

## BASIC SEXUAL MEDICINE

Eric Trimmer

Heinemann  
London (1978)

238 pages. Price £6.95

It is to the credit of British society, with its tradition of reservation and sexual prudishness, that it has coped without being too shocked by a decade of well publicized revolution in the mores of sexual problems. Brook clinics for the unmarried, family planning clinics going psycho-sexual, and Martin Cole with his surrogate partners in their turn all seemed to surprise, titillate, and mildly outrage the populace, and as recently as 1974 my description of the Ryan's Daughter Syndrome was cited by Katherine Whitehorn of the *Observer* as a rare example of general-practice interest in the subject. However, under Dr Eric Trimmer's editorship, the *British Journal of Sexual Medicine* had already begun a year before that and his book is now a fitting culmination of his leading role in bringing this new branch of the profession so successfully to his colleagues at large.

This book is the acme of practical erudition as a concise, basic textbook which succeeds—a rare thing indeed—in its avowed intention of suiting the needs of all types and grades of health professionals. Its first third is devoted entirely to normal anatomy and function and is thoroughly readable, comprehensive, and up to date in its treatment of them. The middle section covers various dysfunctions and abnormalities, including treatments, but the remainder, under the guise of four appendices, gives a wealth of information essential for anyone who is consulted on psycho-sexual problems. It

is the first appendix, on "Practical Therapeutic Techniques", which summarizes treatment routines so well, that justifies keeping the book in the consulting room.

Of course, even in this day and age it is easy to avoid diagnosing sexual problems; but as this form of medical escapism becomes less acceptable, so the possession of what I am sure will become a standard textbook will be essential.

MALCOLM AYLETT

## HELP YOURSELF TO HEALTH

Scottish Health Education Unit

SHEU  
Edinburgh (1978)

59 pages

Dependency on medical care appears to be increasing out of proportion to any increase in the numbers of those who deliver it. Therefore, any move which encourages patients to prevent illness, to manage minor maladies themselves, and to use the medical services responsibly, deserves attention.

The initiative of the Scottish Health Education Unit in setting up a Joint Working Party with the Scottish Council of the Royal College of General Practitioners is to be applauded. *Help Yourself To Health*, written by experienced family doctors, is the result of the labours of this Working Party.

Aimed primarily at social class 3, the booklet lays greater emphasis on management than prevention. Most of the advice offered is sound, but I was disappointed that no guidance was offered in the section on Epilepsy on avoiding fits provoked by watching

television. My most serious criticism is of the statement on page 38, which implies that irregular and heavy periods at the time of the menopause can be ignored by any woman who is sure that she is not pregnant!

The booklet is to be distributed free by family doctors, and although those who read it can hardly fail to benefit, I doubt if it will reach those who most frivolously use medical services.

Health education is, in my mind, still struggling to come to grips with the immense problems it faces, but at least the Working Party who produced this booklet have made a start.

COLIN WAINE

## EFFECTIVENESS AND EFFICIENCY IN HEALTH EDUCATION

A Review of Theory and Practice

B. K. Tones

Scottish Health Education Unit  
Edinburgh (1977)

90 pages. Price 85p

The importance of preventive medicine is becoming clearer in the NHS and health education will always remain one of the main methods of prevention.

This new Occasional Paper from the Scottish Health Education Unit describes a logical approach to this and emphasizes the intellectual necessity of testing before and after the educational process. Only in this way is it possible to evaluate the change occurring as a result of the education. Numerous examples are given.

D. J. PEREIRA GRAY

---

## REPORTS

---

### Annual Spring Meeting

THE 1979 Annual Spring Meeting of the College was held in Cardiff from 20 to 22 April and was arranged by the South-East Wales Faculty.

#### Symposium: "When the chips are down"

The Welsh Council of the Royal College of General Practitioners arranged a symposium under the chairmanship of Dr R. Harvard Davis, DM, FRCGP, Reader in

General Practice at the Welsh National School of Medicine and Chairman of the Welsh Council, which took place at the South Glamorgan Institute of Higher Education, Cyncoed, Cardiff on Friday, 20 April.

