

NEWS

Honorary Editor: Dr Edwin Martin
Editor: Janet Fricker

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COUNCIL

Social Services Committee

At the Council meeting on Saturday 14 March, Professor Denis Pereira Gray announced that the *First Report from the Social Services Committee on Primary Health Care* had been published. Council welcomed the report and noted that much of the document was in agreement with the College's response to the government's green paper. It was recognized however that many of the recommendations required extra resources and could not be carried at the present level of funding.

In order to re-enforce Council's policy the honorary secretary was asked to construct an analysis of points of overlap between this document and the College's response.

Contraceptive Advice

Dr Oliver Samuel, from North and West London faculty, proposed: "That the Royal College of General Practitioners believes that young people under the age of 16 must be entitled to expect that both the existence of a consultation in connection with contraception and the contents of that consultation will remain secret."

Dr Samuel felt that since the Gillick ruling young girls' confidence in general practitioners had been impaired and that it was the duty of the College to act on behalf of patient interest and express an independent view.

Discussions followed about the meaning of a guideline, and the difference between secrecy and confidentiality.

Dr Donald Irvine, the College's representative on the General Medical Council, reported that the GMC were bringing out a new edition of its Blue book in April that would have a bearing on the debate. In the light of this information it was agreed that the matter would be deferred until June Council.

Quality Initiative

At the Council meeting in December it was agreed that Drs Michael Pringle and Jackie Hayden should submit a paper on encouraging the Quality Initiative in the faculties. GPC later extended the remit to include consideration of the structure and process of the College.

Dr Pringle said that the paper represented a collection of ideas and suggestions put forward by six members for discussion by Council. The paper suggested that in order to facilitate the Quality Initiative there was a need for structural change both at Princes Gate and within the faculties. Dr Pringle said that it was becoming clear that one of the difficulties for doctors in defining specific objectives was that standards within the profession as a whole had not been clearly defined.

"We are strongly putting forward what we believe is a new emphasis and direction. We are looking for a College that can stand up for itself and show people the way forward," he said.

The main aim of the paper was to involve faculties in improving patient care and in obtaining and using information to do this locally.

Recommendations included the gathering of information on services and levels of performance in general practice, and defining levels of competence for entry into general practice at all stages.

They suggest that the basic unit of the College should be at the Family Practitioner Committee level which would relate well to both District Health Authorities and Family Practitioner Committees. He pointed out that if information was to be gathered and competence defined, faculties would need to be adequately resourced with secretarial assistance and computers.

An increase in democracy would give the College a greater sense of commitment and involvement and he suggested that there should be a postal ballot for faculty representatives on Council and Council officers. Changes in the divisional structure were suggested that would

reduce the number of divisions to an Academic Division and a Services to Members Division.

It was agreed that the paper should be circulated by members of the working party, rather than as a Council document so that the views of the faculties could be sought.

Scottish Council

Dr Norman Jarvie, the chairman of Scottish Council, presented a paper from Scottish Council about its dissatisfaction with communications from Princes Gate.

Scottish members were disturbed that the College's response to the Green paper had not been received in Scotland until early January and that this delayed the dispatch of the Scottish Response to the Scottish Home and Health Department. They asked that ways in which Scotland differs culturally, educationally, socially and legally from the UK should be recognized by the College.

The discussion centred around the question of where power in the College really lay, and it was decided that Council would consider the functions and status of regional and national councils.

Nominations

Professor Pereira Gray said that some Council members had expressed concern about their lack of participation in the choosing of College representatives who sat on other bodies. There was a feeling that all Council members should be involved in the important process.

Whilst sympathizing with this view, Professor Pereira Gray stressed the need for a balance between democracy, the maintenance of high academic standards and getting the right team together.

The following representatives were appointed:-

Joint Committee on Postgraduate Training for General Practice - Dr Colin Waine.
Council for Postgraduate Medical Education in England and Wales - Professor Denis Pereira Gray.

General Practice Advisory Committee of the CPME in England and Wales - Dr Peter Hill.

Continued

Section 63 Approval for the Spring Meeting 1987

Dr Bill Styles, the honorary secretary, reported that there was still no word from the DHSS about Section 63 approval for reimbursement of travelling expenses for doctors living in England attending the Spring Meeting of the College in Edinburgh. It was agreed that Professor Pereira Gray should urgently seek clarification from the Chief Medical Officer.

