

child has just been placed in a family—a seven-month old mongol baby.

We hope that the medical profession will be aware of the wider possibilities for care now available to handicapped children and of the need for families to come forward. Adoption is no longer merely a service linking healthy infants with childless couples, but more and more a service to plan the future of any child deprived of the care of his own family.

ANNE M. JEPSON  
*Medical Adviser*  
PHILLIDA SAWBRIDGE  
*Director*

Parents for Children  
222 Camden High Street  
London NW1.

### COLLEGE SUBSCRIPTIONS

Sir,  
Last year I paid the £10 allowed to doctors who have been registered for under five years, but this year comes the £35 crunch! I have not worked since last summer and am not likely to do so for some time yet, as I have recently had a baby.

Is there any chance of concessionary rates being extended for non-practising members?

PATRICIA SANTER

Sunnyhurst  
Worleston Road  
Reaseheath  
Nantwich  
Cheshire.

*This letter has been shown to the Honorary Treasurer of the College, who replies below - Ed.*

Sir,  
It is clear there may be a number of young practitioners like Dr Santer who, for very good reasons, have temporarily retired from general practice. They will be pleased to know that the Finance Committee has considered their situation and has authorized me to tell Dr Santer, and anybody who makes such a request, that they will be allowed to continue to pay the same annual subscription, as though they were still registered less than five years, as long as they are not in any form of practice. We will be asking them to submit a declaration to this effect each year when the subscription is due.

The by-laws of the College make clear that those who have given up general practice but are in some other form of

medical work are not eligible for this concession.

STUART CARNE  
*Honorary Treasurer*

14 Princes Gate  
London SW7 1PU.

### DOCTORS' DESPAIR

Sir,  
I was interested in the article by Drs Bourne and Lewis (January *Journal*, p. 37-39). However, they state: "the diseases we appear to generate from inside ourselves are almost untouched by our advances". I can sympathize with their comment on poor medicine but wish to point out that as family doctors our goals are to attempt to help our patients to be as healthy as possible so that they can enjoy and live their lives as well as possible.

I believe much more is done to help people live with chronic illness than Drs Bourne and Lewis recognize. Because we alone have long-term continuity of medical care, what is achieved with chronic handicap may not always be appreciated by doctors in other branches of medicine.

Thus, as a family doctor, I do not feel "clinically ineffective" but increasingly clinically effective as I help patients help themselves with these problems.

Similarly, I cannot agree that "making a diagnosis" is the be-all and end-all of medicine. When people come to see me they are not really concerned with what is wrong with them, they just want to get better. If I am unable to help the patient get better, it is my job to explain why this is so and help him to function as best he can.

I believe that general practitioners are ahead of many hospital doctors in understanding the topic to which they refer.

JAMES A. COLLYER

310 Piccadilly Street  
London  
Ontario  
Canada.

### COLLEGE CREST

Sir,  
Fortunately, heraldic creatures are not restrained by zoological classification or anatomical description, but only by their blazon and the imagination of the artist depicting them. C. R. Humphery-Smith states in *Heraldry* that "A lion rampant gules can be fat or thin, hairy or bald, happy or angry, calm or aggressive, but it must be a lion and it must ramp; the red can be vermilion or deep carmine—though there is some taste in this matter—but it must be red."

I would like to congratulate the artist responsible for the version of the College arms reproduced on your stationery. The owl's avuncular appearance exudes wisdom, wit, and benevolence. Furthermore, I would speculate that the relationship between the owl and the serpent is most idyllic, reminiscent of Eden during the pre-apple era.

D. W. RAE

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Manitoba R1N 0W6  
Canada.

### NEW FORMAT OF THE JOURNAL

Sir,  
The college *Journal* used to be well worthy of binding and keeping for reference. It is less so now and it is sad to see deterioration nearing throw-away level when the editorial content is so good.

Advertising is handled badly. When the College published the *Journal* itself it was planned so that all advertising matter could be removed before the remainder was bound. In my bound copies of Volumes 7 and 8 (1964) there is no advertising whatsoever; in Volumes 14 and 15 (1968) there are three pages, all on the backs of title pages not normally retained in bound copies and clearly included by mistake at the bindery.

Deterioration began when outside publishers were employed. By 1976 there were 112 pages of advertising of which 60 were on the back of editorial matter and therefore could not be extracted and had to be bound.

This year there has been a further massive deterioration. If the style of the first four months is retained there will be 216 pages of advertising of which only 93 can be extracted and the remaining 123 must inevitably be included in a bound copy. Your second editorial in March cannot be bound without advertisements of the Royal Navy and an antibiotic; the same applies to the April editorial with a full-page advertisement of a purgative. A paper by Moore and Garraway in April included a full-page colour picture of a London bus, and the same picture was even more firmly attached to Briscoe's paper in January. If this goes on, that bus will occupy six pages of every bound copy of the 1977 *Journal*.

This is a ridiculous arrangement. Members paying an annual subscription of £35 ought to be provided with a *Journal* worthy of the College's status and of the efforts of those who contri-