

## Obituary

*Dr William Thomas Mills, LRCP, MRCS, MRCCGP*

The death of Dr William Thomas Mills occurred at his home on 9 February. He was aged 81 years.

Dr Mills ('Will' to all his friends) qualified at St Bartholomew's Hospital in 1928. He practiced in Chiddingfold in Surrey for ten years, of which time he often spoke in later life. He married and moved to a single-handed practice in Ramsbury in 1939, just before the outbreak of the second world war. The practice grew over the years to become a partnership of three doctors covering a wide country area.

Throughout his professional career Dr Mills was associated with the Red Cross and he developed a very active centre in Ramsbury, members of which were successful in many competitions. He was County Medical Officer for Wiltshire for many years and in later years was a Medical Adviser to the British Red Cross Association. He was responsible for Ramsbury having its own Red Cross Ambulance and supervised the Hungarian refugees at the camp at Chiseldon in 1956. He held the Red Cross Badge of Honour, he was a life member of the BMA and the Swindon representative at the ARM for several years.

He was a totally committed Christian and member of the Church of England, serving as church warden in Ramsbury and becoming a lay reader in the Salisbury diocese in 1965. His other activities in the village were numerous including the Presidencies of the Horticultural Society and the Football Club. He was a Trustee of the Ramsbury Parish Charities, being Chairman on several occasions.

He was a foundation associate of the Royal College of General Practitioners. Will was a man of many parts indeed and this list is by no means complete.

On retiring at the age of 72 he still continued to be very active and continued with locum work and child welfare clinics as well as his Red Cross and church activities.

He was a man of action who was never afraid to help in any way, however menial the task, and travelled many miles with the Ramsbury ambulance after his retirement helping in any way he could. He had an enormous appetite for life in general and village activities and had a great sense of fun.

He will be greatly missed by all his many friends and, in particular, his devoted wife Dorothy and his children, Peter, Anne, Susan and John.

Stories will continue to be told for many years of his kindness, generosity and dedication to his patients.

C.C.J.

*Dr J. H. Lankester, MA, MB, MRCS, LRCP, MRCCGP*

John Howard Lankester died suddenly at his home in Oxted on 6 February. He was aged 76.

He joined the partnership of Cohen, Walker and Laing in 1937 and apart from the war years, when he served in the RAMC, he helped the practice to grow to its present total of seven and presided over the transition to a group practice operating from a new health centre with much skill and foresight.

He was honoured by election to the Fellowship of the BMA to which he had given long and devoted service.

John was a life-long Rotarian and served on many local medical committees and was also Chairman of the League of Friends of Oxted Hospital.

He was a fine musician and both he and his wife were distinguished members of the Oxted Operatic Society and the Musical Society of which he was the current Chairman.

He was a keen gardener and his superb collection of flowering shrubs and alpine plants was becoming widely known amongst garden enthusiasts.

In these many and varied activities he was wonderfully supported by Mary, his wife. He was devoted to her and to his two sons, Charles and Ted, and to his six grandchildren. To them all we extend our deepest sympathy.

E.C.E.

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## MEDICAL NEWS

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### Interprofessional group for primary care

Ms Myra McGregor is Welsh representative on the Executive Committee of the Royal College of Nursing Society of Primary Health Care Nursing. It is part of her remit to help form RCN primary care interest groups throughout Wales, and she here reports on how one was set up in Glamorgan.

TWO primary care *nursing* interest groups have been set up in Wales during my term of office and district nurse and health visitor members of the RCN had intimated that a similar group would be welcomed in West Glamorgan.

Bearing in mind the team concept in primary health care, it seemed better to broaden our idea and invite our general practitioner colleagues to join us at that meeting.

Treading somewhat cautiously, supported by sponsorship from Johnson

and Johnson and with the practical help of a very enthusiastic district nurse colleague, I arranged the inaugural meeting of the West Glamorgan Primary Care Interest Group on 25 October 1983. I invited community nurse members of the RCN and some general practitioners. Although the response from the doctors was a little disappointing over a hundred primary care nurses attended.

The film 'A Team Approach' was shown and followed by a discussion and a buffet supper. The evening was

chaired by Ms Meg Edwards, Director of Nursing Services, Neath, who is the Welsh member of the Council of the RCN. Ms A. Fawcett-Heney, Professional Officer of the RCN Society of Primary Health Care Nursing, who has responsibility for nurses in primary care throughout the UK, attended.

A committee was elected to undertake the running of the group, the chairman being a general practitioner, the secretary a district nurse, the treasurer a health visitor, the social secretary a practice nurse and the public relations officer a school nurse.

The need for an informal forum, where the problems of the whole team could be aired and ideas discussed has become obvious over the years and the second meeting was planned with this in mind. This meeting took place on 9 February 1984. The speaker was Dr Bruce Lervy and the subject 'primary health care'. This was followed by discussion by a panel composed of Dr

Lervy, a district nurse, a health visitor, a midwife and a school nurse.

There was not enough room at the second meeting to invite all the general practitioners or any of the health visitors and midwives that had attended the first meeting.

