

men and women to measure their own blood pressure at home twice a day for four weeks. There is also an interesting paper from the central research laboratory of the Russian Ministry of Health on changes in electrolyte transmission across cell membranes, which seems either to have preceded, or at least to have coincided with, similar work in France and the United States. Sodium balance and sodium transport seem at present to offer the main hope of avoiding a future in which 15 per cent of the whole adult population spend most of their lives on antihypertensive drugs.

Generally speaking, only individuals and libraries with both a consuming

interest and a great deal of spare money should consider buying it.

JULIAN TUDOR HART

### PATIENT MANAGEMENT PROBLEMS

*Chertow, B. S., Dhingra, R. C., Pillay, V. K. G., and Nerenberg, R. L.*

*Prentice Hall International  
Hemel Hempstead (1980)  
318 pages. Price £18.80*

Fifteen MEQs can't be a good buy at £18.80, even if they are excellent. These

are indelibly American. The reader is soon in the transatlantic world of emergency rooms and offices ("You are an internist working in a multispecialty rural practice with admission privileges to a well-equipped community hospital"—country general practitioner with cottage hospital?), but disbelief is never suspended, for me at least. A good MEQ must be realistic.

If a set of MEQs is wanted, the *Update* ones on "Patient Management Problems" are much better, very much cheaper, and they don't need a fancy felt tip pen.

R. H. WESTCOTT

## REPORT

# Spring General Meeting 1980

THE Spring General Meeting of the College was held at Windermere from 25 to 27 April, 1980 and was organized by the Cumbria Sub-Faculty of the North of England Faculty of the College.

### Clinical standard setting—a faculty enterprise

The North of England Faculty arranged a Friday afternoon session on clinical standard setting at the Belsfield Hotel, Bowness on Windermere. The Chairman was Dr Colin Waine, Chairman of the North of England Faculty.

#### *Dr Donald Irvine*

Dr Donald Irvine, General Practitioner, Ashington, Northumberland, Regional Adviser in General Practice for the Northern Region and Secretary of the Joint Committee on Postgraduate Training for General Practice, spoke on "The Setting of Standards in General Practice". Dr Irvine began by emphasizing that there was a 15-year history of involvement of general practitioners in education in the Northern Region which had begun with vocational training. From this had sprung the idea that doctors who were engaged in vocational training had to look at their own clinical practice and its organization in order to teach.

The second main development had been the need to work in groups to achieve this and the Northern Region had found that to make the group process work it was necessary for the doctors concerned to have a continuing commitment.

The early standards were structural and mainly con-

cerned with practice organization. The groups had later moved on to look at the process of care. The current interest was in developing normative standards for several common conditions and trainer groups in the Northern Region had now found that there was a great need for more information. The main idea now being discussed was that standard setting could be studied, using the care of children as an example.

Dr Irvine noted that in his region external criteria had been developed for the selection of trainers. These reflected the current standards of the day as maintained by the trainers themselves.

Dr Irvine concluded by describing the new Division for General Practice within the Regional Postgraduate Institute for Medicine and Dentistry at the University of Newcastle. This was a new partnership between the College in the Northern Region and the local medical committees within the region. Structurally it resembled the Joint Committee on Postgraduate Training for General Practice.

The Education Committee of this new Division had replaced the old general practice sub-committee of the regional postgraduate committee of the university and had responsibility for continuing medical education and setting standards for care in general practice, as well as vocational training.

#### *Dr Geoffrey Marsh*

Dr Geoffrey Marsh, General Practitioner, Norton, Cleveland and Wolfson Professor of the Royal College of General Practitioners, spoke on "Producing a Healthy Child". Dr Marsh presented an obstetric audit carried out in his own practice and showed that the perinatal mortality of his own patients during several consecutive years had averaged at 10.1. This was con-

siderably lower than both the perinatal mortality rate for the Northern Region and for the whole of England.

