to the SIMG Secretary, Klagenfurt, Austria, labelled SIMG-Janssen Prize.

MIGRAINE

The Third International Symposium on Migraine is being held at the Hotel Russell, Russell Square, London WC1, on 17 and 18 September 1980. Further information can be obtained from the Director, The Migraine Trust, 45 Great Ormond Street, London WC1N 3HD.

INTERNATIONAL CONGRESS ON IMMEDIATE CARE

The British Association for Immediate Care in association with other organizations is holding an international conference on immediate care in Brighton from 22 to 25 October 1980. The programme will have Section 63 approval within the United Kingdom and further information and enquiries can be obtained from Miss Sarah Peacock, BASICS, 14 Princes Gate, Hyde Park, London SW7 1PU.

REPORT OF THE HEALTH SERVICE COMMISSIONER

The Report of the Health Service Commissioner for the period August 1979 to March 1980 has recently been published.

Among the cases considered was a complaint by a widow about her family practitioner which suggested among other things that he had failed to offer her his condolences at the time of her husband's death.

The Health Service Commissioner established that the administrator had dealt with this complaint in order to protect the Chairman of the Medical Services Committee "from having too many complaints to deal with", which the Health Service Commissioner regarded as contrary to paragraph 31 of the "Notes on Service Committee Procedure" prepared by the Department of Health and Social Security, which read: "A complaint may not be dealt with on its merits by the administrator without reference to the Chairman whose function it is to decide whether the complaint discloses any reasonable grounds of complaint."

The Health Service Commissioner concluded that it was "imprudent and improper for the administrator to express an opinion on the standard of medical treatment on the basis of a telephone conversation he had with the family practitioner."

The family practitioner committee administrator concerned died before the Health Service Commissioner reported and the Chairman of the family practitioner concerned had accepted that the administrator made an error of judgement in replying in the terms he did and has conveyed his Committee's regrets for this. As a result of this case, procedures have been amended so that all complaints dealt with otherwise under the regulations are reported to the Service Committee Chairmen.

Reference

Clothier, C. (1980). *Report of the Health Service Commissioner.* Selected investigations completed August 1979 to March 1980. London: HMSO.

LETTERS TO THE EDITOR

SPECIALIZATION WITHIN GENERAL PRACTICE

Sir,

Let me take Dr Tudor Hart (April *Journal,* p. 216) gently to task and ask him for the evidence that the "specialoid role" developed in Livingston is not generally popular—with whom, for example? May I also plead for the abandonment of the word 'specialoid'. I am a full-time general practitioner providing a complete range of general medical services for my patients. I happen to have a hospital practitioner appointment in child health—a special interest particularly appropriate to general practice. Many general practitioners outside Livingston—none in it—are police surgeons, factory doctors, and medical referees for insurance companies; others have sessional commitments to various specialties within hospitals. All in common with Livingston doctors have special interests and skills which can be accommodated within their general practices. To use a hybrid neologism to describe such activities serves no useful purpose.

More seriously, let us keep an open mind about the need for looking at different ways of developing general practice to meet the needs of a changing inner city, urban and rural society, in the last 20 years of this century. The Livingston approach never set out to be a final solution but was expected to proceed on an evolutionary basis. The pursuit of special interests in the context of general practice is constantly being reviewed but whatever else is said, such interests, for example in obstetrics, child health, psychiatry and geriatrics, far from limiting generalist skill, enhance it, increase the range of services available to patients and provide at the same time a valuable teaching capability.

Philosophically, I would suggest that a narrow approach to the generalist/specialist debate threatens not only the credibility of general practice but may result in its being constrained by powerful specialist lobbies. Division of the profession must be avoided and sharp boundaries blurred. John Donne's words are appropriate:

"Who makes the past a patterne for next year,
Turns no new leafe, but still the same thing reads,
Seene things, he sees againe, heard things doth heare,
And makes his life, but like a paire of beads."

(Verse letters to Sir Henry Goodyere)

W. J. BASSETT
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Sir,

I would like to comment on Dr D. J. Pereira Gray's reference to my article in his stimulating and commendable lecture (April *Journal,* p. 231). He was wrong to imply that I had assumed care of these anticoagulated patients when in fact it demonstrated one aspect of organization required within a group practice comprising six partners, who take annual leave and weekly half days, man two branch surgeries and make use of a general hospital which does not run an anticoagulant clinic.

The resulting difficulty in quickly contacting the general practitioner about his patient's prothrombin result rendered it more practical (and indeed most successful) to nominate one of us to assess these results in batches. Some