
MEDICAL NEWS

COLLEGE OF GENERAL PRACTICE OF RHODESIA

The College of General Practice of Rhodesia was founded on 17 January 1976 by ten founding members. There are currently 112 founder members and 15 associates out of an approximate possible total of 442 general practitioners in Rhodesia. With effect from 1 April 1978 membership of the College will be by examination only.

The first Annual General Meeting of the College was held with a symposium at the Teachers' Training College, Bulawayo, Rhodesia, from 18 to 20 March 1977.

The guest lecturer was Professor J. H. Barber, of the Department of General Practice, University of Glasgow, who read papers on "Rheumatoid Arthritis as a Problem Syndrome", "The General Practitioner's Responsibilities for Child Care", and "The Problems of the Elderly".

Dr E. V. Kuenssberg, President of the Royal College of General Practitioners, sent a message to the Rhodesian College wishing it success in the future.

PROFESSOR MARSHALL MARINKER

The Council of the New Zealand College of General Practitioners has invited Professor Marshall Marinker, FRCGP, Department of Community Health, University of Leicester, to be the first Visiting Fellow in General Practice, and to hold the first Roche Travelling Fellowship in 1977.

WELSH NATIONAL SCHOOL OF MEDICINE

Dr S. A. Smail, MA, MRCGP, DCH, DRCOG, General Practitioner, Oxford, has been appointed Lecturer in General Practice at the General Practice Unit of the Welsh National School of Medicine.

Dr Smail graduated at Oxford and was subsequently appointed to the Oxford Vocational Training Scheme. He passed the MRCGP examination with distinction in 1975.

DEVON AREA HEALTH AUTHORITY

Dr H. R. Playfair, FRCGP, General Practitioner, Plymouth, has been appointed a member of the Devon Area Health Authority.

AWARDS FOR GALLANTRY

Dr T. L. Henderson and Dr Frances Burns, both of Grantown-on-Spey, have been awarded certificates by the Trustees of the Sir James Duncan Medal Trust, in respect of gallantry and devotion to civic duty.

The citation states that the recipients tried to reason with a man when they knew he had a fire-arm and that the only protection between them and him was a wooden door.

DR PAUL FREELING

Dr Paul Freeling, FRCGP, Senior Lecturer at the General Practice Unit, St George's Hospital Medical School, London, was Visiting Professor at the University of Charleston, USA, from 18 to 30 April 1977.

Dr Freeling has also been invited by the Nottingham Medico-Chirurgical Society to be Visiting Lecturer in 1977.

ULTRASONIC EQUIPMENT IN GENERAL PRACTICE

A Health Service research grant of £347 has been awarded to Professor J. D. E. Knox, of the Department of General Practice at the University of Dundee, to examine the use of ultrasonic equipment in general practice.

HEALTH SERVICE IN SCOTLAND

The following general practitioners have been appointed to health boards in Scotland:

Dr A. F. Catto, MRCGP (Tayside), Dr H. D. M. Gillies (Western Isles), Dr D. W. W. Hendry, MRCGP (Fife), Dr I. E. Jameson, MRCGP (Western Isles), Dr D. D. Johnstone (Orkney), Dr A. M. Knox (Borders), Dr E. V. Kuenssberg, FRCGP (Lothian), Dr J. MacKay, FRCGP (Greater Glasgow), Dr R. B. Napier (Shetland).

CONFERENCE ON DRUG MONITORING

A two-day conference on monitoring drugs will be held at Oxford by the Oxford Community Health Project from 23 to 24 June 1977.

Speakers will include Professor Sir Richard Doll, Professor Martin Vessey, Professor O. L. Wade, Professor E. A. Mapes, Professor Peter Parish, and several general practitioners including

Drs D. L. Crombie, Robert Johnson, Clifford Kay, P. M. M. Pritchard, and M. G. Sheldon. Applications should be made to Dr John Perry, Oxford Community Health Project, Oxford Regional Health Authority, Old Road, Headington, Oxford OX3 7LF.

THE ELDERLY PERSON WITH FAILING VISION

The University of Manchester Department of Geriatric Medicine and the Disabled Living Foundation are jointly arranging a seminar on the elderly person with failing vision. This will be held in Manchester on 29 June 1977. Applications should be sent to: The Disabled Living Foundation, 346 Kensington High Street, London W14 8NS.

IMMEDIATE CARE SCHEMES

In March 1977 an *ad hoc* committee of regional representatives of Immediate Care Schemes was convened and chaired by Surgeon Rear-Admiral Stanley Miles, Vice-Chairman of the Medical Commission on Accident Prevention.

Dr K. C. Easton, FRCGP, General Practitioner, Richmond, Yorkshire, was elected convener.

The first Annual General Meeting of the national association is planned for 25 June 1977 in London.