In analysing how this had happened, Dr Marsh outlined in detail the practice plan and emphasized the following features:

1. Attention had been concentrated on mothers at risk, especially those in the lower social classes, those unmarried, and those having first babies.
2. The importance of the district midwife, health visitor, and receptionists working together in a multi-disciplinary team had been underlined.
3. Referral to specialists had been carefully monitored. Despite changes which had arisen in association with the recent introduction of a new general practitioner obstetric unit, over two thirds of all his patients were still delivered in general practitioner care. He noticed at booking committees one of the first questions consultants wanted to know was the name of the general practitioner!

He believed that the importance of the known doctor, the familiar face providing continuing care over several years, coupled with an energetic programme of contraception were among the keys to success. He thought many of the high-risk pregnancies simply did not happen in the first place because of active contraception in the practice, and in the second, because there was a liberal and tolerant attitude to abortion.

Dr Marsh illustrated his talk with several slides and reported that all his partners were now participating in the obstetric audit which was an activity he commended to the meeting.

### Symposium: Our children and their grandparents

A Symposium was held at the Lakes School, Windermer, on Saturday 26 April.

The meeting was opened by Dr John Whewell, Provost of the North of England Faculty, who said how pleased his faculty was that there had been such a tremendous response to this meeting, which had been heavily over-subscribed.

#### "Our Children"

The morning session was chaired by Professor S. D. M. Court, Emeritus Professor of Child Health, University of Newcastle and Chairman of the Court Committee on Child Health Services.

In his introduction, Professor Court repeated his belief in the importance of general practice, and noted that the title of the session would have been equally appropriate for a meeting of parents, teachers, nurses, or doctors. He underlined the importance of a multi-disciplinary approach to the care of children and welcomed the debate.

*Dr Cyril Hart*

Dr Hart reviewed the care of acutely ill babies at home



## COLLEGE ACCOMMODATION

Charges for college accommodation are reduced for members (i.e. fellows, members and associates). Members of overseas colleges are welcome when rooms are available. All charges for accommodation include breakfast and are subject to VAT. A service charge of 12½ per cent is added. Children aged 12 years and over, when accompanied by their parents, can always be accommodated; for those between the ages of six and 12 years, two rooms are being made available on a trial basis. Children under the age of six cannot be accommodated and dogs are not allowed. Residents are asked to arrive before 18.30 hours to take up their reservations.

From 1 April 1980, charges will be (per night):

	Members	Others
Single room	£8	£16
Double room	£16	£32
Flat 1	£25	£40
Flat 3 (self-catering with kitchen)	£35	£60

Charges are also reduced for members hiring reception rooms compared with outside organizations which apply to hold meetings at the College. All hirings are subject to approval and VAT is added.

	Members	Others
Long room	£60	£120
John Hunt room	£40	£80
Common room and terrace	£40	£80
Kitchen/Dining room	£20	£40

Enquiries should be addressed to:

**The Accommodation Secretary,  
Royal College of General Practitioners,  
14 Princes Gate, Hyde Park,  
London SW7 1PU.  
Tel: 01-581 3232.**

Whenever possible bookings should be made well in advance and in writing. Telephone bookings can be accepted only between 9.30 hours and 17.30 hours on Mondays to Fridays. Outside these hours, an Autophone service is available.

and the causes of the infant and perinatal mortality rates. He underlined the considerable regional variation and emphasized that the risks were particularly connected with social class, the age of the mother, and for perinatal mortality the presence of four or more children in the home. There were two extremely disturbing trends: first, that a quarter of children in one study had been admitted via a casualty department, and secondly, that 10 per cent had been taken direct to hospital. He concluded that there was a need for a College-sponsored paediatric research study on the primary medical care of children.

#### *Dr Graham Curtis Jenkins*

Dr Curtis Jenkins began by underlining the importance of prevention and the continuing value of the pastoral role of the doctor. He quoted with approval Morley's 'cornerstones' of child care, which were: immunization, nutritional guidance, health education, and treatment, including surveillance, and early detection of disease.

