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The Weather and the Work of the General Practitioner

Sir.

I would be grateful of you could publish the following short explanation because of the incorrectness of two graphs in the article you kindly published in the last issue (1960, 3, 210 on "The Weather and the Work of the General Practitioner"). The two graphs that are incorrect are those on page 213, numbered figure 5 and figure 6. Figure 5 should be an inverse graph of figure 7. You will observe that it is not so.

The correct graph of figure 5 shows a maximum visiting of 20 per working day and a minimum of 7 per working day, fluctuating between these two figures according to the season of the year. I have supplied the corrected graph of figure 5 and the figures upon which I have based the graph.

Figure 6 should show the graph that is portrayed in figure 5, i.e., the average surgery attendances per working day varying between 34 and 17

The validity of my suggestion that figure 2 and figure 7 are closely similar is, fortunately, not upset by the incorrectness of figures 5 and 6.

ALLAN B. FIELDSEND.

Hessle. E. Yorks.

International Congress on Psychosomatic Medicine and Childbirth

Sir.

I should be grateful if you would draw the attention of your readers to the fact that an International Congress on Psychosomatic Medicine and Childbirth is to be held on 12th—15th September, 1961. It has not been finally decided where this meeting will take place, but the most likely places are Paris, Vienna, or Geneva. The committee arranging the meeting are anxious to know as soon as possible of those who would like to contribute to the discussion. The titles selected are:

- 1. Psychological and sociological study of the woman in connection with her pregnancy, labour and puerperium.
- 2. Psycho-physiology of the pain of labour.
- 3. Theory, practice and results of combined psychological and physical preparation for labour:

(a) Preparation of the pregnant woman.
(b) Conduct of labour.
(c) Problem of drugs.

(d) Organization of the team and of the surroundings.

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4. The value and the limitations of the psychosomatic methods in obstetrics:
(a) The experimental checking of results.

(b) Obstetrical aspects.

(c) Influence on the newborn.

(d) The problems of midwives and other helpers.

I should, therefore, be grateful if any of your readers, who wish to present a paper on this subject, would write to me as soon as possible, enclosing a brief outline of their proposed contribution.

NORMAN MORRIS.

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London, W.C.2

THE COLLEGE OF GENERAL PRACTICE OF CANADA

Under "A Word About Membership", the November 1959 number of the *Bulletin* prints the following:

"To elevate the status of the General Practitioner more than a mere union of doctors was required. A professional group, practising a science and responsible for the preservation of health and life, cannot exert influence by numbers alone as can an industrial union. Privileges must be in accord with professional competence. Therefore, rigid standards for continuing postgraduate education were established. We are still the only medical organization demanding this as a condition of membership."

The Bulletin also contains an account of general practice in England by Dr K. Foster of Lincolnshire, vice-chairman of Council. There are also scientific articles on the use of phenylbutazone, on allergies, and on abdominal pain in children.

One correspondent suggests that the Canadian College should institute a course for doctor's secretaries. An annotation suggests that the American Academy of General Practice should be followed in the matter of issuing medical identification cards for patients to record such information as "insurance policy numbers, height, weight and address. . . blood type, drug sensitivity, cortisone medication, allergies, immunizations, insulin dosage if diabetic, and a record of surgery performed."

A lawyer gives some sound advice in summarized form—such things as, "Don't bite off more than you can chew... Beware lest you are accused of experimentation... Warn your patients where treatment might prove fatal and obtain their written consent... Flatly refuse patients when you have not the time or inclination to treat them "!—these interspersed by other more mundane admonitions.