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.

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Nr Port Talbot,
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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.

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Peterborough, PE3 6DA.

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

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