#### Introduction

Dr Harvard Davis welcomed the large numbers attending the symposium and explained that it was

necessary to hold it in two rooms because of the numbers.

On behalf of the Welsh Council he presented the Welsh Council prize to Dr Ann Lloyd Jones of Llandaff, Cardiff, for her project as a trainee on "Epilepsy in general practice".

#### *Mr Jeremy Knighton*

Mr Jeremy Knighton, Publicity and Promotions Manager of Prestel, described and demonstrated the Post Office's view data service. About 100,000 pages of computerized information were already available and pages were being added at the rate of 10,000 a month. The Post Office was already conducting trials with about 1,000 subscribers in the London area and hoped to extend this throughout the country during the next few years.

He explained that Prestel obtained its revenue from the time payment whereas the supplier obtained revenue from the use of pages; the cost per page could vary from 0 to 50p. Mr Knighton was able to emphasize the commitment of the Post Office to this system, and explained that £5 million had already been spent on developing it and the Post Office was prepared to devote £50 to £100 million by 1981/82.

Among the technical possibilities already available was the facility of obtaining up-to-the-minute weather information in several different parts of the country with projections for the future, and also the various requirements for applying to universities as supplied by UCCA.

In essence the user would pay for the service which would be about 3p per minute, or 3p for three minutes on cheap rate, with additional charges per page used. It was possible to restrict particular pieces of information to closed user groups.

#### *Computers in education*

Mr R. P. Richards and colleagues of Task Management Consultants Limited presented a session on computers in education. Mr Richards began by saying that general practitioners had shown themselves relatively unaware of the potential for the use of computers in general practice. Questions were asked about practical applications of computers, concentrating particularly on age/sex diagnostic registers and costs.

One of the lecturers explained that he considered it unlikely that computers would have an application in general practice for day-to-day clinical care because it would not be possible to organize the information in an efficient way and the present paper records were relatively efficient.

#### *The Exeter system*

Mr Hugh Fisher, Chief Systems Analyst at the Exeter Community Health Services Project, began by stating that he completely disagreed with the views of the

previous speaker. He emphasized that the advantage of computerized medical records were not the speed of feeding information in, which could certainly be slower than hand-written notes, but the tremendous speed and efficiency in which information could be organized and returned to the user. He then proceeded to summarize the features of the computer system which had been working for three years in Devon and was now being used by seven general practitioners in two different health centres in Exeter and East Devon.

In the Exeter system practitioners were provided with up-to-date medical records, fully organized with priority medical details shown. Complete confidentiality was assured and very personal information could be completely suppressed even from a doctor's partners. The computer also had a system in which it generated repeat prescriptions which were printed in the practices. No serious operational difficulties had arisen during three years' work.

Mr Fisher emphasized his system had been established on computer equipment which had since become obsolete. He was optimistic that with the new generation of computers the system could be further simplified and made available more cheaply.

Two general practitioners from Devon, Drs K. J. Bolden of Exeter, and G. Ward of Ottery St Mary, commented on the system which they were both using.

Mr Fisher concluded with the *pièce de résistance*, which was microfiche records of the entire practice. These would fit into a general practitioner's case and be taken with him on all out-of-hours calls; and they also provided an insurance against electrical or mechanical failure.

Finally, the Exeter computer system was demonstrated in an adjacent room.

#### *Lluniaeth a Llawnnydd (Supper and Song)*

In the evening the South-East Wales Faculty arranged a social gathering at the South Glamorgan Institute of Higher Education, Cyncoed, Cardiff. A buffet supper in the Institute was followed by musical entertainment by students of the Welsh College of Music and Drama. Dr Peter Thomas presided and the large audience was entranced by Miss Caryl Thomas's delightful playing on the harp and Mr David Gwesyn Smith singing.

Later in the evening Dr Peter Thomas and Dr John Owen organized an informal session of singing and poetry which was much enjoyed.

