

example, that the clinical behaviour of both teacher and student is different from what it would be if the other were not present. But in what ways? Are clinical histories taken differently?—examinations differently performed—or investigations differently used? More important, what are the constraints experienced by the patient? How do these affect both the process and the outcome of consultation? There is some evidence that the psychological and social components of discussion are the ones that are more likely to be affected; and that women patients are more sensitive in this than men (Wright, 1974). But how far the impact of a third person is influenced by the pre-existent relationship obtaining between patient and doctor, by the status of the observer, by practice traditions and circumstances and by a host of other factors, remains largely unknown.

Perhaps it is time that this was looked at more closely.

#### REFERENCES

- Spence, J. (1960). In *The Purpose and Practice of Medicine*. pp. 271–280. London: Oxford University Press.
- Wright, H. J. (1974). *British Medical Journal*, 1, 372–376.

## LONDON AT LAST

**T**WO leading London medical schools have at last created chairs of general practice. St. Thomas's have appointed their Reader in General Practice, Dr D. C. Morrell, and Guy's have appointed Dr P. M. Higgins, a Senior Lecturer on the Thamesmead project.

About a third of all the medical schools in the United Kingdom are in London and about half the medical graduates in England are trained in this one city. London ideas about medical education permeate throughout the English-speaking world.

It has therefore been surprising and regrettable that for so long London has lagged behind. Scotland took the lead and now with the new chair at Glasgow has a professor of general practice in all its four clinical medical schools. At a time when half the doctors in this country are likely to practise in the community, the need for a department of general practice in every medical school is clear.

We have commented before (October 1973 *Journal*) that general practice has special problems in big cities, an idea which has recently been echoed by the Lane report (1974). Providing a primary-care service that is both accessible and able to supply continuing care to a highly mobile population remains a challenge that has not yet generally been met. Clearly there is a need for new energy and academic departments with new ideas may help to solve some of these besetting problems.

It is too soon to know whether the solutions will emerge on traditional lines as at St. Thomas's or whether a more radical view should be taken as at Guy's, where Professor Higgins is developing some interesting new ideas.

It is a particular pleasure to see Dr Morrell's promotion. His concern with the day-to-day care of patients is well known. Despite the heavy burden of university administration, he works hard in his own practice with a heavily booked surgery every day.

University departments alone may not be able to solve the problems of general practice in London and the College and other interested bodies must also play their part. Nevertheless without strong professional departments neutralising the traditional domination of the London teaching hospitals, proper progress cannot be made.

There is no room for complacency. Even now it is still true that more than half the medical schools in the United Kingdom are without a chair of general practice. In some provincial medical schools like Bristol there is no department of general practice at all. Family practice is still inadequately represented in most of the famous London medical schools such as Barts, Marys, the Middlesex, the London, St. George's and UCH.

We welcome these two chairs and hope that soon every medical school in London will be similarly equipped.

## REFERENCES

Committee on the working of the Abortion Act (1974). Lane Report. London: H.M.S.O.  
*Journal of the Royal College of General Practitioners* (1972). Editorial, **22**, 653-54.

## THE ROYAL COLLEGE OF GENERAL PRACTITIONERS

**BUTTERWORTH GOLD MEDAL**

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**CLOSING DATE: 1 AUGUST 1975**