

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 authoritative, 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?

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#### REPRESENTATION OF COMMUNITY HEALTH COUNCILS IN HEALTH-CENTRE MANAGEMENT

Sir,

On 22 October 1974, health workers at Glyncoirwg 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 interested 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.

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#### 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.

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#### 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