#### **Symposium: "The Joneses"**

On Saturday, 21 April 1979 a symposium was held on "The Joneses", chaired by Dr D. J. Llewellyn, M.ED, FRCGP, Senior Lecturer and Postgraduate Adviser in General Practice for Wales. The symposium took place in Lecture Theatre 1 of the Welsh National School of Medicine, Heath Park, Cardiff, and was attended by about 250 people.

### Introduction

The visitors were welcomed by the Provost of the South-East Wales Faculty, Dr D. J. Llewellyn. The President of the College, Dr E. V. Kuenssberg, CBE, then made a presentation to Dr J. N. M. Parry, FRCS, FRCGP. Dr Parry was a member of the Royal Commission on Medical Education and a former Provost of The Welsh Faculty.

### Dr David F. Coulter

Dr David Coulter presented a case history of an elderly man with several problems developing in his 70s that involved late onset dysphagia. Dr Coulter traced his history for 15 minutes and suggested that some of the symptoms could have been iatrogenic, representing adverse effects of some of the drugs he was taking.

### Dr Nigel C. H. Stott

Dr Nigel Stott, B.Sc, MRCP, Senior Lecturer in General Practice at the Welsh National School of Medicine, spoke for 15 minutes commenting on this presentation through the perspective of Area 1 "Health and Disease" of the *Future General Practitioner, Learning and Teaching*. Dr Stott emphasized the considerable challenge to general practice to provide ways of analysing the content of the consultation and presented one model of classifying the features of it which has recently been published in this *Journal*.

Area A was Management of the Presenting Problem, which he considered general practitioners did quite well; Area B, Modification of Help-seeking Behaviour; Area C, Management of Continuing Problems; and Area D, Opportunistic Health Promotion through Preventive Medicine.

He underlined the growing importance of adverse effects of drugs and the correspondingly increased responsibility of general practitioners for prescribing.

### Dr Donald C. Dymond

Dr Donald Dymond, MRCGP, General Practitioner Trainer, Cardiff, presented a case history of Mrs Jones who made numerous requests for home visits which somehow seemed to be connected with her 'demanding' senior Civil Servant husband.

After numerous examinations and multiple x-ray examinations had all been reported negative, she was finally seen on a domiciliary visit and admitted to hospital for repeat investigations. Subsequently she was put by her general practitioner on hormone replacement therapy and a considerable improvement in her feelings occurred, the number of visits diminished, and eventually she was able to stop the medication.

### Dr R. Cenric Humphreys

Dr Cenric Humphreys, MD, FRCGP, Course Organizer, Nevill Hall Vocational Training Scheme, Abergavenny, commented in detail on the advantages and disad-

vantages of hormone replacement therapy and its rationale. He ended by saying that he too would have given Mrs Jones this prescription at that time.

In subsequent discussion several members of the meeting questioned whether other perspectives could be applied to Mrs Jones, and whether considering her problems within a framework of human development, Area 2, might be helpful.

### Dr J. H. Hughes

Dr J. H. Hughes, FRCGP, Aberystwyth, presented a complex psycho-social history in which Mrs Jones, after numerous tangles in relationships, became depressed by her small children. After a series of social crises and social work support the story seemed never-ending.

### Dr Brian B. Wallace

Dr Brian Wallace, FRCGP, Senior Lecturer in General Practice, Welsh National School of Medicine, summarized the important contributions recently made by the medical sociologist, G. W. Brown and his colleagues from London, in which they had found a large number of working class women in London had been depressed and had analysed these in relation to associated features. It had been found that having three children under the age of 14, the woman having lost her mother under the age of 11, and not going out to work, were all statistically significantly associated with an increased likelihood of depression.

Dr Wallace emphasized the immense importance of this kind of research to general practice and showed how it could illuminate problems presented to general practitioners in their consulting rooms.

### Lunch

Lunch was preceded by a sherry reception given by the South Glamorgan Area Health Authority (Teaching) and the meeting was welcomed by its Chairman.

