

been seen in his outpatient clinic during the year 1977. He found it particularly helpful to use additional charts which adjusted the size of children in relation to parental stature and gave examples of where such adjustments had moved children from a position of well outside to well inside the third or tenth percentile lines.

He concluded by listing the main causes of small stature in children and outlining the investigations which could help in determining a cause.

#### *Panel discussion*

Professor Court then chaired a panel discussion. One of the topics considered at length was the importance of measuring height and recording this not in absolute terms but in percentile charts. It appeared that in many school health examinations this was not done and few general practitioners also at present recorded development on percentile charts.

#### **Saturday 8 April**

##### *Dr D. J. Pereira Gray*

Dr D. J. Pereira Gray, General Practitioner, Exeter, spoke about the organization of developmental paediatrics in general practice. He felt a regular session each week was of great value both to parents and to the primary health care team and presented figures to show that the workload for the doctor could be contained within about an hour and a half a week, and that it was possible to achieve about 85 per cent attendance even among problem families in social classes four and five.

##### *Mrs P. Storey*

Mrs P. Storey, Health Visitor, spoke on the role of the health visitor. She vigorously defended the role of the health visitor as an independent professional concentrating on preventive medicine in the community. She considered home visiting of cardinal importance and emphasized the importance of quality home visiting, which might well take time, rather than merely quantity visiting. She hoped that health visiting management would remain sensitive and flexible to the needs of health visitors working in patients' homes.

##### *Mr D. Rowley*

Mr D. Rowley, Educational Psychologist, speaking on the role of the educational psychologist said that he saw about 250 children a year and was particularly

concerned with possible ways of achieving behaviour modification. He described methods of investigating this including working with parents to provide detailed charts of activities in the home. He considered that relationships and co-ordination between the educational psychological services and general practitioners and health visitors had been rather poor in the past and hoped they would improve in the future.

##### *Dr Christopher Donovan*

Dr Christopher Donovan, General Practitioner, London, described a series of groups of patients which had been arranged in his general practice. These had varied from groups limited to mothers who had a baby of 12 months, to toddler groups, and to lecture seminar sessions arranged in his new health centre. He underlined the principles behind this as helping patients to achieve autonomy, to reduce the authority of the doctor, and to promote self help and self care in primary health care. He saw self care or parent care as the first level of care, the primary health team as the second, and the hospital and specialist services as the third level of care. He identified topics which were of special importance such as accidents in the home, knowing when it was appropriate to call the doctor, and how to provide emotional support for children. He considered that the rapid changes in society and the pattern of illnesses, notably the reduction of the importance of infectious diseases and the rise in the importance of relationships and medico-social problems, called for a new response from general practice to meet the troubles of the times.

In some of his groups he had achieved pre-course and postcourse assessments, but he considered their main value lay in their popularity. Some of them had become wholly independently run groups since their formation.

##### *Summing up*

Professor S. D. M. Court throughout the meeting emphasized the importance of prevention in medicine, the constant need to see a child as a changing and developing person, and the importance of integrating preventive and curative services. He particularly thanked Dr Colin Waine of the North of England Faculty of the College for creating the idea and organizing the symposium efficiently.

JOURNAL CORRESPONDENT

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## OBITUARY

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### **Sydney Francis Marwood, MD, FRCGP, MRCP**

**F**RANCIS Marwood died on 11 February 1978, aged 80. The son of a doctor who practised in the Rhondda, he spoke and wrote Welsh and loved 'the

valleys'. Having trained at St Bartholomew's Hospital, qualifying in 1920, he succeeded his father in practice and was greatly influenced by the social conditions existing in the Rhondda at that time. Feeling deeply for his patients, he never lost the great insight and

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understanding that they brought him. He acquired his MD in 1936 and the following year moved to Bristol, where he practised until his retirement in 1962. His prime academic interest was always medicine and he took his MRCP in 1939.

His medical appointments were too many to list in full. During the war he was clinical assistant to the cardiac department at the Bristol Royal Infirmary and medical officer to a battalion of the Home Guard, and after the war he started commuting weekly to the diabetic clinic at St Bartholomew's Hospital, becoming chief clinical assistant at the start of the NHS. He was an examiner for the General Nursing Council in England and Wales and medical officer to the Committee on Safety of Medicines.

He founded the Rhondda Medical Society and acted as secretary for five years. He went on to play an active part in the medico-political life of Bristol, becoming Chairman of the Bristol Division of the British Medical Association, of which he was a member for 50 years, President of the Medico-Chirurgical Society, Chairman of his local medical committee, and principal founder of Cossham Medical Society.

He became a member of the Royal College of General Practitioners in 1962 and was elected to fellowship in 1971, which gave him great personal satisfaction. He was keenly interested in all things medical until his last illness, attending most college meetings and symposia and always showing a great interest in the younger members of the profession. Indeed, generations of junior housemen at his local hospital had occasion to be grateful for his advice and clinical judgement. Always a generous benefactor, he endowed the Department of General Practice of the Postgraduate Medical Institute at the University of Exeter with an annual award of a silver medal and books for the vocational trainee who had made the greatest contribution to the Department during the previous 12 months.

He was a great sportsman, having played rugby for St Bartholomew's and been an all-round cricketer and above-average golfer and snooker player. He founded the Willows Cricket Club in 1947 and umpired for the club until two years before his death. He loved music and was a keen historian.

A quiet, still man, he had a great gift for friendship and a piquant sense of humour which was all the more effective for its quietness. Although a man of great knowledge and erudition he was slow to offer his opinion, usually waiting to be asked, but when he gave it, it carried the weight of authority. In the days of rigid specialization he was an unusual doctor, and general practice—and the College in particular—were lucky to enjoy his great wisdom and enthusiasm for so many years.

He leaves a widow and daughter whose loss the College shares. Those who knew him well will always be grateful for that privilege: doctors and friends of his calibre are rare.

JOHN MILES