

social services and attached to general practice, thus removing any ambiguity about their role or remuneration.

Finally, it is all very well to describe the luxury of one whole-time equivalent social worker in a practice of three doctors with presumably a practice population of around 7,000. This is a level of provision which can only be achieved under the terms of a generous research grant and bears little relation to the country at large. Out in the real world the ratio of basic grade social workers to client population is probably in the order of 1:15,000 or even 1:20,000 in some areas (estimates only). On this basis it would be only reasonable to expect the local authority to allocate a social worker to quite large group practices, or alternatively the social worker would have to be shared by several small groups of general practitioners. Even so the concept of a part-time social work team attached to groups of general practitioners is exciting and I look forward to reading Dr Paine's detailed findings when the results of his researches are published.

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SELF-CARE

Sir,

I read with great interest the article *Symptoms Perceived and Recorded by Patients* by Morrell and Wale (June *Journal*) and would like to raise one or two points.

The statement that only one in 37 symptoms are presented to the doctor cannot be taken as a generalisation. It is surely pertinent only to the group of women studied and therefore not applicable to patients as a whole. Furthermore the type of symptom and the frequency with which patients consult vary considerably with social class, age, and environment (urban or rural), and I think it would be necessary to know these variables before drawing conclusions from the study. Another factor that might have considerable bearing on both the recorded symptoms and consultation rates is the incidence of associated disease either in the patients studied or their families. Morrell and Wale do not mention the presence of disease in their patients.

From the tables showing symptoms recorded in the patients' diaries and presented to the doctor it appears that approximately 75 per cent of the symptoms are those other than some form of pain. It would be interesting to speculate which group of symptoms over-anxious patients tend to present.

Although Morrell and Wale suggest that anxious patients are more likely to record

symptoms and consult the doctor than to arrange their own medication, some of the other factors governing self-care are the availability of medical care and access to commercial over-the-counter drugs. For instance, patients having difficulty in obtaining appointments with their doctor on a regular basis in an inefficient practice might be more likely to resort to self-care.

Finally, the presentation of symptoms may be highly dependent on the discussion of those symptoms within the family. Perhaps Drs Morrell and Wale in their further analysis will be able to shed some light on the dynamics of symptom organisation by both patients and their relatives.

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COMMUNITY HOSPITALS

Sir,

To someone who has spent the last three years associated with a perhaps unusually busy and well-equipped community hospital (Kyle, 1971) the recently published report (Royal College of General Practitioners, 1976) on the special educational needs of doctors working in such hospitals proved to be not only fascinating reading, but also apparently to relate to a totally different environment from that which I have experienced here in Brecon.

The report highlights the desirable learning requirements for medical staff in a community hospital in an unusual and revealing order of priority—starting with the study of patterns of organisation of care and sadly ending with the care of the dying.

Particular emphasis is placed on late post-operative care and rehabilitation, but the impression is given that this is a field that can be quite adequately supervised medically by doctors who are totally isolated and uninvolved in the patients' earlier management.

The report appears to endorse the curiously insular British view that there is some sort of rigid distinction that can be drawn between specialist and non-specialist medicine, only the latter being suitable for the general practitioner in his office and community hospital practice. In addition, the suitably educated general practitioner is credited with a new and perhaps unique role in hospital practice, his 'specialist' skills in organisation and rehabilitation somehow distinguishing him from other hospital doctors.

In Brecon the idea that doctors fall into two separate categories—hospital doctors and