He was sure from the experience of medical care overseas that the doctor can influence care only marginally if he restricts himself to providing only curative medicine. He thought it was important to counter Tudor Hart's inverse care law in relation to children and urged that there should be more distribution of child care services, that there should be a radical re-thinking of the way of working with other colleagues, and a move away from the therapeutic dominance which tended to take away from parents the responsibility of the child's care.

Dr Curtis Jenkins concluded hoping that the "brave words of the College Working Party Report" would soon be translated into action (Royal College of General Practitioners, 1978).

#### *Dr Stuart Carne*

Dr Carne began by drawing a parallel: in the nineteenth century compulsory education for children had finally been introduced in 1880 and it was in 1980 that compulsory vocational training for general practitioners had also become law.

He believed that the removal of a child to hospital was an event sometimes of comparable importance to a transplant and he then went on to review many of the common problems affecting child care in general practice, with special reference to the upper respiratory tract. He urged his colleagues to avoid the use of the word tonsillitis because if it was recurrently used by the doctor it would not be very long before parents would expect treatment for recurrent tonsillitis, which usually seemed to mean a tonsillectomy.

Dr Carne thought that many out-of-hours calls should be considered in the light of the behaviour of people within the family. For example, many evening calls could be regarded as a "Dad's home from the pub" syndrome, since it was precipitated by the arrival

of a hungry father in the home.

He also thought it was important to ensure that there was adequate availability and accessibility for children in general practices during the day. A mother who knew she could get to see the doctor early in the morning without a hassle with the receptionist was much less likely to call the doctor to the home in the evening.

#### **"Their Grandparents"**

The afternoon session was Chaired by Dr John Whewell, Provost of the North of England Faculty.

#### *Dr M. K. Thompson*

Dr M. K. Thompson, General Practitioner, Croydon, Surrey began by confirming that in his experience the division of the elderly, that is the over 65s, into those between 65 and 74 and those over the age of 75 was clinically useful in general practice. He noted the great increases forecast for both these groups and underlined the importance of a policy which would allow elderly people to remain in their own homes for as long as possible. He was sure that many diseases of the elderly were eminently treatable and general practitioners should remember that old age *par excellence* was a time to consider deficiency diseases, which could include anaemia, diabetes, hypothyroidism, as well as some forms of depression and congestive heart failure. He pointed out that many conditions of the eyes, ears, feet, chest, and conditions such as varicose veins, could be alleviated by relatively simple and practical measures.

He thought it was important that the diseases of ageing should be taught outside hospitals, not only within an age-related specialty within. He noted that the four 'i's, instability, immobility, incontinence, and intellectual impairment, were of special importance and that relatively few, even of the incontinent, could not be managed at home nowadays.

The challenge in his view was providing a system of care which was capable of responding within the same time frame as the pathological or social processes involved. A second principle he considered of importance was to assess not only the degree of disability, but the rate of change of the disorder.

#### *Dr E. G. Buckley*

Dr E. G. Buckley, General Practitioner, Livingstone, West Lothian and Associate Adviser in General Practice, South-East Scotland Area Health Board, emphasized a preventive approach to geriatric care and noted that attitudes to dependency differed from those in children. Much of society's attitude to the elderly seemed to consist of a programme of putting them out of work, out of sex, out of income, and out of responsibility.

He quoted with approval Professor Isaac's statement "that the social services can never replace an effective

daughter", and underlined the importance of the elderly in general practice, as surveys suggested that about a third of general practitioners' time was now spent with the over-65s.

Health visitors, he considered, were like diamonds—"Bright, increasingly valuable, and when developed had a hard, cutting edge!"

