

Five hundred and seventeen of the patients in the practice are over 65 years of age (12.5%). The clinical features are shown in Table 1.

Case 3 was diagnosed from classical symptoms which responded rapidly to steroids and relapsed as soon as the treatment was discontinued. Cases 6 and 4 are mother and daughter. Case 7 has subsequently died from an unrelated illness.

The practice would normally see only one or two cases of polymyalgia or temporal arteritis each year and this suggests that there must be an underlying cause for the increased incidence. The cause may be a viral trigger in genetically susceptible individuals and the diagnosis of the disease in a mother and daughter within a few weeks of each other supports this. In addition there was a high incidence of viral illness in the winter 1985/86.

It is hoped that this report will stimulate other practices to note clustering of cases of polymyalgia and temporal arteritis and perhaps this will help throw light on a trigger or predisposing factor.

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References

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An examiner's comment on the care of the elderly

Sir,

The oral examiner is afforded a unique view of trends in general practice. Having been a member of the working party that produced 'Training general practitioners in geriatric medicine',¹ I have studied the log diaries of candidates with the recommendations it put forward.

In the examination just concluded, for instance, I was able to examine 25 log diaries of candidates distributed widely throughout England and Wales. Of the total of 1200 unselected patients there were listed only 89 (7.4%) aged over 75 years, and a mere 42 (3.5%) aged between 70 and 74 years. Three of the candidates were young principals and they had marginally more records of elderly patients than those just concluding a traineeship.

The conclusions to be drawn are serious. If trainees are not being allocated older people at the outset of their training they are being denied the opportunity to provide continuity of care for a group which is becoming an increasingly large proportion of the population. It is no excuse to say, as many did, that they think older people prefer their own doctor. I have been able to show in my own practice that older people often like being introduced to a young doctor for a year of caring. Not one has returned to me with objections during the 10 years I have been a trainer.

The other aspect is of a different order. The government believes it necessary to reward doctors with a higher capitation fee for elderly people, presumably because they make heavier demands on doctors' services. There are suggestions at the present time that these should be increased again. I have long argued² that this would impoverish the care of the elderly and reward doctors falsely. The figures from the log diaries exemplify what I demonstrated in my own practice² that those aged between 65 and 74 years now make no greater demand on a doctor's services than younger patients. I can only

suspect that those aged over 75 years are either cared for mainly by nurses, the repeat prescription list, or that they are a biological élite having no need of doctors.

What would be helpful would be item of service payments for restructuring the records of those aged 70-plus years on the lines of a nationally agreed proforma, and another to encourage doctors to conduct an examination and performance rating of older people.

I have greatly enjoyed my 10 years as an MRCGP examiner, and hope that these comments will be reviewed by those colleagues whose company has always been so stimulating to me.

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References

1. British Geriatrics Society and the Royal College of General Practitioners. Training general practitioners in geriatric medicine. *J R Coll Gen Pract* 1978; 28: 355-359.
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Jewish Family Mediation Service

Sir,

Further to the article on the family conciliation services by Thelma Fisher (*July Journal*, p.300), I would like to inform general practitioners of the existence of the Jewish Family Mediation Service. We are based in central London and have been set up specifically to serve the Jewish community. We have been operational since April this year and are fully affiliated to the National Family Conciliation Council. Our team of mediators have all undertaken the specific training required by the NFCC and are knowledgeable in the Jewish and civil law concerning marriage and divorce.

Mediation can be of immense value to both parents and children when there are difficulties relating to access or other child-focussed matters. It is quick and low in cost. As Thelma Fisher stated 'it can have healing effects'. Doctors should not hesitate to recommend it when appropriate.

Anyone requiring further information on the JFMS should contact me at the address below, telephone 01-636 9380.

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Table 1. Clinical features of the cases of polymyalgia (P) and temporal arteritis (TA).

Case number	Diagnosis	Date of diagnosis	Age (years)	Sex	Initial ESR (mm ⁻¹)	ESR after treatment (mm ⁻¹)	Delay in diagnosis (weeks)
1	TA	Oct 85	61	Female	150	32	4
2	P	Nov 85	67	Female	57	15	2
3	P	Nov 85	64	Male	30	16	1
4	P	Jan 86	48	Female	110	25	6
5	P	Mar 86	60	Female	120	15	2
6	P	Mar 86	75	Female	68	16	4
7	TA	Mar 86	90	Male	80	25	2
8	P	May 86	58	Male	70	20	6

ESR = erythrocyte sedimentation rate.