College Response to GMC Recommendations

Council considered a draft College response to the GMC recommendations on the training of specialists, general clinical training and proposals for a second, non-mandatory year of general clinical training. Dr Styles said that the overall aim was to add 'breadth' to the experience of young doctors in the early clinical years. Council members were en-

thusiastic about the idea because it put greater emphasis on generalist experience.

Family Planning Training for General Practitioners

Council discussed a letter from Dr Anthony Horne, the honorary secretary of the Cumbria faculty, which questioned whether the present Family Planning Certificate was the best way for general practitioner trainees to be taught family planning. It was agreed to raise the matter at the next meeting with representatives of the Royal College of Obstetricians and Gynaecologists.

Presidency

Council considered a recommendation from the Awards Committee that in view of the 'constitutional crisis' which the College had gone through in the past year it should recommend to the AGM that Professor Drury be elected president for a third year.

Council recognized that Professor Drury's contribution to the College during the difficulties had been immense and agreed to support the recommendation.

A.O.B.

Professor Drury said that the Presidential Working Party had received a large volume of written and oral evidence and that a final report would be submitted to Council in June.

Professor Drury reported that the RCGP had received an invitation from the Australian College of General Practitioners to take part in a joint meeting in 1988 to mark Australia's bicentenary. It was agreed that the invitation should be referred to the International Affairs Advisory Group for consideration.

Council discussed the College's draft response to the DHSS consultation paper on human infertility services and embryo research. Dr Marshall Marinker was thanked for writing the paper and asked to re-draft it to include Council's amendments. □

1987 Faculty Secretaries' Conference

THE theme for this year's Faculty Secretaries' Conference was 'Promoting Team work in General Practice'. In the morning they considered the education of practice nurses and receptionists, and the afternoon was an open forum.

Dr Bill Styles, the honorary secretary, reported that he had written to faculty secretaries requesting information about joint activities with practice nurses and had been 'heartened' by how much was going on. A number of faculties were actively involved in either supporting or organizing courses.

Dr Lesley Clough described Essex's study days for practice nurses. They had taken a fresh look at every day topics such as travel and whooping cough vaccinations, revised 'nitty-gritty' topics, considered the prevention of heart disease and given guidance on how to handle difficult customers.

"The tasks practice nurses have to perform vary immensely and it is virtually impossible to tailor a day to suit everyone's requirements, but it should be possible to produce a varied and stimulating programme that will appeal to most," said Dr Clough.

Dr Clough advised on organization, finding speakers and funding.

"Organizing a study day is not too onerous - it's certainly appreciated by the audience and fills a significant gap in practice nurses further education."

Dr Tom Davies described practice nurse and receptionist education in East Anglia. He said that there was a need to look at section 63 funding to see if it can be developed to include further education for practice nurses. He also highlighted the problem of protected time for practice nurse education.

Dr Richard Mee, from Sheffield, talked about his faculty's 'Ms Piggy in the Middle'

courses for practice administrative staff which were organized on a pattern pioneered by Professor Michael Drury at Birmingham University. Six sessions took place at six different centres with the lecturers rotating between them. Topics covered include the importance of communication skills, working in the primary care team, problems with records, confidentiality, finance and preventive medicine.

"As general practitioners we don't want to inflict on the nurses what we think they should know because we're mindful that we felt squashed by the consultants when they were putting on study days for us. But at the same time we want to help and are aware that the nursing bodies expect us to make some contribution," said Dr Styles.

One suggestion was that faculties could act as an education resource with Princes Gate producing a folder containing examples of courses.

In the open forum session Dr Mike Pringle highlighted the problem of faculties becoming too large for efficient communication. He said that there was a case for the creation of FPC sized faculties which would

provide an improved regional support network. Dr Styles suggested that one way to improve communication might be for the faculty to provide administrative support and to introduce smaller functional units 'downstream'.

Dr Mike Morris, from the East of Scotland faculty, suggested that secretaries should be invited to submit aims and targets for the previous year with an assessment of their successes or failures. This, he said, would introduce an element of accountability and highlight problems to be discussed. The meeting agreed that it was happy for this recommendation to go to June Council.