#### *Professor Eric Wilkes*

Professor Eric Wilkes, from the Department of Community Medicine at the University of Sheffield, said that the ages 65 to 74 were "the silver age" and that most people enjoyed them. He considered case finding in general practice was practicable at 75 plus and the numbers were manageable.

All patients over 75 ought to see a chiropodist and it was worth remembering that quite a number of patients in this age group could not read the label on the bottle. It was sobering that about 10 per cent of patients were admitted to geriatric departments because of the adverse effects of drugs often prescribed by general practitioners, and that the incidence of adverse effects from drugs rose in proportion to the number of drugs administered at any one time.

From a survey with which he had been concerned, it appeared that about a quarter of patients came to accident and emergency departments after they had seen a general practitioner, about a quarter were dissatisfied with their general practitioner, about a quarter altogether wanted a second opinion or an x-ray; and less than 10 per cent had actually been referred from general practice.

In examining another survey of diabetics who had been discharged from a diabetic clinic in his region it appeared that 32 per cent were being seen regularly by their general practitioner, 23 per cent were seen when they requested it, and 41 per cent were seen only occasionally or not at all. A specially trained nurse who visited all these patients discovered that 43 per cent thought they had been cured of diabetes by being discharged from the hospital diabetic clinic, and that only a fifth of patients had any contact with a nurse. A detailed survey of this group revealed that three had ketones, nine had proteinuria, and half had a definite high blood sugar; a study testing the doctor's ability to detect peripheral vascular disease suggested a third of the limbs had abnormalities.

Professor Wilkes said he wished to underline the importance of stroke, which in his experience was the most important single cause of very severe handicap in the home. Stroke patients generated six per cent of all hospital costs, one per cent of all general practitioner costs, seven per cent of home helps and involved nearly five per cent of all National Health Service costs.

Finally, Professor Wilkes reminded the meeting of the mortality rates for doctors, which were considerably raised for both suicide and hepatic cirrhosis, being over 300.

#### **Social programme**

The North of England Faculty had arranged a full social programme. On the afternoon of Friday 25 April 1980 there was a cruise on the lake to the Steamboat Museum and the National Park Centre, Brockhole and in the evening there was a sherry reception given by the Cumbrian County Council. After dinner, doctors and their families were entertained by a lecture on mountaineering with colour slides by Mr Christopher Bonington, leader of the Everest Expedition in 1975. A collection for the Nick Escourt Memorial Fund raised about £300.

On Saturday 26 April 1980, there was an adventure day for spouses and children, consisting of a morning of canoeing and archery at Fallbarrow Hall Adventure Centre, with a fell walk and pony trekking in the afternoon. Simultaneously, there was a visit to Cumbria Crystal and Holker Hall which was made by launch to the Lakeside-Haverthwaite steam train, and then by coach to Ulverston.

In the evening a sherry reception was held by courtesy of the Northern Regional Health Authority and this was followed by the North of England Faculty Dinner, held at the Old England Hotel, Windermere, with the Provost, Dr John Whewell, presiding.

#### **Spring General Meeting**

The Spring General Meeting of the Royal College of General Practitioners was held at the Lake School, Windermere, at 10.30 hours on Sunday 27 April, 1980 with the President, Dr J. P. Horder, in the Chair.

#### *Professor P. S. Byrne*

The President paid tribute to the memory of Professor P. S. Byrne who had recently died (see obituary, *May Journal*). Professor Byrne had been a founder member of the College and among its leading figures for many years. He had chaired the Education Committee at an important stage of its development, and his College career had culminated in the Presidency from 1973 to 1976. Dr Horder had worked with him on many committees and spoke of Professor Byrne's particular achievements as Chairman of the Leeuwenhorst Working Party when dealing with personality and national differences. He had been the first Professor of General Practice in England and had retained his house in Milnthorpe, Cumbria, to which he had retired. His powerful personality, skill in debate, and wit were immense; he would long be remembered.

