what is burnt, bonfires are also capable of producing various other noxious compounds such as certain oxides of nitrogen and certain aldehydes (a respiratory health risk), cyanide, lead, and even the foul substance dioxin, which causes chloracne and recently devastated Seveso.

Quite apart from any health hazard, suburban bonfires often cause offence to nearby neighbours and even those living up to a mile away. Most people who light bonfires are therefore contravening Section 16 of the 1956 Clean Air Act. Unfortunately, many bonfires are lit on summer afternoons, when the maximum number of people are in their gardens.

Of course, there are worse forms of atmospheric pollution than the garden bonfire, but the point about bonfires is that they are mostly unnecessary, and therefore potentially preventable. Most garden refuse can be composted, and unrottable items can usually be dumped at the local householders' tip.

I should be most grateful if any doctor who would support a stricter control of the garden bonfire, or would display a small anti-bonfire pamphlet in his waiting room, would write to me. Such a medical petition has already been started, and it is hoped eventually that the Department of the Environment can be persuaded to devote more attention to the common-or-garden bonfire, the continued condoning of which makes a mockery of the ultimate intent of the Clean Air Act.

SHERRIDAN L. STOCK

50 Thong Lane
Gravesend
Kent.

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## MRCGP EXAMINATION

Sir,

I have always been concerned about the legality of demands for annual subscriptions from members or fellows by their respective Royal Colleges. This also applies for the Royal College of General Practitioners. If a doctor passes his MRCGP examination, would he be debarred from using the diploma in the event of failure to pay his annual subscription?

I think there is a murmur of discontent from some quarters with the situation and it is conceivable that a test case may be put forward. I should be grateful for the views of the College.

U. M. PATI

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# REPORT

# Television in teaching in general practice

A ONE-DAY symposium on the use of television in teaching in general practice was held at Princes Gate recently, under the joint aegis of the British Postgraduate Medical Federation and the Audio Visual Centre of the University of London. The majority of the invited audience were actively concerned with teaching either at undergraduate or postgraduate level.

The proceedings opened with Mr Michael Clark, Director of the Audio Visual Centre, describing the background work done in television and underlining some of the basic concepts and beliefs that have been used as guidelines in programme production. The evolution of the television series for general practitioners, GPTV, was then traced by the author. The use of television was illustrated by excerpts from various recent programmes and this engendered a lively discussion on the merits of the 'talking head' type of programme, in which an author of an original work presents his ideas on television. It was agreed that whatever the 'televised lecture' format lacked in presentation and style it was more than compensated for by having the presentation made by the original author. A quoted example was that it would have been nice to have seen Fleming talk about his work on penicillin.

Excerpts from the two most recent productions were then shown, in colour, in which the developing doctor/patient relationship was examined. The first programme entitled "Doctors and their Patients" looked at the entire doctor/patient inter-reaction whilst the second programme, "Surgery Sagas", provided 18 short vignettes which illustrate recurring themes that could happen in the consulting room. The humour and drama of these playlets were heightened to increase their impact. It was felt that these programmes provided excellent pegs upon which the appropriate teaching could be based, and had been used successfully in small groups of undergraduates or trainees to trigger thought and lively discussion. The musical background and the somewhat whimsical approach to some of the vignettes upset some of the audience and there was a minority feeling that somehow 'real' teaching should be rather more serious.

The afternoon was devoted to exploring some of the newer and more imaginative ways in which television could be used in teaching. The difficulties of using actors as simulated patients and the ethical problems involved caused a lively and heated discussion. There were demonstrations of the way in which television could be used as a valuable assessment or evaluatory tool.

The main themes of the symposium were summarized by Sir George Smart, Director of the British Postgraduate Medical Federation, who emphasized the tremendous power of visual imagery in learning. He continued that he felt that television was, and should be, a powerful weapon in the armoury of every

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**Presentation.** Peach-coloured, capsule-shaped, film-coated tablets, marked 'Dolobid,' containing 250 mg diflunisal.

**Uses.** 'Dolobid' is indicated for the relief of pain. 'Dolobid' has been found to be highly effective and generally well tolerated in: post-traumatic pain related to musculoskeletal sprains and strains; post-operative pain following orthopaedic surgery; post-episiotomy pain; pain in osteoarthritis; dental pain following dental surgery.

**Dosage and administration.** Dosage should be adjusted to the nature and intensity of the pain being treated and should be given twice a day.

*Recommended dosage for acute short-term pain:* An initial dose of 2 tablets (500 mg). Then 1 or 2 tablets twice daily as required.