### Dr Hywel N. Williams

Dr Hywel Williams, MRCGP, Course Organizer, Newport (Gwent) Vocational Training Scheme, presented "In which Mrs Jones has a brush with Society". He illuminated some of the behavioural problems of general practice, notably the problem of alcoholism, and emphasized the difficulty general practitioners had when patients did not wish to cooperate or even necessarily get better.

### Dr Stanislauss G. Hill

Dr Stanislauss Hill, MRCP, MRCGP, General Practitioner, Blaengwynfi, speaking to the title of "Does general practice fit in with society?" electrified the meeting by announcing that he had just resigned as a young general practitioner in South Wales because he was overwhelmed with the work. He referred to evidence identifying the greatly increased morbidity and

workload in practices serving populations predominantly of social classes 4 and 5, and felt that the sheer quantity of work, plus the burden of certification, made it impossible for him and his family to continue in single-handed general practice in such a district.

*Dr R. Michael Richards*

Dr Michael Richards, FRCGP, General Practitioner Trainer, Cardiff, described Mrs Jones arriving in a new practice through transfer from an adjacent practice, the flurry of requests for consultations she made with several partners, and the subtle mixed feelings which arose among the receptionists and the primary health care team. He described how it required a woman partner and a long consultation to begin to untangle the reasons behind Mrs Jones's regular requests which had not been helped by numerous late calls from the deputizing service through the previous practice.

However, just as the new partnership was beginning to understand Mrs Jones's problems she moved again—to England!

*Dr David L. Williams*

Dr David Williams, FRCGP, Chairman of the Welsh General Medical Services Committee, spoke about the problems of continuing care and defining responsibilities. He circulated at the meeting a 1971 document which sought to delineate responsibilities between general practitioners and consultants after referral, and clarify prescribing and certification responsibilities for outpatients.

Dr Williams emphasized the importance of the general practitioner's role, especially in relation to the difficult problems of managing persistent patients. He considered that clinical responsibility should remain in the hands of one doctor at a time and that there was a danger of patients falling between the net of the team.

*Mrs Ann Clwyd Roberts*

Finally and symbolically, the last word was with a patient. Mrs Ann Clwyd Roberts writes regularly for the *Guardian* and is currently a member of the Royal Commission on the National Health Service. She referred to some of her own rather unhappy experiences in hospital in which she felt that communication had not been as full or as free as she would have wished.

She said that on the whole she saw the Royal College of General Practitioners as "an organization with a radical and progressive view". She classified general practitioners into "the conservative" who tended to treat minor illness for much of their time and to refer large numbers of patients to hospital. On the other hand she thought there were a growing group of general practitioners who accepted the considerable responsibilities of primary care, practised preventive medicine actively, and were seeking to change general practice in a progressive way.

She hoped that general practitioners would encourage

much greater communication with patients, and indeed would welcome and encourage all community initiatives. She supported the development of patients' committees in practices and hoped that general practice would continue to involve itself with all aspects of patients' needs.

*Discussion*

Plenty of time was allowed after each pair of presentations for audience participation. Despite the tight timetable the audience joined in readily throughout the day and a large number of interesting and useful points were made.

**Faculty Dinner**

The Faculty Dinner was held at the Civic Centre, Cardiff, and the guests were received by the Lord Mayor of Cardiff. A total of 290 people were able to attend in the magnificent surroundings of the Centre.

**Spring General Meeting**

The Spring General Meeting of the College was held at the South Glamorgan Institute of Higher Education on Sunday, 22 April 1979. The President of the College, Dr E. V. Kuenssberg, CBE, was in the Chair.