Dr Christopher Barry suggested the introduction of a telephone tree system for fast communication. Reservations were expressed about the 'chinese whisper' effect and lack of a system for feedback. Another idea was that a folder could be produced to keep faculty secretaries informed on College policy.

The College will be holding four regional Faculty Secretary's Workshops in Leighton Buzzard, York, Liverpool and Bath in the coming year. □



Dan Crowley

Social Services Committee Report

THE Social Service's Committee report on Primary Health Care published in February proposes radical changes for general practitioner services.

The all-party group of back-bench MPs, chaired by Mrs Renee Short, recommended that the government negotiates alternative ways of paying general practitioners to include a range of allowances relating to the types of service offered by each practice. For example, a practice offering a full call and recall service for cervical cytology might receive additional allowances to replace the item of service payments.

The Committee agreed with the GMC and RCGP that the good practice allowance would be difficult to administer and unlikely to achieve its stated aim. They believe that while it might reward those practices which were already 'good' it would relegate all other practices in to a second category of 'not good' or 'bad'. They felt that it would be impossible to devise a fair system for practices with a greater than average number of problems. The report said: "The concept of a range of practice allowances might provide a possible means to encourage good practice and at the same time avoid the doctors' fears about the possibly invidious side-effects of the proposed good practice allowance."

Advantages would be that patients would know what to expect from their doctors, and doctors could select areas of medicine requiring extra man-power. Major gaps might be filled by the FPC employing salaried general practitioners to cater for the unmet needs of the elderly, ethnic minorities and homeless.

The committee are recommending that general practitioners should be encouraged to undertake further education and also take part in multi-disciplinary courses and seminars designed to promote team work and make health professionals aware of their respective responsibilities and skills. They welcomed the steps that had been taken by the RCGP and university departments of general practice in offering further post qualification training and refresher courses.

Confusion is caused when FPCs and DHAs do not cover the same area, and they are recommending that the government review the possibility of amalgamation since they can see no logical reason

for separation. The committee felt that 24 hour retirement was an 'anomaly' and supported the government's proposed changes in retirement arrangements for general practitioners.

"We are confident that it is not in the best interests of patients for very elderly doctors to continue to work for the NHS for as long as the doctor chooses."

In inner cities they were particularly concerned by the problems of developing premises to accommodate primary health teams, unregistered homeless people, ethnic minorities and violence against premises and personnel.

Many witnesses stressed the importance of providing 'link workers' to help patients, whose first language is not English, communicate. The committee recommended that the government should explore alternative means of financing their employment that might include funding by the Manpower Services Commission.

They suggested the introduction of financial incentives to make working in inner cities more attractive to doctors and nurses. One idea was that newly qualified general practitioners could be recruited on fixed salaried posts comparable to those of senior registrars in hospitals and attached to specific practices in inner cities.

The report calls on general practitioners to make better use of the skills and knowledge of their nurses. They are recommending that the government introduces legislation to permit nurses with appropriate training to prescribe a limited range of drugs and in defined circumstances modify the dosage. They believe that practice nurses need training that is specifically directed towards work in the community and that it is important that obstacles such as the present system of general practitioner remuneration, which prevents practice nurses attending courses on their own, are removed.

Although they recognized that there were advantages for a range of services being under one roof, the committee did not 'go a bundle' on health care shops because they fear that the introduction of a commercial element might limit patient choice.

"Primary Health Care," First Report from Social Services Committee. HMSO. £5.

New branch for Wessex

LAST spring saw the birth of the Guernsey branch of the Wessex faculty.

Members of the College living in Guernsey had felt that because of their geographic isolation they obtained little advantage from membership of the College. They hope that by forming their own branch they will improve standards of practice and have a useful forum to exchange ideas.

They feel that Guernsey, with its well-defined and relatively static population, is ideal for epidemiological research. Some members are now drawing up a protocol to examine the influence of payment on patient attendance and others are looking at the possibility of a clinical project about ischaemic heart disease. They are planning to hold regular meetings to give them the opportunity of educating and monitoring themselves. Clinical topics such as the management of hypertension and organizational topics such as the use of age/sex registers will be tackled.

