

INCOME OF TRAINEES

The Minister of State for the Department of Health and Social Security has reported that the average weekly earnings of senior house officers in 1975 varied between £67.8 and £75.0 per week.

He estimated that this would rise in 1976 to a minimum of £82.1 per week and a maximum of £91.6. These figures include an allowance for earnings from extra-duty allowances and are based on the average full-time staff on 1 January each year.

ACKNOWLEDGEMENT

The second editorial in the March *Journal One thousand up!*, commented on the number of trainees and trainees in general practice in October 1975.

These figures were obtained from the Council for Postgraduate Medical Education in England and Wales.

MALE HEALTH VISITORS

The Council for the Education and Training of Health Visitors has decided that from September 1977 it shall be a requirement for men to have obtained an acceptable obstetric qualification, as is the case with prospective women students, before starting health visitor training.

GENERAL MEDICAL COUNCIL REGISTRATION FEE

The annual retention fee payable by registered medical practitioners to the General Medical Council is being increased from £5 to £8 with effect from 1 May 1976.

CORRECTIONS

In the February issue of the *Journal* it was reported that Dr D. J. G. Bain had been awarded an Upjohn Travelling Fellowship to study Child Health in Developing Countries.

This should have read to Study Child Health in New Towns and Developing Communities.

In the March issue of the *Journal* Dr E. J. C. Kendall's name was wrongly printed as Rendall, and this error is greatly regretted.

In Dr M. W. Adler's article (March *Journal*), the second line of the summary read "screening for moderate hypertension (i.e. diastolic blood pressure equal to or above 100 mm Hg)" but should have read "(diastolic blood pressure equal to or below 110 mm Hg)".

Obituary

ROBERT PATRICK MAYBIN

M.D., F.R.C.G.P.

Dr Robert Patrick Maybin died on 19 January 1976 at the age of 59.

He was a founder member of the College, a Fellow, and a former member of College Council and in 1972 he delivered the William Pickles Lecture on *Health Centres and the Family Doctor*, which was published in this *Journal*.

He made a significant and valued contribution to the Northern Ireland Faculty, as a long serving member of the Faculty Board, as secretary of the Board, and as Provost. He had also been a member of Irish Council in its early years.

Educated at Wallace High School, Lisburn, Co. Antrim, he studied medicine at the Queen's University of Belfast graduating M.B., B.C.H., B.A.O., in 1938. As a Captain in the Royal Army Medical Corps, he served in North

Africa, Italy, and Yugoslavia and was mentioned in dispatches.

Following the war he proceeded M.D. in 1947 and in 1949 started in single-handed general practice in Ballylesson, a village on the outskirts of Belfast. In this rural practice, he was among the first to record and publish data about his practice. He was also among the earliest to see the value of nurse and health visitor liaison and had a social worker attachment as early as 1956.

In 1963, Dr Maybin was appointed Medical Adviser to the Northern Ireland General Health Services Board, succeeding the late Dr J. M. Hunter, a member of the first Council of the College. In this capacity he came into contact with all general practitioners in Northern Ireland and exerted a considerable influence on the renaissance of general practice in the province. He was closely associated with the development of

health centres, and their planning and commissioning gave him full scope for the employment of his considerable talents of diplomacy and tact. The success of the health centre programme in Northern Ireland owes much to his enthusiasm and encouragement.

After re-organisation in 1973, and the abolition of the General Health Services Board, he became Medical Adviser to the Central Services Agency and held this post at the time of his death.

Dr Maybin also held office as Chairman of the Belfast Division of the British Medical Association and Vice-President of the Ulster Medical Society. He was a member of many medical bodies and committees including the Medical Faculty of the Queen's University of Belfast and the Northern Ireland Council for Postgraduate Medical Education.

His main hobby was gardening and he was an authority on the flora of Ireland with the finding of a new species in Co. Kerry to his credit. Because of his modesty his talent as a poet was not widely known among his friends, but some of his work has been published.

Patrick will be remembered by fellows and members of the College for his complete commitment to the interests of general practice, for his sound counsel, for his sincerity, and most of all for his friendship and company. He will be greatly missed.

N. D. WRIGHT

REFERENCE

Maybin, R. P. (1972). *Health Centres and the Family Doctor. Journal of the Royal College of General Practitioners*, 22, 365-375.

CORRESPONDENCE

A REVIEW OF β BLOCKERS

Sir,
Dr J. C. Davies has written a most useful and interesting paper (*March Journal*). However, I know of no evidence that *irreversible* airways obstruction (from obstructive chronic bronchitis or emphysema) is made worse by β blockade: it is the asthmatics with *reversible* obstruction who may get worse, and this includes some latent asthmatics who have had no previous asthmatic symptoms.

β blockade now seems to stand out clearly as treatment of first choice for hypertension, because of its protective role in myocardial infarction and because thiazides clearly cause impaired glucose tolerance after two or three years and should soon fall out of favour. It should probably not be withheld from those with irreversible obstruction. Baseline measurements of peak flow rate are of course essential in *all* cases before treatment, and should be repeated when treatment is established.

JULIAN TUDOR HART

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Nr Port Talbot,
Glamorgan.

REFERENCE

Davies, J. C. (1976). *Journal of the Royal College of General Practitioners*, 26, 219-26.

ASSESSING THE ELDERLY

Sir,
I have read with interest the paper by Barber and Wallis (*February Journal*), on *General-Practice Assessment of the Elderly*.

I think that there is a place for this type of assessment within the community, but one point came through strongly from this paper. This was that of the 5,000 patients in the at-risk age groups, only 150 had been assessed by the time the paper was written—presumably about one year—and this is an area where the average list size is only 2,000 patients per doctor and where one could assume referral by the general practitioner to health visitor for assessment should be common.

At this rate, it will take 30 years for the population to be assessed by which time a whole new (*and much larger*) geriatric population will have arrived.

I think this highlights the same old problems in our attempts at screening the elderly, namely that virtually any system assesses only a small proportion of those at risk and that the total value to the community of such undertakings is small.

PATRICK MACCARTHY

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REFERENCE

Barber, J. H. & Wallis, J. B. (1976). *Journal of the Royal College of General Practitioners*, 26, 106-14.

SURGICAL POSTS AND VOCATIONAL TRAINING

Sir,
At the recent meeting of the Faculty Board of the South-west England Faculty, we heard from