It was obvious by the attendance and the encouragement shown at the first two meetings together with the disappointment expressed by members of the Health Visitors Association and Royal College of Midwifery at not being able to attend, that something was going to have to be done to rectify the situation. A proposal was put to the RCN members at the second meeting that future meetings, whilst remaining under the auspices of the RCN must be thrown open to members of the HVA and RCM as well as to all members of the RCGP. The proposal was unanimously accepted and in future the committee will be looking to each member of the primary care team to provide ideas and speakers for subsequent meetings, whilst the general organizational responsibility remains with the RCN.

The third meeting of the group will be held at the Postgraduate Centre, Morrision Hospital on Thursday 10 May 1984 at 19.30. The subject is 'terminal care' and the speakers are Dr R. Davies and Ms G. Cousins, senior nurse, Ty-Olwen Hospice, Morrision.

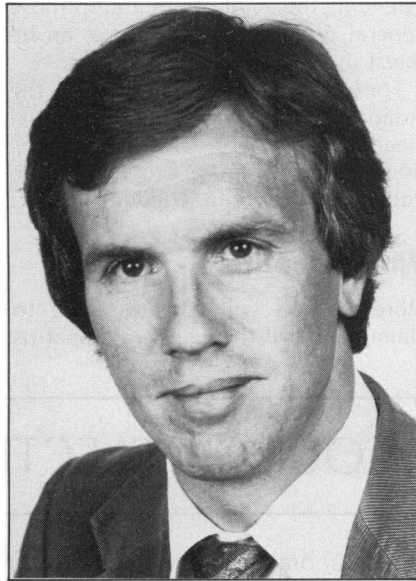
### Health Education Council

Dr Simon Smail has been re-appointed to the Health Education Council for three years from 1 January 1984. The original nomination was made by the College when he was appointed in 1981. He has been re-appointed Chairman of the General Practice Working Party of the Health Education Council.

### University of Southampton

Dr Roger Jones has been appointed Senior Lecturer in Primary Medical Care at Aldermoor Health Centre and will take up his post on 1 July 1984. Dr Jones is a graduate of Oxford and St Thomas' Hospital Medical School and his previous experience includes a Research Fellowship in diabetes and renal medicine at King's College Hospital.

During the last five years he has been a principal in general practice in Andover, Hampshire where he has conducted a wide range of studies for which he has received awards, including the Sir Harry Platt Essay Prize and the Upjohn Prize of the College. He is secretary of the Association of General Practitioner Hospitals and of the Gen-



Dr Roger Jones

eral Practice Research Club. He has a major interest in gastrointestinal disease in general practice and is planning to continue work on this.

### Alzheimer's Disease Society

The society reported 150 per cent growth in membership during the last 12 months. The AGM was held in Birmingham in October and was followed by a day's symposium under the title 'Caring and the carers'. It comprised four main sessions with questions, answers and discussion. Dr Neary spoke on 'Dementia—the view of a consultant neurologist.' Dr L. Pike discussed 'The general practitioner—how to help him to help you' and spoke of the services within his practice.

### Glue sniffing

Unibond Ltd, adhesive manufacturers, are offering free warning posters and leaflets as part of their 'Health and education' campaign against solvent misuse. The campaign was developed in conjunction with TACADE (Teachers' Advisory Council on Alcohol and Drug Education) and Surrey County Council Education Authority. For information and copies of the posters and leaflets contact 'Health and Safety Education Services', 56 High Street, Marlow, Bucks SL7 1AJ.

### Ethnic minority doctors

The National Association of Ethnic Minority Doctors (NAEMD) UK was established in September 1983 by a group of doctors representing different specialties and status in the profession (such as consultants, general prac-

titioners, junior hospital doctors, registrars and senior registrars, doctors with registration problems and students).

Doctors of *all ethnic groups* interested in becoming members of NAEMD should contact Dr Carlos Ferreyra, Secretary for the organization, NAEMD UK at 28 Churchfield Road, London W3 6EB. Tel: 01-993 6119.

### Medic-Alert

A week-long nationwide campaign for Medic-Alert, a scheme developed especially for people whose lives could be put in danger at any time, begins on 6 May.

The Medic-Alert Foundation was conceived 28 years ago in California when a young girl cut her finger on the trigger of a rifle. Linda Collins was taken to a doctor who decided that the cut—while not dangerous—warranted an anti-tetanus injection. As soon as he made the routine scratch test with one drop of the serum Linda fell to the floor, writhing in agony. Unknown to the doctor, she suffered from an allergy to the serum. For three days her life was in danger.

Linda's father, Dr Marion Collins was a general practitioner, and was so disturbed to think that his daughter could so easily have died that he decided to make her a special bracelet so that any doctor would know that she should not be given the serum under any circumstances. From this small beginning grew the scheme which today protects over two million people worldwide, including more than 107,000 in the British Isles. The Medic-Alert Foundation and its symbol—a snake entwined around a staff—are now recognized by doctors everywhere.