*New fellows*

The following members were unanimously elected fellows of the College:

- |                     |                        |
|---------------------|------------------------|
| Adams, J.           | Markus, A. C.          |
| Anderson, T. B.     | Mason, A. D.           |
| Bain, D. J. G.      | Mason, J. O.           |
| Davies, H.          | Mitchell, A. D.        |
| Dingwall, D. W.     | Mowat, I. G.           |
| Dooley, B. G.       | Newton, J. E.          |
| Dunn, H. W. M.      | Parkes Bowen, M. D. M. |
| Gilchrist, R. A. S. | Ryde, D. H.            |
| Hanna, J.           | Silverston, N. A.      |
| Harland, R. W.      | Southgate, K. J.       |
| Jack, H. R. B.      | Sprackling, P. D.      |
| Jones, G. M.        | Sproule, B. J.         |
| Kay, H.             | Stout, G.              |
| Large, A. H. D.     | Strachan, D. S.        |
| MacKay, H. A. F.    | Taylor, B.             |
| McKenzie, W. T. D.  | Thakkar, J. A.         |
| McMahon, L. F. W.   | Weston, J. A. B.       |
| McVie, D. H.        | Woods, J. O.           |

*Dr M. L. Cattell*

Dr M. L. Cattell was elected to membership of the College under ordinance 3D of the charter. Dr Cattell is the Secretary of the British Medical Association in Wales, and has been an associate of the College for 25 years.

### *Chairman of Council's report*

The Chairman of Council, Dr M. J. Linnett, delivered his report. He thanked the South-East Wales Faculty for its interesting and valuable programme which in its flair and flavour had been so typically Welsh.

The Council had formed several working parties during the year: one under the chairmanship of Dr John Horder was examining preventive medicine, and another on confidentiality under the chairmanship of Dr Alastair Donald would be producing a document soon. The role of the community hospital was being examined by a committee chaired by Dr John Hasler, and the role of the general practitioner in obstetrics by a working party convened by Dr Donald Irvine.

### *Examination*

The College examination was continuing to attract many candidates and there would be nearly 600 in the summer of 1979. The Board of Censors and the panel of examiners were actively reviewing the examination for there was room for improvement and a need to consider differing methods of assessment. There would be no immediate changes in the requirements for the examination during 1980.

### *The appeal*

Dr Linnett was delighted to announce that the Godfrey Mitchell Charitable Trust had made a most generous donation to the main College Appeal of £100,000. This had helped considerably the preparations for a new Appeal which the College was now launching. The College had been fortunate in obtaining the good offices of Mr James Cleminson, Chairman of Reckitt and Colman, as Chairman of the Appeal Committee.

Chief among the targets for the Appeal was the reinforcement of the College's research effort; money was particularly needed for the infrastructure of research. In addition, it was important to create research fellowships in which general practitioners could gain skill and experience for research in the community.

The President's appeal for the refurbishing of headquarters had so far produced £11,000, £2,000 of which had come from the Christmas Fayre at Princes Gate.

### *Occasional Papers*

The series of *Occasional Papers* sold a record number of over 1,000 copies for the first time during 1978. *Occasional Paper 4, A System of Training for General Practice*, had sold particularly well, as had the more recent papers on medical records by Dr Luke Zander, and the College's own *Some Aims for Training for General Practice*.

The number of private subscriptions to the *Journal* had increased by over 100 in 1978 but there was considerable scope for a further increase.

### *History of the College*

Council had asked Lord Hunt of Fawley, Dr Robin Pinsent, and Dr John Fry to edit a history of the first 25 years of the College. Plans were already well advanced, and about 60 members who had been particularly active in the College's development had already been asked to write contributions.

### *General Medical Council*

The Chairman summarized the recent important changes in the constitution of the General Medical Council and noted that there would be 50 elected members in addition to nominated members. The Royal College of General Practitioners would now for the first time have a right of nomination of one member.

Dr Linnett noted that other organizations had gone to great trouble in producing lists of sponsored candidates; the College Officers had consulted the chairmen of all the faculty boards in order to identify potential candidates, and a list of about a dozen who were College members were found to be standing. Their names with brief details would be distributed with the June issue of the *College Journal* for the information of the membership.

