George Swift Lecture

Sir,

In his excellent George Swift lecture (February Journal, p.63) Julian Tudor Hart reviewed the widely acknowledged fact that in spite of an overall improvement in the standard of primary medical care practised in this country today, there still exists a wide range of quality exhibited, so that the gap between the extremes of good and bad medicine is as wide as ever. With respect I take issue with his 'globus inversus' thesis on how this situation could be rectified, not because it is radically unconventional, but because in my view it will not achieve its aim.

Fundamentally, every general practitioner should have a thorough appreciation of a wide spectrum of medical issues in order to afford his patients sound clinical expertise. This can only be acquired by having formal training in pre-clinical and clinical disciplines, although tuition in highly specialized fields is not desirable. Sharing the basic education with others destined to follow careers as hospital consultants has much in its favour. It serves as an area of common ground in academic and social circles, and from this a mutual respect of ability and personality evolves. Indeed one major advantage afforded to Oxbridge undergraduates is the free mixing of students from a host of faculties. A second consideration for sharing basic training is that it permits individuals to reflect on their future potential, and many have changed their clinical objectives during these years.

The separation of undergraduates in training for hospital careers from those entering general practice would lead to dichotomy, with those in specialized medicine having a low opinion of those in general practice.

Having acquired this education, young doctors can then enter general practice training and learn the specialized skills necessary to become a primary care practitioner. In this way the objectives of the College, which must be forever paramount, can he achieved: 'Cum Scientia Caritas.'

This still begs the question, 'Why is there not a uniformity of skill practised in primary care?' It is my belief that the reason is to be found in the recruitment of medical undergraduates. It is all very well to assume that the higher GCE 'A' level attainment required for selection affords a better candidate for medical training, but this in itself is not sufficient. An interview of possible candidates is still desirable and highly relevant. Those who practice a poor quality standard of general practice largely do so because they are poorly motivated and not because of academic ineptitude. There is more chance of these facets being identified by personal assessment than by the analysis of 'A' level results on an UCCA computer.

By comparison, our veterinary colleagues, who incidentally have to have higher 'A' level grades for entry into their faculty, are also submitted to a selection interview and it must be acknowledged that their standard of practice is uniformly high throughout the country.

There is no quarrel with George Swift's view that 'reformed practice will redesign medical education'. However, issue must be taken as to how the alterations can be most beneficial. As the research units in teaching hospitals expand their scientific medical approach to the practice of medicine, so it will become more necessary for all doctors in training whatever their ambitions to experience some of the more generalized practices of medical disciplines, as is exemplified by district general hospitals and general practice. There is an undoubted rebirth of general practice and this must take the form of general practitioners becoming more involved with undergraduate teaching. An alliance between primary care academic units in teaching hospitals and general practices could well have a beneficial effect on the practices involved. This presupposes the willingness of doctors to become so involved and I feel those committed to the aims of the College could achieve this ideal. Sir Henry Wade in his Ramon Guiteras lecture of 1932 said, 'The wards are the greatest of all research laboratories. We have in our wards a treasure house of clinical wealth and opportunity.'

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Opportunistc surveillance of children

Sir,

In their recent article on opportunistic child surveillance (February Journal, p.77), Houston and Davis propose that detecting abnormalities in children and counselling mothers can be effectively carried out during everyday encounters in the surgery and at home.

They draw attention to the large numbers of children seen by doctors and health visitors in the first years of life, but also to the wide variation in contact rate (between three and 46 in the 12-month period).

Our own study showed comparable figures. In a six-month study period in an inner London practice there were 1146 contacts with 100 infants, all of whom were seen at least on two occasions and several of whom made contact on over 20 occasions. Roughly half of these contacts occurred in the child health clinic run jointly by the general practitioners and health visitors. Despite this high clinic attendance with its emphasis on prevention, it was of interest that there was no indication that this had a sparing effect on the use of doctors and health visitors' time in other settings. Though most children were seen both in the clinic and outside, it was nevertheless felt that the child health clinic did perform a number of important functions which were not always met elsewhere. This emerged from a questionnaire given to mothers and from an analysis of the problems presented.

First, the clinic provided easy access to professional help for problems which the mothers themselves felt diffluent about airing in other settings. Secondly, it provided a convenient meeting place for some mothers who felt isolated and in need of sharing their anxieties about the welfare and development of their children (not just with professionals but with other mothers). Many obtained support from each other either informally or in groups run by the health visitors.

Thirdly, it was notable that many parents used the opportunity of discussing their child's welfare to talk more freely about their own health and that of other family members in relation to the child. Much hitherto undisclosed anxiety and stress was thus detected.

The professionals themselves felt that in addition, the clinic provided an opportunity for them to meet and communicate about young families, share their knowledge and understand problems in a more comprehensive way.

Unfortunately, we were not able to comment upon the number of developmental abnormalities in children which were discovered in the clinic. However it was certain that disorders of hearing, speech and behaviour were more commonly recognized in the clinic setting than elsewhere.

While agreeing with the authors that there is a need to extend the consultation beyond the presenting complaints, it must surely be recognized that the setting too must be acceptable to both doctors and patients, and a busy Monday morning