

Obituary

SYDNEY JOSEPH PEREIRA GRAY,
M.A., M.B., B.Chir., F.R.C.S.(Ed.)

Dr Sydney Pereira Gray died on 17 March 1975 at the London Hospital, London, aged 75, immediately after an operation.

He was educated at Exeter School, Exeter, where he did classics in the sixth form, became head boy, and was awarded the Vidalian exhibition to St. John's College, Cambridge. He went, however, straight from school into the first World War and served in the Royal Artillery in France before returning to Cambridge to read medicine.

Qualifying from Barts in 1925, he worked as a resident in the midwifery department and later at the Royal Northern Hospital. He obtained the F.R.C.S. (Ed.) in 1929.

He returned to Exeter in July 1932 to work with his father for two years before illness forced the latter's retirement. He was appointed to the Exeter Dispensary which first brought him into contact with many of the sick poor in the city. He continued a tonsillectomy list throughout most of the 1930s, was Medical Officer to the City Hospital, and became public vaccinator to the City of Exeter.

He joined the Health Service, of which he approved, immediately in 1948, and remained in single-handed practice until he was, in his turn, joined by his son in 1962. He was for many years a member of the Devon and

Exeter Executive Council, the Local Medical Committee and its Standing Committee, in which he took a great interest. He loved languages, reading Latin and Greek for pleasure and taught himself German in middle age.

It was always his wish to die in harness and he made his last home visit 35 days before his death. He was the last principal in active practice in Exeter, who had served on the old dispensary, and throughout his professional career always took a particular interest in his poorer patients, often acting as an advocate for them in both their medical and social problems.

He always believed in making time for many home visits, and liked being able to sit down and have a cup of tea and a talk. One of his most outstanding characteristics was his unflinching courtesy to his patients. He never refused a visit and was never known to have rebuked a patient for sending for a visit—whatever the time or reason for the call. He was also well in advance of his time in perceiving as early as the 1940s the great contribution that could be made by women doctors in general practice.

He became an Associate of the College in the 1960s and contributed much to this *Journal* by the great encouragement and support he always gave his son as Editor.

His brother recently retired from general practice in Exeter and he is survived by his wife and two sons, one of whom is a partner in the family practice.

CORRESPONDENCE

THE FUTURE GENERAL PRACTITIONER— ATTACKING AND DEFENDING

Sir,

In taking Dr Eastwood to task for his intemperate criticism of *The Future General Practitioner* (November 1974 *Journal*) the authors succeed in escalating the issues (March *Journal*). Indeed, by moving over to the "offensive" they come close to being just that. No doubt Dr Eastwood deserved to be chided for the narrowness of the base from which he looks out on clinical practice, but it is a base on which, presumably, he feels reasonably secure. Preaching "holier than thou" at him may not be conducive to getting him to mend his ways. Apart from which, it is hardly in keeping with the spirit of either learning or of teaching.

The danger in this diversion is that our attention may be shifted from what should be the real focus—the educational process in vocational

training. That, after all, was the theme of *The Future General Practitioner*, and is what the debate should be about. Surely it should be possible to agree that the book has faults, even grievous faults, while conceding that it stands head and shoulders above anything else in the field—not just general-practice teaching—but medical education as a whole.

Two terrible fates could befall this book. One is to be rejected out of hand. The other is to be swallowed, hook, line, and sinker. Without question the second would have the worse consequences for general practice, not because the book expounds ideas that are inimical to general practice, but because the notion that the last word has been said will dry up further questing. The last word has not been said. Six outstandingly able and articulate practitioners have begun the task.

In their letter the authors disclaim any intention