#### *New fellows*

The following members were unanimously elected fellows of the College:

Berrington, R. M.	Clift, A. D.
Billinghurst, A. O.	Davidson, W. K.
Bouchier Hayes, T. A. I.	Davies, T. K.
Cameron, G. I.	Duncan, G. S.

Emrys-Roberts, R. M.	Murphy, A.
Evans, G. S. W.	Pearce, P. J.
Fouracre, A. J.	Rider, J. G.
Gilleghan, J. D.	Rose, A. D.
Hainsworth, E.	Rowntree, P.
Huins, T. J.	Schofield, T. P. C.
Kelly, J.	Smerdon, G. H.
Kennedy, T. McN.	Somerville, N.
Lewis, C. C.	Turner, R. M.
MacAdam, D. B.	Varnam, M. A.
McBride, M.	Venables, T. L.
MacDonald, J. D.	Waller, J. G.
McEwan, A.	Whiting, J. M.
MacKenzie, H. M.	Williams, J.
Moore, S. P.	Wilson, J. L.

### *Chairman of Council's Report*

The Chairman of Council, Dr A. G. Donald, delivered his report. He began by thanking the Provost and members of the Cumbria Sub-Faculty of the North of England Faculty who had succeeded in making the 1980 Spring General Meeting such a success.

Dr Donald described how the Officers and Council were reviewing College policy. The College had reached a plateau and was now perhaps ready to take off again "to scale new heights". Council was examining the ways in which the College could make an impact on general practice and hoped it would be possible to improve the integration of the Departments of the College, and to help members to improve patient care. Although the College was now a large organization, changes must be gradual. He hoped there would soon be evidence which would be seen to be relevant to day-to-day general practice.

The Council's top priority would be the development of all aspects of continuing education, which by definition meant promoting and maintaining standards of care in practice. An essential component of continuing education was the capacity to examine critically one's own performance, either individually or in the company of one's peers, and the College would therefore endeavour to promote this kind of activity. Dr Donald was particularly pleased that the General Medical Services Committee and the College were co-operating so closely on medical audit, and that College faculty secretaries as well as local medical committee secretaries, would be meeting at a conference in the autumn to discuss ways of assessing the quality of care.

### *Membership examination*

The membership examination had continued to flourish, with more than 1,000 candidates last year and no fewer than 700 applicants for the examination in May/July 1980—an all-time record. The examiners had had a successful conference and College was indebted to Professor J. Walker, Honorary Examination Secretary, and his staff, for conducting the examination so efficiently. A rise in the examination fee would be inevitable next

year and might coincide with the division of the examination into two parts, which would allow the multiple choice question to be taken separately.

The Education Committee, under the chairmanship of Dr John Bennison, was encouraging small-group activities within the faculties and was considering a Nuffield-type course for College tutors once their new role had been adequately defined.

The Practice Organization Committee, led by Dr Keith Bolden, was reviewing aspects of practice management and especially repeat prescriptions.

The Central Information Service, directed by Mrs Joan Mant, had responded to between three and four thousand requests for information during the year, and the Library were now offering one of the most comprehensive and efficient reference services in the world.

The Chairman hoped that the College would introduce a new brochure which would give prospective and established members comprehensive information about the activities of the College and the services which it was providing. He was pleased to announce two recent new awards, the Duphar/RCGP Bursary to encourage training and research methods, and the History of Medical Fellowship to promote the study of the historical aspects of general practice.

### *Research*

The Research Division, chaired by Dr Clifford Kay, was now studying ways in which the skill developed at the Manchester Research Unit of the College could be harnessed to a continuing research effort by the College once the oral contraception study came to an end.

### *The Appeal*

The College Appeal was for one million pounds and the Chairman was pleased to announce that more than £440,000 had already been donated. The Appeal was being managed by Mr James Wood and he and the Appeal Committee appreciated the "enthusiastic response" from a number of faculties but warned that unless faculty boards could harness individual members to join this effort, achieving the target would be difficult. The Appeal was not something that the Appeal Committee could organize on its own; it was a College activity and the responsibility of every member to make it a success.

