

reputation for his work in clinical research. After a period of practice in London, he returned to Scotland and established his Institute for Clinical Research in St Andrews. In 1963 his daughter endowed a chair of Medicine in Relation to General Practice in her father's memory. In 1963 Richard Scott was appointed the first Professor of General Practice in the world.

A new discipline has both the opportunity and the responsibility to advance medical knowledge through research in its field. In the period from 1948 to 1983 the clinical, behavioural, operational and educational researches of members of staff associated with the department have contributed to more than 400 publications in scientific books and journals.

In 1963 the trustees of the dispensary donated the premises and the remaining funds of the dispensary to the university. The Royal Public Dispensary, which had been sited at 34 West Richmond Street since 1937, was refurbished as a modern general practice teaching centre. It was renamed Mackenzie House, and in 1969 the two departmental practices were merged in this building.

The present department

In 1978 the University of Edinburgh revised the medical curriculum. Each student is now attached to a teaching

practice on a full-time basis for some four weeks. The department has expanded, recruiting additional teaching practices, not only within Edinburgh, but also in West Lothian and in the Borders. Students still learn to value personal, primary and continuous care for the patient and for the family. This experience complements that gained in the laboratories and lecture theatres of the Medical School and in the wards of Edinburgh's teaching hospitals.

This history of the Royal Public Dispensary of Edinburgh and the Department of General Practice of Edinburgh University has traced the local development of one branch of medical care—general practice—perhaps the oldest art and the newest science. Chance has dictated that in 1983 a new building, Levinson House, and new opportunities should coincide. The combination of developing technology and decreasing resources provides a true challenge to the second generation of academic general practitioners. As they look to the future, it is with the heritage of Boerhaave, Duncan, Mackenzie and Scott—a heritage of teaching, care and research, a heritage of 200 years.

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Erratum

In the November 1983 issue of the Journal an important table of demographic data was indecipherable due to a fault during printing. This table is now reprinted below, in its complete form.

Table 1. Demographic data for the whole elderly population, showing any significant differences of the 11 risk groups from the whole sample.

Risk group	Number of cases (%)	Age (years)		Sex		Marital status			Social class	
		60-75 (%)	Over 75 (%)	M (%)	F (%)	Widowed (%)	Currently married (%)	Other (%)	Middle (%)	Working (%)
Living alone	216 (35)	59.5*	40.5*	19.7*	80.3*		NS		NS	
Childless	123 (20)		NS		NS		NS		55.8*	44.2*
Poor	93 (15)		NS		NS	45.1*	37.3*		26.4*	73.6*
Very old	86 (14)			25.9*	74.1*		19.5*		40.5*	59.5*
Recently moved	85 (14)		NS		NS		NS		24.2*	75.8*
Recently discharged	83 (13)		NS		NS		NS		NS	
Never married	70 (11)		NS	24.0*	76.0*				49.0*	51.0*
Recently widowed	37 (6)		NS		NS				NS	
Isolated	54 (9)	51.9*	48.1*	21.9*	78.1*		NS		45.9*	54.1*
Social class V	51 (8)		NS		NS		NS			
Divorced/separated	23 (4)	85.0*	15.0*	22.0*	78.0*				48.0*	52.0*
Whole sample	619 (100)	70.3	29.7	39.3	60.7	32.6	52.2	15.2	35.0	65.0

* $P < 0.05$ compared with the whole sample. NS = not significantly different from the whole sample (actual percentages not shown).

Source: Taylor RC, Ford EG. The elderly at risk. *J R Coll Gen Pract* 1983; 33: 701.