*Recommended dosage for chronic recurring pain:* An initial dose of 2 tablets (500 mg). Then 1 tablet twice daily with a maximum of 750 mg daily. The majority of patients respond to and can be maintained on the recommended dose of 1 tablet twice daily. The highest dose studied in man is 1,000 mg daily.

**Contra-indications.** Hypersensitivity to the drug.

In patients who have previously experienced acute asthmatic attacks precipitated by aspirin or non-steroidal anti-inflammatory agents.

The drug should not be administered to patients with active gastro-intestinal bleeding.

The use of 'Dolobid' should be avoided in patients with active peptic ulcer.

**Precautions.** 'Dolobid' should be used with caution in patients having a history of gastro-intestinal haemorrhage or ulcer.

Use with caution in patients receiving anticoagulant therapy since concomitant administration may prolong the prothrombin time.

Co-administration of aluminium hydroxide suspension significantly decreases the absorption of 'Dolobid' by approximately 40%.

The dosage of 'Dolobid' may need to be reduced in patients with renal functional impairment since the major route of excretion is via the kidney.

No evidence of renal toxicity has been seen at therapeutic dose levels in man. In rats and dogs, high oral doses of diflunisal (50 to 200 mg/kg/day), as with aspirin, produced similar pathological changes (gastro-intestinal ulceration and renal papillary oedema). These dosages are approximately 3 to 12 times the maximum dosages recommended in man.

Transient elevations of bilirubin and other routine liver function tests have occurred rarely. The clinical significance of these transient elevations has not been determined.

Since paediatric indications and dosage have not yet been established, 'Dolobid' should not be given to children.

'Dolobid' should not be given to pregnant women since the safety for this use has not been established. Nursing mothers should not take 'Dolobid,' or should stop nursing.

**Side effects.** 'Dolobid' is generally well tolerated. Those side effects experienced are usually mild, the most common being related to the upper gastro-intestinal tract.

*Digestive system:* gastric pain, dyspepsia, nausea, and vomiting are among the gastro-intestinal symptoms reported. Gastric ulcer has been seen during long-term therapy, although a definite causal relationship could not be established.

*Central nervous system:* vertigo and somnolence have been reported infrequently.

*Skin:* pruritus and rash have been reported rarely. Cross-sensitivity with aspirin was suspected in two patients.

**Package quantities:** 'Dolobid' 250 mg tablets are supplied in packs of 50 at a basic NHS cost of £4.10. Each pack contains five blister strips of 10 tablets.

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competent teacher, and that if it was not being appropriately exploited it was more the fault of the teacher than the medium itself.

Finally he concluded that the value of close circuit television as a method of observing behaviour could not be over-emphasized.


PAUL GROB
*Medical Editor GPTV Series,*
*Audio Visual Centre, University of London*


# OBITUARY

## G. T. Robertson, MBE, JP, MRCGP

DR George Robertson, who was in general practice in Alness and Invergordon in Ross-shire, died on 29 August 1978 aged 62 years.

George Taylor Robertson was born in Cullen, educated at Fordyce Academy, and graduated from the University of Aberdeen in 1938. He served in the RAMC from 1940 to 1946 in North Africa and Italy, being mentioned in despatches. After demobilization he acted as house physician in Aberdeen Royal Infirmary before succeeding his brother-in-law in practice in Alness, Ross-shire in 1947. For many years he worked single-handed in general practice, and at the County Hospital, Invergordon. Over the last decade, with the advent of industry to Easter Ross, he master-minded the growth of the medical services required by the growing population, when his practice increased to six partners. During this time he developed a keen interest in industrial medicine.

He was not only an excellent clinician, but also a kindly and sympathetic friend who was willing to accept any burden for the welfare of his patients. These and many other excellent qualities were reinforced by a quiet but pawky sense of humour. A devout man, he was an elder of his kirk for over 20 years, and took an active interest in all local affairs: he was Chairman of the local Community Association, a Justice of the Peace, and former Captain of the Alness Golf Club.

He was also greatly interested in all matters connected with his profession. He was a past Chairman of the Ross and Cromarty division of the British Medical Association, a past Provost of the North of Scotland Faculty of the Royal College of General Practitioners, and served on many other committees.

It was fitting that after a lifetime of service to his community and profession he should have been made an MBE and elected FRCGP.

He is survived by his wife, Bunty, and two sons and a daughter. The elder son has followed his father into the profession.


B. S. HUTCHISON