Further information can be obtained from: Mrs Oriole Connell, Executive Secretary, Immediate Care Schemes, Medical Commission on Accident Prevention, 50 Old Brompton Road, London SW7 3EA.

GERMAN DEMOCRATIC REPUBLIC (EAST GERMANY)

Britons visiting the German Democratic Republic will now be able to get urgent medical treatment under a reciprocal health co-operation agreement signed in April 1977. This covers all urgent medical treatment except any arising from road accidents, where charges are made. The reciprocal agreement also provides for the exchange of visits by British and medical experts from the GDR.

AUSTRALIA

The Council of the Royal Australian College of General Practitioners has formed an Archives Committee, which

is planning to collect material about the first 20 years of activity of the College in Australia.

USA

Senator Kennedy's Health Security Act (HR 21) has been reintroduced in the Senate by Senator Kennedy and in the House by Representative James Corman (Democrat, California). Among the benefits provided by this Bill would be: (1) all physician services, (2) dental services up to the age of 15, (3) inpatient and outpatient hospital services, (4) unlimited home health services, (5) skilled nursing home services up to 120 days per year, (6) inpatient psychiatric services up to 45 days per year, (7) prescribed drugs, (8) services performed by optometrists, podiatrists and services performed by independent pathology and radiology groups, (9) up to 60 days per year of mental health day-care services, plus alcoholism and drug abuse services, family planning services, rehabilitation services, ambulance services, and supporting services provided by psychologists, physiotherapists, nutritionists, and social workers.

Reference

American Family Physician (1977). 15, 17.

HEALTH SERVICE EXPENDITURE

The cash limit allocations for 1977-78 to regional health authorities in England, expressed per head of their mid-1976 populations weighted as recommended by the Resource Allocation Working Party, are as follows:

Regional health authority	Revenue Capital	
	cash limit £	cash limit £
North-West Thames	101.1	4.1
North-East Thames	98.5	4.1
South-East Thames	95.9	3.3
Oxford	88.1	7.1
South-West Thames	87.5	5.9
Mersey	79.8	9.2
Yorkshire	78.7	5.1
South-Western	78.3	4.5
East Anglia	77.6	7.0
Wessex	77.5	6.9
West Midlands	77.2	3.4
Trent	76.0	8.8
Northern	74.9	5.7
North-Western	74.8	5.0

LANGUAGE QUALIFICATION OF EEC DOCTORS

Mr David Ennals, Secretary of State for Social Services, has announced that the Government intends to ensure that "all appropriately qualified EEC doctors should be given immediate registration

in the UK, but that registration should be restricted to a period of six months unless the doctor has satisfied the General Medical Council that he has the necessary knowledge of English. If by the end of the six-month period the doctor fails to provide proof of adequate knowledge of English his registration will lapse unless the Registrar considers that there are circumstances justifying an extension of the period. Health authorities and others considering the suitability of a doctor for employment will be made aware by the limitation on the period of registration that there is doubt about the applicant's knowledge of English."

CONSERVATIVE POLICY ON HEALTH SERVICES

The Right Honourable Patrick Jenkin, MP, Opposition Spokesman on the Social Services, speaking to Health Service Treasurers in March 1977, said that other sources of finance must be tapped if standards (of the NHS) were to be maintained, let alone enhanced. The absence of effective incentives to economy and efficiency were a serious flaw in the system, nor did our system provide incentives for people to look after themselves properly. Mr Jenkin believed the two "watchwords" must be "simplify" and "decentralize".

GENERAL PRACTICE FINANCE CORPORATION

The General Practice Finance Corporation has reduced its lending rate from 16.5 per cent to 15 per cent per year with effect from 28 March 1977.

INFANT AND PERINATAL MORTALITY

Recent provisional rates for 1976 for infant and perinatal mortality in England are as follows:

Regional health authorities	Infant mortality: deaths under one year of age per 1,000 live births	Perinatal mortality: stillbirths and deaths under one week of age per 1,000 total births
	East Anglia	11
South-West Thames	11	14
Oxford	12	13
Wessex	12	14
South-Western	13	16
South-East Thames	14	17
Mersey	15	20
North-East Thames	15	17
Northern	15	19
North-Western	15	19
Trent	15	19
West Midland	15	21
Yorkshire	15	18
North-West Thames	16	17
England	14	17.5

BIRTHRATE

In 1976, for the twelfth year in succession, fewer babies were born compared with the year earlier, and it was the first calendar year when there were fewer births than deaths, since records have been kept.

Reference

Population Trends 7, Editorial, p. 1. London: HMSO.

JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners have now approved the vocational training schemes at North Lanarkshire and Wythenshawe for a period of two years.

The following vocational training schemes have been reapproved for a period of five years: Cornwall, Shrewsbury, and Windsor.

All these schemes are recognized by the Royal College of General Practitioners for the purposes of the MRCPG examination.

