It has also been suggested that vitamin D be prescribed for Asians (Brooke *et al.*, 1980), but the real problem here again probably relates to dietary education rather than provision of supplements.

The easy answer to nutritional problems is to provide supplements as medicines, or to fortify food. The correct approach must surely lie in teaching sound nutrition in schools, to parents and to patients, and in influencing national policies so that prospective parents and expectant mothers are more likely to eat a nutritionally sound diet.

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People with arthritis

THE International Year of Disabled Persons is an appropriate time to take stock of an important sphere of activity of the medical and allied health professions. A part of this area comprises 'rheumatism', to which arthritis, in its varied forms, contributes a formidable burden in terms of numbers of people afflicted, chronicity and high use of services. Two recent reports issued by the Arthritis and Rheumatism Council (ARC) (1981a, 1981b) survey the scene, examining on the one hand services available to patients, and on the other the present state of teaching about rheumatology in UK medical schools.

In one sense both reports make gloomy reading, since they highlight the many deficiencies apparent in both spheres. On the service front, an overall shortage of consultant services is compounded by a patchy regional distribution of specialists; waiting lists are unacceptably large and prolonged; and all this is compounded by a rising tide of patient demand and, possibly, need. On the educational front, the story is one of insufficient curriculum time, and the failure of medical schools to capitalize on existing opportunities and to accord rheumatology an appropriately high academic status. These failures are seen against a need to move undergraduate medical education away from its present preoccupation with crisis intervention and acute disease. This picture is familiar to those concerned with preparation and training for general practice. Indeed, so close are the paral-

lels, that in parts of the education report the term 'general practice' could be substituted for 'rheumatology' without loss of sense.

On the other hand, consideration of these reports gives some cause for hope, if not optimism. It is not simply that a very real concern for rheumatic sufferers comes across from the pages, though it is encouraging to read articulate expressions of a philosophy of care for patients that most general practitioners will recognize (and not a few will claim as peculiar to themselves). The educational goals, at least at the undergraduate level, shared between rheumatology and general practice suggest that the two disciplines could complement and supplement each other's educational endeavour. At a time of economic stringency such co-operation might make even bigger sense.

The survey of services was almost entirely hospital-based, and so focuses attention entirely on the hospital scene. "Up-to-date figures relating to general practitioner services are not available", according to the relevant report. Yet had recourse been made to various general practice documents, such as the Second National Morbidity Study (OPCS, RCGP and DHSS, 1974) and *Trends in General Practice* (Royal College of General Practitioners, 1979), or to official statistics from the health departments, evidence could have been adduced to confirm the vast amount of caring and co-ordinated effort made by general practitioners on behalf of their rheumatic patients. The lesson here is not one to encourage complacency, but rather to underline a need for closer co-operation between specialists and general practitioners and an increased readiness to recognize each other's work.

The impact of both ARC reports (especially the one surveying services) would have been heightened by firmer evidence relating to outcomes. It may be self-evident that the quality of life of patients (and their families), and the health status of sufferers from rheumatic diseases in general, is directly and positively correlated with the number of specialists and hospital beds in a given area—but what do we actually know? What combinations of team care are most appropriate for sufferers of chronic forms of arthritis? What is the role of self-care in the optimal management of rheumatic conditions? What is the true nature of the common (and, on some reckonings, the most prevalent) rheumatic conditions—non-articular or soft tissue rheumatism? These and many other questions still remain to be examined in collaborative research involving both specialist and generalist.

The need for co-operation is also apparent when considering the roles of the two disciplines in continuing education. Where postgraduate education is mentioned in the ARC report, it is couched solely in terms of the specialist improving the technical expertise of the general practitioner. Of course this is an important element, but, at advanced level, true education is a two-way process, from which our patients should benefit. General practice has a contribution to make in enabling the specialist to gear his or her efforts to the highest quality of patient care.

The two reports deserve to be read widely. The third and fourth chapters of the report dealing with undergraduate education could be studied with profit by all general practitioners concerned with teaching undergraduates and with vocational training.

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Words our patients use

THE title is deliberately provocative: it does not refer to imprecations muttered under the breath, nor to unwelcome requests like "You'll have to get Granny in somewhere today, doctor." What we are seeking is to build up a collection of words and phrases about health and illness which are peculiar to a locality or one area. In Suffolk, for instance, one is often told that so-and-so is "going behind a bit" (translation for non-East Anglians—so-and-so's state of health is generally a little worse lately, but for reasons that are still obscure); around Sheffield one might hear a patient, at the end of a long tale of multiple complaints, saying with a wry smile that "I want rubbing out and drawing again." These two are examples of phrases that consist of words that are otherwise in general use, but we also want to record the usage of dialect words, such as "mardy" (North Midlands—miserable, irritable or bad-tempered) or "canny" (Tyneside—almost any meaning, depending on context).

We would therefore be pleased to hear from readers with words and phrases that seem to have only local usage, giving if possible the locality where the usage is most common. Selections will be published (as in this issue on pages 722 and 734 from time to time.