

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 unfailing 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

that the book should represent a statement of College policy. But Pereira Gray (1974) quoted in the very same issue writes, "The Royal College of General Practitioners states..." and then goes on to quote from *The Future General Practitioner*. The position *de jure* may be as the authors say; *de facto* the book is widely regarded as a bible.

Is the book of the five areas to go the same way as the five books of Moses—in practically every household, repeatedly quoted, but hardly anyone living by it? A continuing, critical and relevant debate of the real issues may prevent *The Future General Practitioner* being relegated to a place of such honour.

J. S. NORELL

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REFERENCES

- Eastward, N. B. (1974). *Journal of the Royal College of General Practitioners*, **24**, 796–7.
 Gray, D. J. Pereira (1974). *Practitioner*, **213** 79–81.
 Horder, J. *et al.* (1975). *Journal of the Royal College of General Practitioners*, **25**, 208–9.
 Royal College of Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

THE FUTURE GENERAL PRACTITIONER— LEARNING AND TEACHING

Sir,

I was relieved to hear from its authors, *Learning and Teaching* (March *Journal*) that *The Future General Practitioner* was not written as a statement of college policy.

I cannot object to direct quotation from my letter (November *Journal*) but must take the strongest exception to mis-representation. The sentence starting "Dr Eastwood seems to argue" is a transparent device for setting up an Aunt Sally which is then vigorously demolished. By this means, views are attributed to me which I do not hold and which indeed I entirely repudiate. I do not believe that "because physical diagnosis is so difficult, other important variables, psychological and social may be safely ignored." I do not dislike the chapter (chapter 2) on the consultation ending on p. 20. In fact I felt that the penultimate paragraph on that page was a model of pellucid clarity compared with the mathematical woolly-mindedness of pages 67 and 70. My letter was in keeping with the avowed aim of the book (pxi) "It is written to stimulate the thinking of general-practitioner teachers."

If I may take a longer view, I should say that publication of *The Future General Practitioner* represented a stage in the development of the College. It was over-reacting to the previous neglect of psychiatry and sociology and in doing so presented these subjects in a dogmatic manner out of keeping with the reality of such uncertain areas of human experience. By implication it seemed to belittle the importance of clinical medicine.

The point has now I think been taken that psychiatry and sociology are important to medicine and it is now time to look ahead to our commitment to clinical medicine and to the maintenance of professional medical standards.

N. B. EASTWOOD

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RABIES

Sir,

May I suggest that someone with first-hand knowledge be invited to write an article on rabies for your *Journal*?

The disease in animals is spreading across France and is now at Dieppe. It could conceivably reach England via the ferries (Calais/Dover or Roscoff/Plymouth) or via the many smaller ports on the south coast (e.g. Totnes, Dartmouth, or Salcombe in Devon).

The chance of human infection in England would be small, even if the animal population were infected for a radical policy of extermination would probably be followed. Even if bitten, I gather only about 25 per cent actually contract the disease.

However, I think an early warning would be worthwhile, as the all-important factor would be early diagnosis. An early diagnosis can be made from study of the animal which made the bite, but the animal would probably not always be available. Clinical features described are irritation around the bite, fever and elysplagia, but are these early symptoms or "too late" symptoms? I don't know.

I believe your *Journal* would serve a valuable role in raising the subject and clarifying early diagnosis *now*, rather than waiting until the first fatal case and then getting excited about it in retrospect.

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Plymouth.

Would readers generally welcome such an article?
—Ed.

VOCATIONAL TRAINING PROGRAMMES

Sir,

I hear from time to time that in some areas there is difficulty in recruiting trainees for three-year schemes, and in others discontent among those who are already taking part. Recruitment for vocational training schemes is planned, I presume, for those doctors who have decided on general practice as a career, and have just finished their preregistration year.

Many young doctors now are alarmed by the threat to the future of the National Health Service and are anxious to get out and about and see for themselves before making up their minds. By