

position as a competing generalist and concentrate on the specialised services. He would then become a consultant in relation to the general practitioner.

Having criticised the organisation of social services so fiercely the general practitioner cannot escape entirely. The saving graces of general practice are that it is not organised into a rigid hierarchical structure, and that the doctor is constantly in touch with his patients. This lack of structure does, however, mean that some doctors can isolate themselves from their colleagues. The pressures of work make it impractical for a social worker to communicate with say five or six single-handed doctors working in different premises. It is obviously easier to communicate when doctors work in the same premises. Unfortunately it must be true that social problems are most acute where general practitioners are mostly widely scattered, i.e. in the inner urban areas.

I hope that in the future general practitioners and social workers will be able to get down to the task of providing personal care for patients in the setting that matters, i.e. in general practice. I accept that there are enormous problems of adjustment that will be experienced on both sides. It is only after working together that people will be able to decide who can and cannot do what, and how this is to be achieved. Interdisciplinary discussion in a neutral setting can go some way towards ironing out problems, but it is no substitute for thorough discussion of shared problems at work.

G. KEELE

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MEDICAL HISTORY

Sir,

I am most grateful to those members who were kind enough to reply to my questionnaire in the *Journal* about the extent and degree of interest in medical history within the College. It is hoped that anyone who did not have the opportunity to write me at the time could drop me a line using the above reference as a guideline. I am sure there are many unsung singers in our midst. We are always delighted to know what is happening in the medico-historical field.

Of the 25 letters I received two came from overseas—one from New Zealand and the other from Tanzania. Surprisingly, Ireland and Wales were silent. The length of the replies varied enormously, some correspondents being just happy to send me a postcard while others maintained a brief but fruitful exchange of letters with me. Six of the doctors concerned had retired. It was duly noted that one medical man acted as an honorary librarian and another as an honorary archivist in the faculties, while a third person had done enough work to merit the title "medical historian". Several people kindly sent us off-prints as proof of their enthusiasm. Among the many "spin-offs" from the

exercise were generous gifts to the College including a large collection of surgical instruments and an important out-of-print book on obstetrical forceps.

Over half the correspondents had published papers or articles, and three had published books. Two doctors had written books which were either unpublished or were about to go to press. Miss Margaret Hammond, the College Librarian, would be most grateful to receive manuscript or type-written copies of any unpublished medico-historical works for the reference library.

Although, for obvious reasons, no significant statistical conclusions can be drawn from this pilot study, it is encouraging to realise that there is more than a glimmer of interest in a subject which giants like Osler and Comrie rightly considered so important in medical training, both at undergraduate and postgraduate stages of medical education.

Once again, many thanks.

PETER THOMAS

Honorary Curator,

Royal College of General Practitioners

Thomas, P. (1973). *Journal of the Royal College of General Practitioners*, 23, 285.

H. K. LEWIS

Sir,

Twice during 1973 and in November 1974 I visited the metropolis, paying homage and money to the Royal Colleges to sit their examinations. On each occasion I asked at the famous H. K. Lewis's for the section of books about general practice. In 1973 I was met by blank looks and after some delay directed to the section on clinical medicine, where I found Eimerl and Laidlaw's *Research in General Practice*, but nothing else.

Last month however; no blank looks but a confident direction straight to the clinical medicine section and—*Learning to Care*, *Patient Centred Medicine*, and *A Family Doctor's Day*, adorned the shelves. The latter, by Denis Craddock was published in 1962 at 12/6d., by H. K. Lewis. No it wasn't there in 1973, and take your coat off, because I bought it—for 75p.!

London needs more than Chairs in General Practice!

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VOCATIONAL TRAINING

Sir,

I refer to Dr John Hasler's interesting article on the facts and figures about vocational training (September *Journal*). The information he has given us will be invaluable in the future planning processes.

I must however, respectfully, correct one statement. Since October 1973 there have been vocational training schemes based on all the district hospitals in East Anglia. We have been convinced that vocational training should be based on the health district. I believe there is evidence that this