

might learn something from reading the article to which I refer.

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#### REFERENCE

Morell, J. S. (1974). *Journal of the Royal College of General Practitioners*, **24**, 144-5.

#### OFF DUTY

Sir,

Regarding the letter from Dr McFarlane (April *Journal*) I hope that the writer does not assume that "any reasonable person" subscribes to his ideas of how a general practitioner should be used (the latter being the operative word.)

I should be interested to know how he thinks a general practitioner should organise his night work and weekend work, or is he so "smug" as to suppose that general practitioners, the god-like and superhuman beings that they are, should totally neglect their families, homes and hobbies (some of us do have them) so as to give "total" care to our patients every hour of the year?

The so-called "smug" doctor who works one in five weekends is simply living like a human being, and in so enriching his own life indirectly gives better care to his patients.

I sincerely hope that the College does not support these misguided patient-power fanatics, who only serve to increase the rift between patients and doctors, which we are all desperately trying to eliminate.

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#### REFERENCE

McFarlane, G. J. (1974). *Journal of the Royal College of General Practitioners*, **24**, 277-278.

#### HEALTH CENTRES

Sir,

It was a pity that I was unable to hear Dr Stevens' thoughtful and wise oration for, in reading it, one obviously misses the turn of phrase and mood of the occasion. Nevertheless I feel so strongly about the different types of practice in this country that I must reply.

My A.A. book tells me that Aldeburgh has a population of 3180 and my personal knowledge of the town leads me to believe that it has undergone no recent expansion. It is also a town with a greater proportion of elderly inhabitants. Contrast this with King's Lynn, the population of which has almost doubled in the past 20 years.

This massive increase in population, which has

changed the town from a market town to an industrial conurbation, has brought the following difficulties:

- (1) The number of partners in this practice has nearly doubled.
- (2) The surgeries have had to be enlarged at considerable expense.
- (3) The distances involved in trying to fulfil the obligations of a personal physician have increased with the growth of suburban communities (the total length of the town, bounded as it is by the Great Ouse, is now over seven miles).

Small wonder therefore that our thoughts are turning towards health centres despite Dr Stevens' condemnations. For us a health centre will merely be a modern place in which to work and its merit will be that it will be financed by a local authority which can afford the astronomical land and building prices obtaining in the centre of an expanding town.

Medical services have to be provided and it has been our policy not to refuse patients, for a restrictive practice is a dead practice. Consequently it is better to take advantage of modern buildings and facilities instead of putting up with cramped conditions in a surgery incapable of further enlargement on account of a compulsory purchase order having been placed on the remainder of our land.

May I add a final note on the 'personal physician.' Surely he can only be the single-handed practitioner who has no holidays, who does not visit the far flung corners of the globe, who is the always available and wise counsellor and who, on occasion, makes the most devastating mistakes on account of his professional isolation.

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#### REFERENCE

Stevens, J. (1974). *Journal of the Royal College of General Practitioners*, **24**, 5-22.

#### BATTERED CHILDREN

Sir,

I have been asked by the College to prepare a memorandum on general practitioners and battered children. It is hoped that this will help to form college policy on this difficult subject and will help the College's representatives in discussions and negotiations with other organisations.

I would be very grateful for any comments, ideas or papers from any reader of the *Journal*.

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