

## POSTGRADUATE COURSE

Sir,

We recently attended a course for general practitioners at the National Heart Hospital, W.1., arranged by the British Postgraduate Medical Federation.

We both felt that, while it had some good individual contributions, the course had not been properly planned and not enough thought had been given to the nature of the family doctor's role in caring for patients with heart disease.

He often acts as adviser to patients who are faced with mysterious and hazardous investigations to be followed by major surgery. He needs to know what recent advances have been made, how effective new surgical procedures are, and the risks involved in terms of morbidity and mortality. He must be able to explain the investigations (such as catheterisation) and be prepared to intervene if he thinks they are unwarranted. The psychological and sociological implications of implanted pacemakers and resuscitation from cardiac arrest need to be discussed. Family doctors are increasingly concerned with screening for cardiovascular disease, the use of electrocardiograms, and the value of coronary care units as opposed to home care in myocardial infarctions.

In all these areas, the family doctor has an important responsible job to perform as an adult doctor. Unfortunately, many teachers on this course seemed to regard us as medical students who simply needed to be taught about the symptoms and signs of heart disease in the traditional, rather ossified style of the British teaching hospital.

Revision of basic concepts could have been adequately covered on the first day for those whose memories needed refreshing. More esoteric points like the variations in the components of the second heart sound are irrelevant to the general practitioner and will in any case be forgotten within a few hours. Similarly, an account of the underlying electrophysiology of the ECG is suitable for medical students but we would have been better served by advice on empirical interpretations and a discussion of the uses of the machine in general practice.

Teaching of this kind was carried out in lectures, outpatient clinics and ward rounds. Two consultants, Dr Jane Somerville and Mr Donald Ross were honourable exceptions, who had some understanding and respect for their audience and their contributions were excellent.

Several films were shown: two were about physical signs and the third was an advertisement for clofibrate, whose message was allowed to go unchallenged by the physicians, none of whom was present. The catheter laboratory which some of our patients will experience, was not shown, nor was the coronary care unit. The operating theatre was 'visited' in that we were conducted to the gallery but there was no guide to explain what was going on.

Throughout the course there was many apologies for being esoteric but none for ignorance of the

family doctor's needs. Nevertheless, many of our colleagues seemed to enjoy the course and perhaps found in it happy memories of their student days. Pleasant though this may be, it does not seem to us a justifiable reason to attend a course which is supposed to enhance our ability to care for our patients.

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P. STERN

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## FOUNDER MEMBERS

Sir,

In 1953 general practice was in the doldrums—there were too many practitioners all trying to get their share of the global sum available for payment. They had been summarily dismissed from nearly all hospital work, and had few opportunities for postgraduate study and no direct access for x-ray or pathological investigations. It was against this background that the College was founded and helped to rectify the existing defects.

In 1974 the hospitals are vying with one another in the postgraduate facilities that they provide, are appealing to general practitioners for help with their work; open-access investigation is the order of the day. The College is now interested in vocational training and trainees in sitting for the college membership examination.

This change of emphasis is inevitable but it has made the position of founder members anomalous to some extent as their foundation is quite unlike the existing structure and the new members all rightly gain entry by examination. The founder member who is fully occupied with his practice often cannot spend his time on college committees or on training, so that large scale investigations such as the contraceptive study are one of the few worthwhile college activities available to him.

It has been suggested that all founder members be given the fellowship—as founder members did not enter by examination I doubt the wisdom of giving a further title so readily. It seems to me unreasonable that founder members should be asked to pay the large annual fees for an organisation which they started, and which should now be on a sound enough financial footing not to need their fees.

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## COMMUNITY ELECTROCARDIOGRAPHY

Sir,

I am engaged in a research project on the use by general practitioners of electrocardiographs, comparing the use of practice-based and hospital-based facilities.

Several of your readers have probably received copies of the first and second questionnaires.

In the third part of this survey I am hoping to

collect, from many different practices, brief details of a short series of patients in which electrocardiographs are arranged (using the Royal College of General Practitioners Research Unit data collection sheets).

If any of your readers would be prepared to collect these details, and are not already taking part in this survey, I should be very grateful if they would write to me, stating whether they use their own, or hospital-based apparatus.

T. C. BRADFORD

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#### SIMPLE DOSAGE INSTRUCTIONS

Sir,  
With reference to R. C. Gilbertson's letter (April *Journal*), your readers may be interested in the simple dosage instruction pads that we have recently made available.

I believe that an additional column for indicating "effects" offers some advantages over Dr Gilbertson's pad.

We will, of course, be delighted to supply these pads to any practitioners who may care to write to us.

D. ROBINSON

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#### BOOK REVIEWS

**Obesity and its Management** (1973). CRADDOCK, D.  
Second edition. Edinburgh and London:  
Churchill Livingstone. Price £2.50.

Treating obesity is hard work. Although it is one of the commonest conditions seen in general practice it is one that nevertheless general practitioners are sometimes loath to face and despair of treating. It is therefore particularly encouraging to have Dr Craddock's book which is an expansion of his successful M.D. thesis. He surveys the prevalence of obesity (perhaps ten per cent of adult males) with a six-to-one female/male ratio and stresses the complications and hazards that it brings. All the main form of treatment are discussed and the emphasis is on providing individual rational treatment. He concentrates naturally on dietary control and quotes some figures that only 6.6 per cent of doctors with obesity treat themselves with drugs. Where anorectics are necessary he considers the choice lies between diethylpropion and fenfluramine and he favours the former generally, apart from special groups.

The battle against excessive weight is one that has to be fought and won in the home. It is therefore appropriate that a general practitioner should produce this book and in under 200 pages he covers the subject comprehensively.

D. J. PEREIRA GRAY

**Before the Age of Miracles** (1972). JOHNSTON, WILLIAM VICTOR. Pp. 212. Canada: Fitzhenry & Whiteside. Price: \$6.95.

This is the autobiography of a truly remarkable small town doctor in Canada. Born in 1897, he qualified in 1923, before insulin was available, and before any of the modern drugs had been invented. The title of his book is as excellent as the contents.

In a modest way he describes how he worked for the most part single-handed in a small town, and one is astounded at what he could do, and how in his isolation he kept abreast of contemporary medicine.

In the 1940s he had his own private blood bank, until a national system took over. He attended 1,100 confinements in his 30 years of clinical practice, with only one maternal death. One of the secrets of his great skill was the way he attended hospitals and clinics by way of postgraduate education. He visited the United States of America, Britain and the Union of Soviet Socialist Republics. Today we all attend postgraduate courses, but when Victor Johnston was in practice this was an innovation.

The book is full of the useful kind of medicine we so rarely see in medical textbooks. Sex problems, alcoholism, and the care of the dying, these subjects are all discussed by a real expert at the job.

However, first-class medical practice was only a part of this great man's work. For three years he sat on the Council of the Canadian Medical Association, he was a director and later President of the Ontario Medical Society. The main jewel in his crown of success was to get the Canadian College of General Practitioners off the ground. He was to Canada, what John Hunt was to Britain.

This book is one every general practitioner should read. It is so well written I found it hard to put down. The older doctors will enjoy it for nostalgic reasons, the young doctors will find on these pages medical history in its most readable form. Much of what he says and did is valid today. Scientific medicine changes, but the art of management alters little.

C. A. H. WATTS