### *Working parties*

A major working party on preventive medicine under the Chairmanship of the President would be reporting in June and Dr Donald hoped that this would be "a significant document which will clarify the College's position about the contribution that general practice can make to preventive medicine". He hoped it would lead to a policy statement from the Council in an important area which promised so much in improving the health of the nation.

Another working party, led by Dr Clifford Kay,

would be reporting soon about computers in general practice following the recent successful computer conference held at Princes Gate.

Other working parties active at present included one on general practitioner obstetrics, chaired by Dr Donald Irvine, and another on confidentiality, chaired by Dr Roy Aitken.

### *Vocational training*

Dr Donald welcomed the introduction of the Vocational Training Regulations and saw this as the culmination of an initiative in which the Royal College had played a central and distinguished role, supported by colleagues in the British Medical Association. It was a chapter in the history of medicine which reflected great credit on the College. It was important, however, that the College did not now rest on its laurels and he hoped the College's influence on the further development of vocational training would continue, both directly and through the Joint Committee on Postgraduate Training for General Practice, which he hoped would be not only a regulatory body but an educational body as well. He welcomed the arrangement in which the Dean of Studies, Dr Jack Norell, was both an Executive Officer of the Joint Committee and also Dean of Studies of the College, thus providing an educational service to the Joint Committee.

### *The Journal*

Dr Denis Pereira Gray would be retiring from the Editorship of the *Journal* at the end of 1980. Dr Donald welcomed Dr Simon Barley who had been appointed Deputy Editor for 1980 with a view to succeeding to the Editorship in January 1981.

Dr Donald welcomed the new Administrative Secretary Designate, Mr Dick Lloyd-Williams, and he thanked the members of the staff of the College for their loyal and devoted service.

### *Dr John Graves*

The Chairman said how much the College would miss the pioneering work of Dr John Graves, who, with his wife Valerie, made a unique contribution not only to British general practice but to British medicine.

Dr Donald concluded his report by stating that he believed that the College was "on the move after a period for rest and regrouping" and he looked forward to the future.

### **Motion from Council**

The Honorary Treasurer, Dr Stuart Carne, introduced the following motion from Council:

"That the existing Byelaw 2 of the Byelaws of the College shall with effect from 1 July 1980, be varied as follows:

2(A) No change

2(B) No change

2(C) No change

2(D) The annual subscription of a fellow, member, or associate (subject as mentioned below) shall be £50. Such subscription shall or may be reduced to the following amounts in the circumstances mentioned below.

(i) To one half of annual subscription:

a) For a member or associate who, on the date the subscription is due, has been fully registered for less than five years but who has completed vocational training for general practice.

b) On annual application by a fellow, member, or associate who is permanently resident outside the European Economic Community. This reduction shall only apply whilst the fellow, member, or associate remains permanently resident outside the European Economic Community.

c) For corresponding associates.

(ii) To one quarter of annual subscription:

a) On final retirement owing to age, ill-health, or other similar circumstances accepted by Council as appropriate, for a fellow, member, or associate otherwise liable to a higher annual subscription. Alternatively, he or she may become a life fellow, member, or associate as appropriate on payment of one and one half times the normal annual subscription, paying no annual subscription thereafter. (A fellow, member, or associate already retired and paying a lower subscription under previous Byelaw will not be surcharged.)

*Note:* This Byelaw does not apply to a fellow, member, or associate who transfers from general practice to full-time practice in some other field of medicine. In such circumstances he remains liable for the full subscription whilst retaining his fellowship or membership.

b) For a fellow, member, or associate who has temporarily retired from active medical practice because of family reasons or ill-health, on the production of a statement that at the time the subscription is due he or she will not be in active medical practice during the year in question.

c) For an associate not in active practice as determined from time to time by Council.

d) For the spouse or relict of a present or deceased fellow, member, or associate paying or having paid a full subscription where the spouse or relict is also a fellow, member, or associate.

