

Practitioner, of Sonning Common Health Centre, has been appointed Visiting Associate Professor of Family Medicine to the University of South Carolina, USA, for the last three months of 1977.

DR ADRIAN CARO

Dr Adrian Caro, MRCP, General Practitioner, East Dereham, Norfolk, has written a thesis, *A Genetic Problem in East Anglia, Huntingdon's Chorea*, which has been recommended by the University of East Anglia for the degree of Doctor of Philosophy.

Dr Caro's work was carried out from general practice, and he was assisted by his wife, a medical research assistant working full-time with choreics and their families.

The work received financial support initially from the Regional Hospital Board and subsequently from the Department of Health and Social Security. The thesis has also been submitted as a 230-page report to the Department of Health.

DR HASTINGS BANDA

Dr Hastings Banda, President of Malawi, has given £64,000 to the Edinburgh Royal Infirmary, where he received part of his medical training.

Reference

The Times (1977). 13 August.

SPEECH THERAPISTS

There were 860 whole-time equivalent speech therapists in posts in September 1975.

GENERAL PRACTICE FINANCE CORPORATION

The General Practice Finance Corporation reports that it loaned just under £2m during the last financial year to 250 general practitioners working in the NHS. The number of loans was higher

than in the previous financial year. The total advances since the Corporation began lending in May 1967 is now about £18½m, and 4,711 doctors have so far received loans.

HOUSING SUPPORT SERVICES

Mr Alfred Myers, Minister for the Disabled, reports that the Common Market is providing a £100,000 grant towards a research programme in Britain designed to evaluate support services in homes for disabled people.

COST OF HELPING THE DISABLED

Adaptations in the homes of disabled people rose by more than 71 per cent between 1973 and 1976, but the increased costs were more than twice as high, at 182 per cent.

SAFETY REGULATIONS FOR AEROSOLS

Only aerosols meeting safety standards specified in an EEC directive will be allowed to carry the recognized EEC mark as a result of regulations that came into operation on 1 September 1977.

These regulations make it an offence for any person responsible for the initial marketing in the UK of filled aerosols bearing a reversed epsilon to sell them if they do not comply with the prescribed requirements, which include aspects such as leak-tightness, compatibility of container with contents, test-pressure of the container, filling pressure, volume of the liquid phase, testing, safety labelling, and quantity of contents marking.

Reference

European Economic Community (1977). *The Aerosol Dispensers (EEC Requirements) Regulations, SI No. 1140*. London: HMSO.

PHARMACY CONSORTIUM

It is thought that Associated Chemists

(Wicker) Limited, of Sheffield, which has recently celebrated its silver jubilee, is the oldest pharmacy jointly owned by a number of pharmacists in the UK.

Reference

Pharmaceutical Journal (1977). 219, 158.

SURVEY ON ANAESTHETIC MORTALITY

The Nuffield Provincial Hospitals Trust has made a grant of £36,000 spread over a period of three years to the Association of Anaesthetists of Great Britain and Ireland, for the purpose of conducting a survey into anaesthetic mortality.

BRITISH ASSOCIATION FOR COUNSELLING

The British Association for Counselling has been formed to promote education and training for counsellors with a view to raising the standard of counselling and to advance the education of the public.

One of the divisions of the new association will be Counselling in a Medical Setting.

Those interested should apply to Dr A. J. Haines, MRCP, 4 Greenland Road, London NW1.

WOMEN'S NATIONAL CANCER CONTROL CAMPAIGN

The Women's National Cancer Control Campaign has produced films, leaflets, posters, and promotion leaflets on various aspects of prevention and detection of cancer, suitable for patients. In particular, *Your Life in Your Hands* is the title given to a short film, a leaflet, and a poster, each intended to encourage women to practise breast self-examination. The cytostest is also the subject of WNCCC leaflets, posters, and a film. Further general information, promotion leaflets, and samples can be obtained from the WNCCC, 1 South Audley Street, London W1Y 5DQ.

LETTERS TO THE EDITOR

GENERAL-PRACTITIONER OBSTETRICS

Sir,
I cannot share Dr Richmond's view

(*July Journal*, p. 406) that a 27 per cent average attendance rate at delivery suggests a conscientious approach by his general-practitioner colleagues. The second and third stages of labour are

uniquely loaded with potentially disastrous pitfalls for both mother and child. There is no other situation occurring in such frequency in a general practitioner's working life that carries

such portent. Surely the doctor should always be informed of a patient coming up to or at full dilatation in order that he may make every effort to be present at delivery and after.

The nub of the argument for general-practitioner units is combining a relaxed and familiar ambience for delivery with immediately available equipment. It is not acceptable that in 73 per cent of the confinements reported there was no medical presence. How can the practitioners concerned justify their claims for care during confinement? I might add that figures for our local general-practitioner unit last year were equally disappointing.

