



**DR JOHN OWEN**

Dr John Owen, F.R.C.G.P., the present Chairman of the Welsh Council of the College, was honoured at the 1974 National Eisteddfod of Wales by being elevated to the Druidic Order of the White Robe.

Area four of the College book refers to the cultural differences that exist between societies. It is not necessary to look overseas to demonstrate these differences for here in our own islands many cultures exist side by side. In Wales the resurgence of the Welsh language with its increasing status gives added interest and significance to the Annual National Eisteddfod whose honours are not bestowed lightly.

The Gorsedd of Bards consists of the Arch-druid and Officers of the Gorsedd and the members of the three orders. The first of these is the Ovate Order whose members wear the green robe and membership of this is normally obtained on passing the first two examinations of the Gorsedd, but exceptionally honorary Ovates are admitted for substantial service to Welsh culture over a considerable period of time.

Next is the Order of Bards, Musicians and Literati. Members wear the blue robe and this can only be obtained on passing the final Gorsedd examinations in the Welsh language, Welsh literature, or in music.

The final order, the Druidic Order, members of which wear the white robe, cannot be obtained by examination, but is restricted to those who have made a substantial contri-

bution, of recognised national standard, to literature, music, scholarship, or art in Wales.

In the realm of scholarship Dr Owen made a significant contribution to medical education through his work with the College and he is a frequent broadcaster in the Welsh language on both radio and television on medicine. He also has a reputation in the complicated field of Welsh poetry which was included in the citation.

**CONFERENCE OF REGIONAL ADVISERS**

Dr John C. Hasler, Regional Organiser for General Practice Training, Oxford Regional Committee for Postgraduate Medical Education and Training, has been elected Chairman of the Conference of Regional Advisers of the United Kingdom to succeed Dr George Swift.

**DR P. FREELING**

Dr Paul Freeling F.R.C.G.P., General practitioner, Southall, Middlesex, has been appointed Visiting Professor for two weeks to the Department of Family Practice, University of South Carolina, U.S.A.

Dr Freeling was one of the authors of *The Future General Practitioner—Learning and Teaching* and is currently Nuffield Tutor to The Royal College of General Practitioners.

**THE ROSE HUNT AWARD**

In 1972 the Royal College of General Practitioners presented 12 medals to the Royal Australian College of General Practitioners. One was to be presented each year to the individual who, in the opinion of the Council of the Australian College had rendered outstanding service in the promotion of the aims and objectives of the College, either by individual patient care, organisation, education, research or any other means, irrespective of such person's vocation.

The first medal has now been awarded to Dr William Arnold Conolly, a founder of the Royal Australian College of General Practitioners, its first President and at present the Director of the Development and Research Foundation.

**CONSULTANT PSYCHIATRISTS**

The Central Manpower Committee has recommended that there should be one whole-time equivalent consultant per 60,000 population.

### GENERAL PRACTITIONERS WORKING IN HEALTH CENTRES

The number of general practitioners working in health centres at the end of 1973 was 2,520. This is the first time the number has exceeded ten per cent of English general practitioners.

### HEALTH CENTRES

Dr David Owen announced in Parliament that 144 health centres have been authorised to start in 1974-75 and that building work started on 78 schemes in 1973-74.

### NUMBER OF GENERAL PRACTITIONERS

The number of general practitioners in post at the end of the years ending 30 September were as follows:

1964: 20,559, 1969: 20,208, 1973: 21,360.

### DENTISTS

The number of dentists working in the National Health Service rose from 9,991 on 31 December 1964 to 10,886 on 30 September 1973.

### EQUIPMENT FOR THE DISABLED— CHANGE OF RESPONSIBILITY

The Oxford Regional Health Authority on behalf of the Department of Health and Social Security has assumed responsibility for publishing subsequent editions of the publication *Equipment for the Disabled*.

Orders for booklets should be sent to: Equipment for the Disabled, 2 Foredown Drive, Portslade, Sussex BN4 2BB.

### TRAINEES IN GENERAL PRACTICE

The number of trainees in general practice increased from 232 in 1971 to 447 in 1973.

### PRESCRIPTION COSTS

The average total cost of a prescription in 1973 was 88·2p.

The total number of prescriptions dispensed by the pharmaceutical service of the NHS during 1973 increased by less than three per cent.

### BIRTHS

Nearly 92 per cent of all births took place in NHS hospitals in 1973.

### EMIGRATION OF DOCTORS

The Australian High Commission in London

has reported that twice as many doctors have applied for assisted passages to Australia compared with last year.

So far this year the Australian High Commission has processed 520 enquiries from doctors wishing to emigrate.

### POPULATION PROJECTIONS

The Office of Population Censuses and Surveys has issued a booklet *Population Projections No. 4 1973-2013* available from H.M.S.O. price £1·10.

