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?

My suggestion is that when a doctor diagnoses a standard complaint, such as hypertension or diabetes, he should give the patient an information-sheet setting out the basic facts about the complaint and also giving advice and guidance on how he can best adjust his mode of living with a view to improving his condition and where this is not possible, how best to live with it. These information-sheets could be prepared under the auspices of the National Health by experts in the various fields of medicine and would thus be both up to date and authorative, and would not only be beneficial to the patient, but also I believe helpful to the doctor.

It is unreasonable to expect a doctor to repeat umpteen times a day the same story to umpteen patients all with the same complaint. These information-sheets would take this chore off his shoulders and as an extra bonus keep him up to date with the latest developments in medical science.

Summing up, is it not nonsensical that so much of the information on sickness existing inside the medical profession never gets through to the people who need it most—the patients?

R. M. HELSDON
Chartered Mechanical Engineer
Retired College Lecturer

27 Twemlow Avenue,
Parkstone,
Poole, Dorset.

REPRESENTATION OF COMMUNITY HEALTH COUNCILS IN HEALTH-CENTRE MANAGEMENT

Sir,

On 22 October 1974, health workers at Glyncorrwg Health Centre met members of the District and Divisional Health teams, at the latter's invitation, to form an advisory committee to help in managing the centre; this was a most welcome development.

In discussing composition of this committee it was suggested, with unanimous support of all local health workers, that the local Community Health Council be represented. This was opposed by representatives of the district team, as setting a precedent requiring a decision from higher bodies; we were unconvinced by this argument, as we thought it was up to all of us to define the content of the 1974 reorganisation in terms of our local experience and instincts. Where no guide lines were already laid down, we felt their definition should be by local opinion. In spite of this a week later we received a letter advising that in the District Administrator's opinion representation of the Community Health Council would be inappropriate, "as the meetings are intended to discuss matters of interest to the professional users of the health centre."

Who actually runs health centres? Who decides what is of interest to professional users and why should they not be intersted in consumer opinion? If those doctors who oppose consumer participation in the running of local health services have the right not only to refuse representation, but even a right of entry to their premises to the Community Health Councils (as they have been reassured by the Department of Health) is there not also a right for those doctors who think otherwise to invite such participation?

We can hardly believe that we have gone so far along the road to a corporate State that our experience could be universal, and we think it is time that more of us with either positive or negative experiences of attempts to involve patients or their representatives in some degree of control of local health services should pool their experience, and begin to build a progressive body of case law.

J. TUDOR HART
ANDREW HAINES

Glyncorrwg Health Centre,
Nr. Port Talbot,
Glamorgan.

VOCATIONAL TRAINEES

Sir,

It is interesting to compare the choice of practice of the first eight trainees from the Airedale vocational training scheme with that of Ipswich (Barley, 1972).

At Airedale three trainees have chosen practices within the immediate area of the scheme, three have moved out of the area, and two have dropped out in favour of hospital careers.

This contrasts with Ipswich's figures of one, five and one respectively.

I note that Dr Barley moved from Ipswich to Sheffield whereas I am reversing the flow from Yorkshire to Suffolk.

P. G. RAMSDEN
Vocational trainee,
Airedale, Yorkshire

25 Thornhill Road,
Steeton,
Keighley,
Yorkshire.

REFERENCE

Barley, S. L. (1972). *Journal of the Royal College of General Practitioners*, **22**, 835–838.

MYOCARDIAL INFARCTION

Sir,

In his excellent James McKenzie Lecture (January *Journal*) Professor James McCormick, appears to suggest that myocardial infarction was as common in the early years of this century as it is now and that it was only belief in the efficacy of anticoagulants in 1949 which induced general practitioners to send their cases into hospital.

The historical evidence of the occurrence of