MICHAEL THIRLWALL

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Sir,

Dr Richmond is to be congratulated on his comprehensive and well presented survey of the six general-practitioner obstetric units (*July Journal*, p. 406).

Although I suspect that this was not his intention, his figures present a strong argument against the continuation of separate general-practitioner obstetric units. A transfer rate of eight per cent from the general-practitioner unit to the specialist unit, presumably sometimes several miles away, seems less than ideal and an average attendance rate by the general practitioner during labour of 27 per cent does not indicate a strong inclination to participate in the management of the labours. This attendance rate could be regarded as an indication that the favourable end results were due to the good judgement and ability of the midwives of the units.

The continuing use of buccal oxytocin and the failure to use oral prostaglandins could be regarded as an indication that the general-practitioner obstetricians were out of touch with current obstetric practice.

As a general-practitioner obstetrician myself I hope that general-practitioner obstetrics will survive, but if it is to do so, then I suspect that it will have to be undertaken by general practitioners working within or closely attached to specialist units, who are prepared to be present at and take an active part in most of the labours under their care.

K. A. HARDEN

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LOOKING AFTER THE OLD

Sir,

Although precise indications of work-

load in general practice have not emerged from the various studies, there is a general impression that elderly patients are the greatest consumers of medical services. Morrell's study of patterns of demand in urban general practice (1970) showed that, while the age groups 64 to 74 and 75-and-over formed the two smallest ten-year group percentages of the practice population, they had the highest attendance rate per consulting patient, and the highest consultation rate per patient at risk.

Whilst examining at the last MRCGP examination I studied the log diaries of ten candidates, comprising 500 patients presumably seen by them in a sequential and unselected manner. Two service candidates were excluded as being unrepresentative of civilian practice.

The numbers of consultations with patients over 65 years, as they appeared in the logs, were as follows:

65-70	11
70-75	15
75-80	9
80-85	5
85-90	4
95 +	2
Total	46

We are confronted here by the surprising fact that the elderly, a group described as likely to overwhelm general practice, comprised only 9.2 per cent of the consultations. Of course, it must be said that the series is small and not significant to statisticians. However, it seems to indicate that doctors have become inaccessible to older patients, while carrying on a voluminous trade with them by means of repeat prescriptions.

In the review of Dr S. Carne's book (*August Journal*, p. 507), White Franklin was quoted suggesting that six facets of child care should provide the bases of service and the doctor's education now that the "paediatrics of sickness recedes from its historic dominance." No such recession from dominance can be expected of the sicknesses of old age. On the contrary, the magnitude of the problems arising from the care of the elderly places doctors in the front line in their traditional role. It is evident that there exists an urgent need for better training and retraining for deployment at both extremes of the life cycle.

M. KEITH THOMPSON

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Reference

Morrell, D. C., Gage, H. G. & Robinson, N. A. (1970). *Journal of the Royal College of General Practitioners*, 19, 331-342.

MEMBERSHIP EXAMINATION

Sir,

In the June *Journal* (p. 381) you kindly published my observations on the use of the college examination as a means of selection of trainers. Since that letter was written I have had further cause to question whether the examination is in reality being regarded in the way in which the College intended.

In his excellent lecture, reproduced in the July *Journal* (p. 391), Dr J. P. Horder states that the examination tests a minimal level of competence. Entrants would therefore fall into two categories: vocational trainees demonstrating that their training has achieved its desired end, and established practitioners seeking to demonstrate that their experience over the years has achieved a similar result. I find, however, both from information reaching me in the post and from advertisements in the *Journal* that courses are being offered for the examination. If either a vocational trainee or an established practitioner has reached the basic level of competence which the examination is supposed to assess, then such courses would appear to be superfluous. If, on the other hand, the examination can be more easily passed by attending a course on how to pass it, then to my mind it is not assessing a basic level of competence.

In making these observations I am not adopting an anti-college or anti-examination stance; I am simply attempting to ensure that the examination is really assessing what it is supposed to assess and to ensure also that my chosen specialty is not in danger of becoming crippled by the insidious disease of multiple diplomatism.

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GOLD MEDAL ESSAY

Sir,

Dr Stevens's essay (*August Journal*, p. 455), which won him the Butterworth Gold Medal, reminds me of the television panel game, *Call my Bluff*. I am not sure whether what he says is true or false. Before reading his contribution I had not even heard of a "paradigm", which according to the *Concise Oxford Dictionary* is an "example, pattern, especially of inflexion of noun, verb., etc." and I am not clear even now what it is all about. No doubt now paradigm will become an 'in' word, just like 'Draconian' and 'existentialism'.

The article, which consists largely of stringing together extracts from 211