It estimates that the population of the United Kingdom will rise from 56 million in 1973 to 59·3 million in the year 2000.

### WALES

The number of unrestricted principals in Wales showed no significant difference between 1970 and 1973. There was however, an increase from 188 to 218 of general-practitioner principals under the age of 35.

### GENERAL PRACTICE FINANCE CORPORATION

The General Practice Finance Corporation advanced over two and a half million pounds in new loans to 230 general practitioners in Great Britain during the financial year ending 31 March 1974.

In all, 3,837 doctors have now received advances under this scheme.

The current lending charge is 16 per cent a year.

### COLLEGE OF FAMILY PHYSICIANS OF CANADA

The Annual Scientific Assembly of the College of Family Physicians of Canada is being held from 10-14 August 1975 in British Columbia.

Enquiries should be addressed to: The Executive Director, The College of Family Physicians of Canada, 1941 Leslie Street, Don Mills, Ontario M3B 2M3, Canada.

### ACCIDENT AND EMERGENCY SERVICES

The Government has rejected several recommendations by a subcommittee of the House of Commons.

In particular the operation of general practitioner health centres on a 24-hour basis, and further publicity for the public on the

role of accident and emergency services have been rejected.

#### REFERENCE

Accident and Emergency Services (Cmnd 5886), London: H.M.S.O. Price 14p.

## Obituary

### REUBEN DRUMMOND

Reuben Drummond who died peacefully at the College on 6 January, after a long illness borne with great courage, will be remembered with warm affection by all who knew him. After a long career in the Merchant Navy, Mr Drummond joined the

College in 1968, first as handyman and then as housekeeper/caretaker with his wife Nita. His helpfulness and courtesy endeared him to the membership and the staff and he will be sadly missed. Both Mr and Mrs Drummond have served the College with the utmost loyalty for the past six years.

Sincere sympathy is extended to Mrs Drummond and to their son Peter. Mrs Drummond has received many letters from members all over the country sympathising in her tragic loss, and hopes in time to reply to them all.

His funeral was attended by the President, many members of Council, and staff.

## CORRESPONDENCE

### COMMUNICATIONS WITH PATIENTS

Sir,

When a person visits his doctor he likes to be given, in addition to a prescription, some information on what is wrong with him and some good advice on how he can help his body to get better. It is obvious that a doctor with a large queue in his waiting room has little time to give every patient a detailed lecture on his complaint. Even if he has time to give some advice on such things as diet and exercise there are many hazards that can interfere with this transfer of information, such as:

- (1) The doctor under pressure from a full waiting room or fatigued at the end of a trying day, or simply feeling below par, might easily forget some of the things he should have mentioned to the patient. A doctor nearing retirement might be particularly prone to this kind of oversight.
- (2) The patient might be hard of hearing or even very deaf. Deaf people often pretend to hear better than they actually do.
- (3) The doctor's accent may be one with which the patient is not familiar.
- (4) The doctor's knowledge of English may be limited e.g. an immigrant doctor.
- (5) The doctor may use words and phrases with which the patient is unfamiliar, but is reluctant to admit his ignorance.
- (6) The patient may be too tensed up and ill to take in all that the doctor is telling him.
- (7) The patient may have a bad memory, due to old age for example, and on returning home may be unable to recall correctly all that the doctor had told him.
- (8) It is also possible that the doctor is simply inefficient and out of touch with the latest advances in medicine.

When a patient feels that he has not been given

all the advice to which he believes he is entitled, he will, if he is a sensible person, seek for this in medical books or health magazines or ask for advice from the local chemist (who is not always unwilling to give it). This kind of self-treatment is generally frowned upon by the medical profession, yet doctors, by their failure to communicate fully with their patients, are in part responsible for people resorting to it.

How much happier one would be to come away from the doctor's surgery with a printed sheet containing all that the doctor had told one (or had forgotten or did not have the time to tell one) than to have to carry this information in one's head. It would also be very useful to those at home who have some responsibility for caring for the patient—particularly if the patient is elderly.

Surely doctors are mistaken if they imagine that their patients expect them to carry in their heads everything the patient ought to know, to be trotted out without reference to any medical texts and without omissions, mistakes or misunderstandings.

In universities and colleges lecturers seldom give a lecture without notes to guide them through the syllabus and to ensure that they do not omit important pieces of information. In the academic world the handing out of printed sheets is common practice and in the world of engineering instruction manuals on the running, maintenance and repair of such things as motor cars, washing machines, central heating boilers is a widespread practice.

Accepting that, for most of us at any rate, our bodies are of more importance than our motor cars and washing machines, is it not reasonable to ask doctors to give us, the patients, advice in a more permanent, reliable and complete form than by word of mouth across the surgery desk?