

One of the projects sponsored by the Trustees was the writing of a biography of Mackenzie. This work was undertaken by Professor Alex Mair. You, of course, know the biography and also the fact that royalties from it have been bequeathed to our College. In assembling the material for this biography Professor Mair collected several books and original correspondence. Since the task has been completed, and with the approval of the Trustees, Professor Mair has bequeathed this material to the Library of the University of Edinburgh.

It may be that some future research workers and students might wish to know of the existence of this material and the possibility of their gaining access to it by contacting the University Librarian. I am following up and supporting Professor Mair's suggestion that you might agree to inform readers of this possible source of "Mackenziana".

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REFERENCES

- Mair, A. (1973). *Sir James Mackenzie, M.D., 1853-1925, General practitioner*. London: Churchill Livingstone.
- McConaghey, R. M. S. (1974). *Journal of the Royal College of General Practitioners (Book Review)*, **24**, 497-8.

COMMUNITY HOSPITALS

Sir,

We refer to your editorial (December *Journal*) on the Department of Health and Social Security paper on *Community Hospitals*. Your conclusion was that, in future, we may look back at this publication as an important milestone in the development of medical care.

The Lichfield doctors, however, have collectively studied this paper in detail and have reached the opposite conclusion. The undersigned would not wish, however, to be branded as insular. Clearly, there exists the "have" and the "have not". The former, such as we who have an active general-practitioner hospital with a high turnover of acute general medicine (much of it being among the younger age groups) and cold surgery, with consultant cover, are fortunate. We also have active x-ray, casualty, and physiotherapy departments. Those who do not have these excellent facilities no doubt would welcome the Department of Health and Social Security proposals, whereas we fear many of our facilities will be taken away.

Our experience is that a wide range of acute general medical patients, many of whom require in-patient investigation, can be adequately cared for in general-practitioner hospitals with mutual benefit to patients, relatives, and to doctors. This applies also to many minor and medium grade surgical cases whose operations are nor-

mally performed by consultants but who post-operatively are cared for by general practitioners and in many cases are anaesthetised by them. Normal obstetrics can be practised safely by properly qualified practitioners in a community-hospital setting. This, of course, is provided that the antenatal selection is sufficiently discriminating and rigorous.

We are in agreement with the stated general philosophy concerning the benefit of community hospitals to local communities. However, we disagree strongly with the unbalanced emphasis on geriatric care. This would apply particularly to the cases of dementia described in the Department of Health and Social Security publication. We shall resist energetically any erosion of our casualty, surgical, obstetric, and radiological freedom.

In our considered opinion good medicine depends upon care and concern for patients. This is not possible without effective communication between the patient, the family doctor, and the consultant. We feel that care that can properly and safely be given with good communications between the three levels should be revered.

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REFERENCES

- Department of Health and Social Security (1974). *Community Hospitals: their role and development in the National Health Service*. London: H.M.S.O.
- Journal of the Royal College of General Practitioners* (1974). Editorial, **24**, 821-822.

DIPLOMA IN SEXUAL MEDICINE

Sir,

Much of the work of the general practitioner today is involved with relationship problems which are often presented as sexual difficulties.

This is a field of postgraduate education which has been largely ignored and is growing in importance. Handling such cases should stem from a broad base of knowledge and understanding. May I therefore make a plea that the College consider the implementation of a diploma in sexual medicine? This could include such topics as:

- (1) How relationship problems commonly present to the doctor,