THE HOMELESS IN LIVERPOOL

The National Association for the Care and Resettlement of Offenders reports that in a survey of those attending Nacro's Day Centre for the Homeless, in Liverpool, only ten per cent were registered with a general practitioner.

KIDNEY DONORS

All applicants for first provisional driving licences will in future be sent a kidney donor card from the Driver and Vehicle Licensing Centre at Swansea.

DIAMORPHINE

The UK remains the principal user of diamorphine, and the quantity used increased from 41 kilograms in 1971 to 57 kilograms in 1975.

During the last five years there has been little change in the world consumption of cocaine, codeine, dihydrocodeine, ethylmorphine, hydrocodone, methadone, morphine, oxycodone, and pethidine. The use of diphenoxylate, pholcodine, and piritramide is increasing, while thebacoine, normethadone, and ketobemidone are being used less than before.

Reference

Statistics on Narcotic Drugs for 1975. United Nations publication E/INCB/35. London: HMSO.

VIOLENCE BY EX-BROADMOOR PATIENTS

One patient in ten released from Broadmoor security hospital between 1960 and 1965 committed some type of violent assault during the next five years, the conference of the British Psychological Society was told at Exeter.

None of the former patients committed murder in that time, although two did so later. Mr Anthony Black, a consultant clinical psychologist at Broadmoor, said:

"These figures go a long way to allaying public fears that patients are being let out too soon," he said. Of 128 patients under review, 62 were homicide cases and 30 others had been involved in violent assaults.

The fact that after release only 13

committed any kind of violent crime in the next five years was encouraging. He added: "Looking at it at its worst, we can say that possibly a fifth had subsequent imprisonment."

More than a third of the patients under review had appeared in court during the five-year period, mainly for minor offences such as shoplifting or drunkenness. About one Broadmoor patient in five had been readmitted to a mental hospital within five years of release, many of them for only days or weeks.

Reference

The Times (1977). 5 April.

NHS

"We are the largest employer in the country. In 1975 we had, for example, over 50,000 more nurses working in the National Health Service than there were in the early 1970s. If our manpower continues to expand at the rate of the last 20 years, by the year 2100 every job in Britain would be in the Health Service, no one would be making goods for us to buy and to sell abroad to pay for our food and essential raw materials."

Reference

Ennals, D. (1977). Speech in London, 28 January.

NHS EXPENDITURE

Mr Moyle, for the Secretary of State for Social Services, replied to a Parliamentary question about the cost of the NHS including health services provided by local authorities up to 1973/74. The amounts were as follows:

	£ million
1971-72	1,981
1972-73	2,257
1973-74	2,560
1974-75	3,346
1975-76	4,564 (estimated)

POPULATION DECLINE

In the 12 months from mid-1974 to mid-1975 the population in England and Wales fell, for the first time recorded in recent times.

Reference

Office of Population Censuses and Surveys (1976). *Population Trends*, No. 6. London: HMSO.

MEDICAL STUDENTS

In the academic year 1975/76 2,802 medical students were admitted to medical schools in England and Wales, and the provisional figure for 1976/77 is 2,957.

DOCTOR-PATIENT RATIOS

The average numbers of registered patients per NHS doctor providing the full range of general medical services on 1 October 1975 in Great Britain were: England—2,300, Wales—2,100, Scotland—1,960.

ATTENDANCE ALLOWANCE

Two hundred and thirty thousand people were in receipt of the Attendance Allowance on 30 June 1976.

CANCER FELLOWSHIPS

The American Cancer Society is offering international cancer fellowships in 1977/78 which can be granted only to people "on the staff of universities, teaching hospitals, research laboratories, or similar institutions". Awards will be made to investigators who are devoting themselves either to experimental or to clinical aspects of cancer research.

Further information can be obtained from: International Union against Cancer, Rue du Conseil-Général, 3, 1205 Geneva, Switzerland.

LETTERS TO THE EDITOR

PRESENTATION OF DATA

Sir,
The paper by Dr Harris and his colleagues (*March Journal*, p. 173-177) should not pass without comment. There are four points that I would raise, but the first two I would not restrict to this paper alone, for too many *Journal* articles suffer the same faults.

The first complaint is that there is

insufficient information given in the section headed methods. I know that there is a tendency for authors to keep this part of their paper as short as possible because it is perhaps the least interesting piece of their work, but it is crucial for a proper assessment of the work done.

A single example from Dr Harris's paper will suffice to illustrate my point. One of the alleged aims of the study was

to measure psychoneurotic levels against self-medication, but we were given only one question which related to self-treatment without any indication of other methods. Are we to assume that the question cited was the only evidence on which the assessment of self-medication was based? If so, what does it mean? The question in its present form ("do you take, most days, not from the doctor, any pill, tonic, or medicine? Yes