As new drugs have come onto the market, Medic-Alert's scope has broadened. It now covers hundreds of conditions, the most common of which are diabetes and allergy to penicillin and anti-tetanus serum. Other groups which often feature in the Foundation's files are epileptics, people taking anticoagulants, those who wear contact lenses and heart patients with valve replacements or pace makers.

The Medic-Alert Foundation is non-profit making, but a charge is made for life membership of the scheme—£13.80 including VAT covers the cost of the disc (either a bracelet or a necklet) engraved with the relevant condition or allergy, and inclusion in the central files.

Further information and an application form for the scheme is available from the Medic-Alert Foundation, 11/13 Clifton Terrace, London N4 3JP. Tel: 01-263 8597.

## Modern management of headache

A foundation course on this topic will be held on Friday 21 September 1984, at the Charing Cross Hospital Medical School.

This inaugural meeting of the British Branch of the International Headache Society will follow the two-day Fifth International Migraine Symposium. It will attract speakers of international repute, and will be of interest to those

attending the Symposium and to those general practitioners who have an interest in headache.

For further details please write to the Honorary Secretary, International Headache Society (British Branch), Room 10E6, Charing Cross Hospital, Fulham Palace Road, London W6 8RF.

## Viral hepatitis

More workers will soon be able to claim benefit if they get viral hepatitis

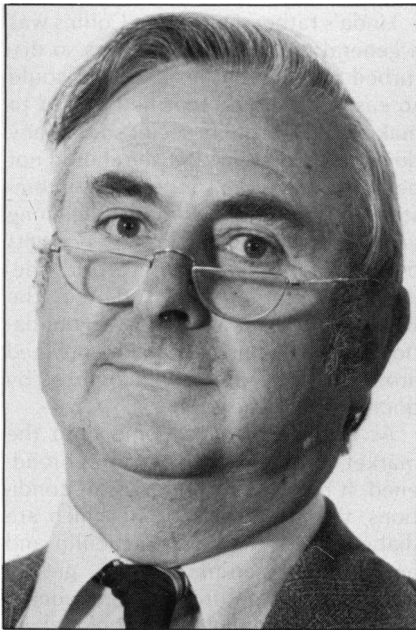
in the course of their job.

The industrial injuries scheme at present gives cover for hepatitis in only a limited range of occupations; mainly medical, nursing and other health service jobs. This is now to be widened to cover everyone who gets the disease because of their work. The changes follow recommendations made in a recent paper entitled 'Viral Hepatitis: A Report by the Industrial Injuries Advisory Council', HMSO Cmnd 9147, £1.75.

# GENERAL MEDICAL COUNCIL ELECTIONS 1984

*This is the last in our series of profiles of general practitioner candidates for election to the GMC in June. We remind you once again of the importance of electing general practitioners to this body. Readers wishing to refresh their memories about the election, the method of voting and the candidates profiled in News and Views are referred to the November, December, February and April issues.*

*Henry Wilkinson Ashworth, MD, FRCP*



*Dr Ashworth*

I have practised in a depressed city area all my life. I was a founder and lecturer in the first English University Department of General Practice in 1954 and of the section of General Practice of the Manchester Medical Society, of which I am a Fellow. I am a Fellow of the RCGP and BMA of which I am divisional chairman. I am a past President of the Manchester Medico-Ethical Association, and a member of the local medical committee and medico-legal association.

I am serving on the GMC on the

Professional Conduct Committee and the EEC Subcommittee of the Education Committee—posts which occupy about five weeks a year.

Three problems facing the GMC are overseas graduates of which many countries produce a surplus; increasing patient involvement in medical care; the maintenance of rapidly changing ethical standards.

I claim to bring a down-to-earth suburban opinion to what is often an esoteric metropolitan council.

*Philip Handfield-Jones, MB, MRCP, FRCP, DRCOG*

I qualified at Oxford in 1946 and served overseas in the RAMC for two years. After a year as a trainee I was appointed to a single-handed practice in Buckinghamshire in 1954.



*Dr Handfield-Jones*

I was a foundation member of the College and the Thames Valley Faculty, serving as Provost from 1972 to 1976. I have been closely involved with general practice training, having been chairman of the General Practice Subcommittee at Oxford, Course Organizer at Aylesbury and trainer. I was a member of the Buckinghamshire Local Medical Committee but cannot claim to have made any great contributions to medical politics.

Coming from a medical family I can claim to represent traditional medical values and having recently retired from general practice after 30 years would have time to serve on the General Medical Council, with particular commitment to education and the maintenance of standards and status.

*Michael Hardman Lea, MB, FRCP*

I was educated at Ellesmere College and Edinburgh University. After hospi-

### Hints to the STV voter

1. Read the ballot paper carefully and decide which of the candidates you wish to see elected.
2. Ignore the candidates you do not actively support—even a low preference vote for one of them may affect the outcome of the election.
3. Number in order of preference those candidates you actively support. Remember that voting for one candidate only will *not* invalidate your paper.
4. When you have given the preference number to the last of the people you wish to be elected—STOP.