- e) For an associate who, on the date the subscription is due, is still undergoing vocational training for general practice.
  - f) For a fellow, member, or associate permanently resident overseas who is also a fellow or member of another College of General Practice or equivalent organization in general practice. This reduction shall only apply whilst the fellow, member, or associate remains overseas.
- (iii) All cases of hardship may be reviewed by Council and considered individually on their merits and Council may, if thought fit, reduce the annual subscription payable in any year or years by any fellow, member, or associate.

2(E) No change

2(F) No change

All were passed *nem con*.

There were no motions from the faculties.

#### William Pickles Lecture

The William Pickles Lecture, entitled "A Job Half Done", was delivered by Dr M. P. Taylor, General Practitioner, Doncaster, and Regional Adviser in General Practice to the Trent Region (p. 456).

#### Future General Meetings

It was announced that the Annual General Meeting in 1980 would be held on 15 November 1980 in London, and that the Spring General Meeting in 1981 would be held from 10 to 12 April 1981 in Glasgow, and would be arranged by the West of Scotland Faculty.

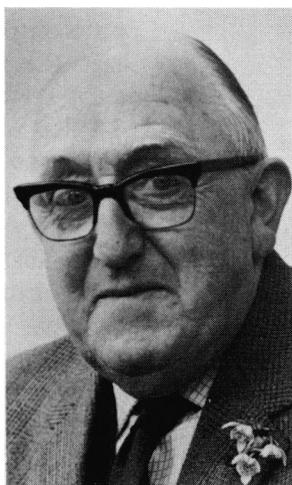
#### Reference

Royal College of General Practitioners (1978). The care of children. *Journal of the Royal College of General Practitioners*, 28, 535-556.

## OBITUARY

### Robert Murdoch McGregor, OBE, TD, MB, CHB, FRCGP

DR McGregor died at his home in Hawick on 6 May 1980. A country family doctor, embodying many of the finest traditions of that breed, Dr McGregor brought to his professional work a sense of purpose and self-discipline that earned him high regard, both locally and nationally. It was this characteristic which enabled him to develop and apply a simple but effective system of recording data meticulously over a period of about 12 years from the inception of the National Health Service. This provided basic data which he interpreted in the light of 40 years' experience as a family doctor. His main publication, *The Work of a Family Doctor*, published in 1969, is a book of which he was justly proud.



His somewhat authoritarian manner was combined with a very great kindness. He could go to extreme lengths in his care of his patients—well beyond the call of duty. One of his former trainees said he embodied the qualities of the doctor in Luke Filde's famous picture "The Dying Child". He was well known locally as something of a character, often to be found sporting a fresh floral decoration in his buttonhole, usually appropriated from the garden of a patient. It is an index of his standing that his patients regarded this foible as a mark of distinction, and vied with one another in the provision of such buttonholes!

Early on he identified himself with the aims of the College, becoming a member in 1953, and a fellow in 1969, his contributions to the profession and to society having earlier been recognized by the award of the OBE. He played a prominent part in many committees, both locally and nationally, and for some years was Chairman of the Research Committee of the South-East Scotland Faculty. His wife pre-deceased him, but he is survived by his daughter, Sheila, to whom we extend our condolences in this sad loss. Truly, he was a living example of the College motto, *Cum Scientia Caritas*.

J. D. E. KNOX

### Eric Cyril Jelly, MRCP, DRCOG, ABFP

ERIC Jelly died unexpectedly on 31 March 1980 in New York at the age of 51. Born in 1928, he was

educated at King Edward VII School, Guildford. After serving as an x-ray technician with the Royal Army Medical Corps in Africa, he qualified at the Middlesex Hospital in 1955, having won two undergraduate