

Of course there are other organizations where one can be involved medically such as community health councils and the Royal British Legion Service committees, and someone has to do it. One cannot say one does not like to serve. Of course one does, but it is hard when one sees 'new boys' of only 15 to 20 years service being recognized on the 'old boy network'.

I believe the College should ask the general practitioner to list his/her voluntary efforts to the community and district; there are many organizations who rely on the help of the general practitioner year in and year out. I would be willing to expand on this. It is a privilege to serve one's community, district and county as a practitioner, and it is surprising in how many ways a doctor is urgently needed to keep the community going.

It is quite right that research and College committees should be taken into account, but so also should the tireless efforts in the medical context with the population.

TERRY GLANVILL

The Grove
Honiton
Devon EX14 8PP.

Sir,
May I, as an associate member and one who has failed the membership examination without an oral, disagree strongly with the statement you made in your leading article (*March Journal*, p. 131).

You state that "the modified essay question is directed to ascertaining practical skills". I am afraid that my simple mind cannot accept that. The most that I think the MEQ could do would be to ascertain a doctor's ability to write about practical skills. In no way does one's ability to write about practical skills demonstrate one's ability actually to perform practical skills. The ability to write about something and the ability actually to do that something are in themselves two distinct and different skills.

ANN D. TENNANT

4 Nevis Way
Middleton Park
Irvine
Ayrshire KA11 1LU.

The Art of Medicine?

"Life is short, art is long."

Hippocrates

When the Father of Medicine wrote that first aphorism, by 'art' he meant the 'science' of medicine. Since we

now live in a scientific age it is not surprising that fewer patients are prepared to accept a grunt from the omniscient doctor and an indecipherable prescription thrust at them across the desk. They want to understand what is the matter with themselves and the doctor must facilitate that understanding. One way of doing this is by literally practising the art of medicine.

Some doctors practise from desks covered with anatomical models and blotters festooned with crude drawings of ears, bowels and veins. But why not dispense with all this paraphernalia and compile your own atlas of medical problems?

Over a two-week period I made a note of every occasion I itched to scrawl an illustration on my blotter and found that I made about four drawings a day. Needless to say I had my favourites, but some of them were so hastily drawn as to allow only a surrealist interpretation!

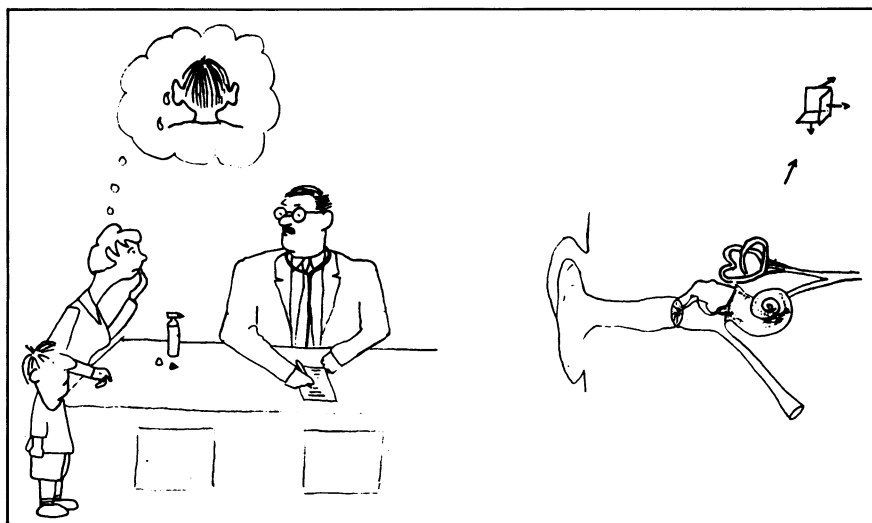
Over the next few weeks, using a few anatomical atlases, I produced a desktop portfolio of common conditions. None of the drawings was labelled, so I could use them according to my needs. For example, I could demonstrate exactly what was meant by Johnny having a 'glue ear', why Granny's veins swell up like balloons and why Gladys embarrasses herself every time she laughs!

It may all sound a little flippant, but as well as tidying my desk I have brushed up on my anatomy and I hope that I have started to dispel some of the mythology that is common among patients. With a little understanding, patients may be more willing to leave the consulting room without a prescription. A good reason perhaps for practising the Art of Medicine.

106 Manygates Lane
Sandal
Wakefield WF2 7DP.
K. M. SOUTER



The drawing on the right is used to discuss various types of chest wall pain and that commonly discovered lump—the xiphoid process.



This drawing of the ear can be used to demonstrate the mechanisms of acute otitis media, glue ear, different types of deafness and vertigo.