

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

Department of General Practice,
Darbshire House Health Centre,
Upper Brook Street,
Manchester, M13 0FW.

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!

W. J. D. MCKINLAY

Colborne House,
Clitheroe,
Lancashire, BB7 2DR.

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

view is gaining wide acceptance in the country as a whole.

B. B. REISS

Regional Adviser in General Practice

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Union Lane,
Chesterton, Cambridge, CB4 1RF.

REFERENCE

Hasler, J. (1974) *Journal of the Royal College of General Practitioners*, **24**, 613-616.

WHAT KIND OF COLLEGE?

Sir,

With the arrival of the *Annual Report* of the College it is clear that the era of the instant committee-man is well and truly with us.

A quick count reveals that five members of the College hold 76 appointments or committee places between them, one member having as many as 23 posts (and that is excluding faculty positions).

As some of these members must travel from the north and from Scotland, it is difficult to believe that they can possibly be fulfilling their primary role as family practitioners.

Surely it is high time that this self-perpetuation ("jobs-for-the-boys?") be ended, and the "apex" of the College broadened?

P. J. HOYTE

Brook House,
West Bradford,
Clitheroe, Lancs.

BOOK REVIEWS

Review of Nutrition of Housebound Old People.

A. N. EXTON-SMITH, B. R. STANTON,
A. C. M. WINDSOR. Pp. 68. King Edward's
Hospital Fund for London. Price: £1.00.

This study is concerned with the assessment of the nutritional status of a group of housebound old people and a comparison of their dietary intake with those of more active old people. However, this is not only a study of nutrition it encompasses many of the problems in geriatric care facing the medical profession today. As the book clearly shows disturbances of dietary intake are reflections of physical and mental disease in the elderly.

The report is clearly and lucidly presented. It is printed in clear type on good quality paper with the figures and diagrams well laid out and easy to follow. It is a pleasure to read such a book especially nowadays when so many books have to be printed in small type on rather inferior paper to reduce costs.

The conclusions to be drawn from this study reinforce the need for the reorganization of the care of the elderly in general practice. Since Williamson's & Lowther's work in the sixties there has been a growing realization that the present system of care of the aged has serious deficiencies. The reliance on the self reporting of disease by the patient does not reveal the full extent of the needs.

This study spotlights the vulnerability of the housebound especially as regards their nutritional intake and state of health. It indicates the need to identify this group through the medium of the health visitor and so bring them under the care and supervision of the general practitioner. There are several other interesting features to emerge from the study including the fact that patients who had sustained a fracture of the femur had a lower mean Vitamin D intake than the mean Vitamin D intake for the whole group. The suggestion that milk fortified with Vitamin D be included in the 'meals on wheels' service appears to have considerable merit.

All in all the importance of this excellently

produced little book far outstrips its size. It can be read with profit by all those who are interested in the care of the elderly.

AUSTEN ELLIOTT

REFERENCE

Williams, E. E. (1974). *Journal of the Royal College of General Practitioners*, **24**, 341-345

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