The voting system would involve the single transferable vote system and electors would be invited to list their votes in order of preference. In general, Dr Linnett hoped that all members of the College would vote and would actively support those candidates who could be expected to represent effectively general practice and the work of the College.

### *College staff*

The Chairman paid tribute to the achievements of the staff at Princes Gate who had faced a winter of unprecedented physical difficulties in getting to work, and praised their determination in overcoming them.

### *Future meetings*

The symposium to be held in association with the 1979 Annual General Meeting would be on child care, as 1979 was The Year of the Child. It was hoped to have a symposium on research in general practice in 1980.

In 1982 the Spring Meeting of the College would be held in Dublin jointly with the College of Family Physicians of Canada.

Dr Linnett thanked Ciba Geigy, and Mr Jim Ruff, for their considerable help in organizing these meetings over the years; he ended by thanking the South-East Wales Faculty on behalf of all those present for the able way in which the weekend had been organized and for the warmth of their hospitality.

### *William Pickles Lecture*

The William Pickles Lecture, "Now and Then", was delivered by Professor David Morrell, FRCP, FRCGP, from the Department of General Practice, St Thomas's Hospital Medical School, London. This lecture will be

published in the *Journal*.

Spring Meeting 1980

Dr A. Frame, of the Cumbria Sub-Faculty, invited all

those attending to come to the next annual Spring Meeting of the College in Cumbria from 25 to 27 April 1980. Accommodation would be in two hotels and details would be distributed in the *Journal*.

## European General Practitioner Research Workshop

IT is now eight years since the first tentative Dutch/British general practitioner research projects got off the ground, when a small nucleus of European general practitioners began to meet two or three times a year to further understanding between them, to learn about each other's problems, and to plan studies applicable to different countries with different methods of providing health care.

In 1978 a European General Practitioner Research Workshop was given legal existence with a formal constitution by which representatives from 11 European countries would develop various pilot research projects intended to lead eventually to research projects of a more sophisticated nature.

International research poses special problems, particularly in relation to language, culture, and differences in methods of providing health care, and this has inevitably led to slow progress of the Workshop. However, after prolonged debate about method and definition of terms, a number of projects have started and at least one should produce results for publication during 1979.

<i>Project</i>	<i>Co-ordinator</i>	<i>Countries taking part</i>
Sentinel practices	D. Crombie (UK)	UK, Denmark, Holland
Practice activity analysis	D. Fleming (UK)	UK, Belgium
Cardiovascular Disease	W. Patterson (UK)	UK, Sweden
Sore throats	R. Hull (UK)	UK, Belgium, Denmark, Finland, Holland, Sweden, W. Germany, Israel, USA, Canada, Australia
The denominator problem	P. Krogh-Jensen (Denmark)	Denmark and all countries without a definite patient list

E. V. KUENSSBERG

---

## OBITUARY

---

### Gerald Judah Phillips, B.SC, MB, CH.B, MRCP

GERALD Phillips died suddenly on 28 November 1978, aged 73. He was educated at Manchester Grammar School where he was a Foundation Scholar. He entered the Medical School at the University of Manchester in 1924, taking a B.SC in anatomy and physiology in 1927. After qualifying MB, CH.B in 1930, he served as an assistant in general practice in Manchester, but his life work was as a general practitioner in the Prestwich and Whitefield areas, where he practised from 1934 to 1969.

He was a Divisional Police Surgeon and a Founder Member of the Royal College of General Practitioners. He was a lecturer and examiner with the St John

Ambulance Brigade and he was honoured by being appointed a Serving Brother.

He retired in 1969 and moved to Keswick where he soon became a highly respected member of the community, both through locum work in general practice and through his musical activities. A former Chairman of the Prestwich Music Society, he became the Chairman of the Keswick Music Society and a member of the Committee of the Lake District Music Festival. He was a lifelong member of the Hallé Concert Society.

Gerald Phillips was a charming man whom it was always a pleasure to meet or consult and his passing was much regretted by all his former colleagues and his patients.

J. D. MITCHELL