were either caused by, or exacerbated by, the lack of any one of us being responsible for a given patient and the absence of any continuing personal care.

How lacking in continuity were we? At one third of our consultations we found that the patient had seen another partner at their last attendance. However, my partners were not impressed by this information. What small disadvantages there might have been were the price to be paid, they said, for the cardinal principle that the patient must continue to have a choice of doctor. They were adamant. No change was possible; intensive research into organizational and legal aspects confirmed this, and one partner couldn't look after a personal list if the others didn't. Sadly for us all, I left.

Partnerships, sensibly, do not want to take in someone in their late forties, so my future was either in an academic post or in single-handed practice. I chose the latter which is, of course, the ultimate in continuing personal care.

Only a minority in group practice are committed to real continuing personal care and there is some evidence that it is decreasing (Aylett, 1976); so that the big question remains to be answered, the question which all evangelists face, why does not *everyone* see the light? It is an emotionally sensitive subject; such changes are threatening to many of us, and I cannot be as optimistic as was the lecturer in looking to the future. In both my report on the extent of personal care in Wiltshire (Aylett, 1976) and my paper discussing the pros and cons of separate and combined lists (Aylett, 1977a), my remarks about emotional prejudice were edited out but eventually published in *Pulse* (1977b).

Dr Adrian Rogers of Exeter (who has also changed his practice to one giving more personal care) once said that he doubted if the majority of us would make changes in our working patterns unless they were to bring financial advantages. May all of us who believe in more personal care hope that he is proved wrong.

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STUDENT INTEREST GROUPS

Sir,

The article by Drs M. R. Salkind and J. S. Norell (March *Journal*, p. 158) prompts me to write about a student group that met last year in Cambridge.

A voluntary activity during the second and third preclinical years in Cambridge is participation in an 'interest group' in social aspects of medicine. These groups are led by a behavioural scientist and a general practitioner.

A number of students who had been members of the interest groups and who were pursuing their clinical course in Cambridge decided that they would like to continue this kind of activity. They further decided that they would like to include within the group students of other disciplines related to medicine. A preliminary meeting was held and from it two groups were formed. The one of which I became a member (leader) was composed of four medical students, two physiotherapy students, one speech therapy student, a recently qualified occupational therapist, a voluntary social worker, a nurse, and myself. We met each week for nine months, with Christmas and Easter breaks. The second group met on a few occasions only.

The initial sessions were dominated by unrelenting criticism of hospital doctors, particularly consultants. In the absence of a consultant member of the group this criticism was in some ways unproductive. However, it did lead quite quickly to a group identity. We tried to base our discussion on patients that we (including myself) had encountered. The feelings of the individual members were expressed freely, and on occasion at considerable depth. The presence of other than medical students was invaluable, as they were responsible for day-to-day treatment of patients in hospital, as opposed to the medical students, who were supernumerary. I can recall for instance one of the physiotherapy students describing her feelings about treatment of a patient with severe (and fatal) lung problems. Several similar cases were discussed.

Later in the year, the group branched out into other activities, such as inviting a university counsellor (psychiatric social worker) to a meeting; on another occasion a patient with paraplegia came to talk about his problems.

We had two extra-curricula events. The group met in London for a meal and a theatre visit to the play "Whose Life is it Anyway?". We had an end-of-year punt party which ended at 02.00 hours. No-one could leave that particular meeting early without getting very wet.

The history of this multidisciplinary group has led me to believe that the earlier students of different disciplines meet to discuss their experiences the more chance there is of a lasting mutual understanding. An essential feature of this group was that it formed itself and was voluntary. How far it could become a more widespread activity is uncertain. However, it certainly seems worth further experiment.

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COMPUTERS IN GENERAL PRACTICE

Sir,

The idea of having a patient's full records flashed on the screen at a touch of a button, with rapid reference to all the possible side-effects of the drugs taken does sound attractive, but before the information can be retrieved it must first be typed into the memory at great labour and expense. In a group practice with 20,000 patients, some of whose folders are two inches thick, the task of transferring it all into the memory of a computer defies description. Considered as a national problem its impossibility must be quite obvious. Even in hospitals the changeover to computers has often been disastrous and had to be abandoned. There are many applications for computers in medicine: they are small and they are specialized.

The comprehensive application of computers to a nationwide electronic data network in which patients case records circulate is a beautiful dream in which we have all indulged ourselves from time to time; however, when the hard facts about the difficulty and cost of making it work are considered its total impossibility becomes obvious.

Love those medical record envelopes—we've got them with us for centuries!

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SPRING GENERAL MEETING

Sir,

The North of England Faculty and the Cumbria Sub-Faculty are extremely