require the patient to give up smoking, to consider the behavioural aspects involved, and to study techniques of giving anti-smoking advice.

#### **M.R.C.G.P. COURSE**

A course for candidates taking the membership examination will be held at the Warwickshire Postgraduate Medical Centre from 17–21 September, 1973. Multiple choice questions, modified essay questions and traditional essay questions are featured in the course which is recognised under Section 63. Details are available from Dr R. E. Smith, Warwickshire Postgraduate Medical Centre, Stoney Stanton Road, Coventry CV1 4FG.

#### **REFRESHER COURSE**

Refresher courses for general practitioners will be held at the Postgraduate Medical Centre, Royal Hampshire County Hospital on 10–11 and 24–25 November, 1973. The courses will qualify for four full sessions under Section 63. Numbers will be limited.

#### **GOVERNMENT ACTUARY'S REPORT ON NHS SUPERANNUATION SCHEME**

The third actuarial report by the Government Actuary on the National Health Service Superannuation Scheme for England and Wales, covering the period from April 1962 to March 1969, has now been published.

The report reveals that at 31 March 1969 there were about 422,000 contributors to the scheme, an increase of 42,000 over the number at 31 March, 1962. Over 73,000 pensions were being paid, totalling £17 million a year. This compares with 38,000 pensions valued at £7 million a year in March 1962. Income to the scheme between 1962 and 1969 totalled £633 million, expenditure over the same period totalled £175 million. The main sources of revenue were £154 million employee contributions, £228½ million employers' contributions and £224½ million for notional interest.

The valuation balance sheet at 31 March, 1969 shows an actuarial surplus of £288 million. The capital cost of substantial improvements to the scheme which took effect in 1972 is estimated to be £208 million; this will reduce the surplus to £80 million. Contributions were also increased in 1972 by three-quarters per cent a side, to be reviewed when the results of the valuation were known. Reversion to the contribution rate previously in force would further reduce the net surplus to £20 million. However the report suggests that it is likely that some further surplus has emerged between 1969 and the present time and because of this the whole of

the £80 million may be regarded as available to improve benefits or reduce the existing rates of contribution.

The report estimates that the capital cost of improving the level of widow's pensions from one third to one half of the husband's would be about £25 million and the cost of abolishing deductions from the lump sum of married men in respect of service before 25 March 1972, a further £60 million.

The implications of the report in relation to contribution rates and benefits payable under the scheme are being considered by the Joint Superannuation Consultative Committee, which consists of representatives of the Health Departments and of National Health Service staff interests.

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General-practitioner authors are printed in capitals.

## Correspondence

### PROBLEM ORIENTATED RECORDS

Sir,

Congratulations on the May *Journal*, a most valuable product. I would like to comment on the excellent paper by Ian Tait and John Stevens.

The earliest reference I can find to the use of Weed's work in this country is in a paper which I gave at a college symposium in Swansea on 6 September, 1969. The proceedings of this symposium were published in Supplement No. 1, Vol. 20 (No. 98) to the *College Journal* in September, 1970.

We have been using Weed's methods—adapted to our own needs—continuously since June 1969. We have found them to be of significant value in teaching undergraduates, trainees and in the post-graduate centres, in addition to its acknowledged value as a tool for self-audit by the general practitioner. A paper is in production assessing the results of the four years of use.

It was H. W. K. Acheson who fashioned the mnemonic SOAP in September 1969, a simple change from Weed's earlier—'subjective, objective, impression and plan'. This was described in the *Journal of the Royal College of General Practitioners* in 1970.

It must be remembered, however, that Weed designed his method for hospital work. Although as your editorial states it is the concept which is important, nevertheless as Tait and Stevens recognise there is an apparent difficulty in adopting the method for general-practice use.

*The International Classification of Disease* provides a specific taxonomy for organic disease, but we have not available anything comparable for the large group of psychosocial ills from which our patients suffer. We may realise however that symptoms such as 'chest pain, breathlessness' quoted by Tait and Stevens, are at the same low level of precision as are 'anxiety and marital conflict'. Where the first two symptoms may