Dr Harry Bound, Guernsey's district representative, said that Professor Drury's visit in January gave the branch considerable 'nourishment and encouragement'. In October Wessex's AGM will be held in Guernsey and they are already planning a special package deal for members including travel and hotels. With their close links with France the faculty are thinking of inviting doctors from Normandy to join them. □

The Royal College of General Practitioner's Astra Award

Applications are invited for the award of a sum of up to £10,000 to enable a general practitioner to study an area of general interest which should lead to an advance in general practice.

The study should be carried out in the United Kingdom or abroad and should be commenced within six months of the award having been made.

Applications should include a detailed curriculum vitae with an outline proposal of the nature and objectives of the study, where it is to be carried out and an approximate costing. Applicants may be invited to attend for interview later when they would be expected to present a more detailed proposal.

Applications for the 1987 award should be sent to: The Awards Secretary, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

The closing date is 1 May 1987.

After Cumberlege

IN March over 100 health professionals attended *After Cumberlege*, the South East Thames faculty study day on the future and status of practice nurses and health visitors at the Brighton Postgraduate Medical Centre.

Mrs Julia Cumberlege started the session by outlining the aims of primary health care as being informed patient choice, the promotion of health and prevention of disease, the fostering of independence, the formation of a network of care and involvement with local people. She said that the primary health care team was not effective because needs were not being identified, work was being duplicated, and people were trapped by tradition.

She added that primary health care teams were often in 'name only' and that it was essential that agreements should be worked out covering aims, annual targets, frequency of meetings, referral protocols, and patient access to nurses.

Mrs Cumberlege felt that practice nurses should be integrated into the neighbourhood scheme because at present they 'fracture' the nursing scene. She added that the basic community nursing training should be common to all groups with the opportunity of subsequently taking specialist diplomas.

Mrs Ainna Fawcett-Hennessy, from the Royal College of Nursing, described the report as a 'charter for the consumer', with nursing management facilitating a way forward. She fully endorsed the idea of legally accountable nurse practitioners who could identify and treat common ailments and have a prescription pad with a nursing formulary.

Mrs Nicola Patterson, a nurse practitioner from London, described her involvement in well woman, well elderly and well baby clinics, and said that she felt practice nurses should be encouraged towards obtaining the role of nurse practitioners, including making referrals to consultants.

Mrs Shirley Goodwin, the secretary of the



Left to right: Julia Cumberlege, Nicola Patterson, Ainna Fawcett-Hennessy, Bill Styles, Shirley Goodwin.

Health Visitors Association, said that many health visitors were unhappy with the present primary health care team and that they had prepared a model similar to the *Community Nursing Review*. They welcomed the development of nurse managers, but were worried about communication in the context of child abuse. Mrs Goodwin was concerned by the 'dilution of expertise' that would result from a common training. She felt that health visitors would have greater job satisfaction within the neighbourhood nursing scheme, but warned that reorganization would make health visitors less responsive to requests from within the practice.

Dr Bill Styles, the secretary of the RCGP, feared that neighbourhood nursing would adversely affect the practice as a primary health care team. He stressed the importance of the practice registered list in the context of age/sex registers and was concerned that the contribution of practice nurses had not been recognized in the report. He agreed that the training of practice nurses needs to be improved, but gave evidence suggesting that it may be better than was thought. He concluded that discussions should continue, and that the future was dependent upon what happens at local levels. □

Richard Gray

Research Fellowships

THE RCGP has launched two new research fellowships to fund young NHS principals undertaking original work in general practice.

"We want to encourage those who are actively involved in research to be given protected time and to have some sort of formal supervision," said Professor Bain, the chairman of the Research Division.

Professor Bain said that isolation and partners who don't share the worker's enthusiasm were the main problems faced by researchers in general practice. By introducing the fellowships they hope to prevent some of the frustrations experienced by general practitioners who only seek advice after they have collected their data.

The fellowships will allow doctors to spend up to five sessions per week on a research project and in exceptional circumstances consideration will be given to someone wishing to have a full time research commitment for a specified period of time. Applicants will be expected to have a formal link with a university department of general practice, RCGP research unit or department of postgraduate medicine.

"We are flexible and don't want to define in advance what someone will be doing, but wish to leave it up to the individual. We'd be happy to look at anything from backache to belly ache," said Professor Bain.

Applications, including an outline of the proposed research and confirmation from the head of the academic unit involved, together with a curriculum vitae, should be sent to the secretary of the Research Division at Princes Gate by April 30.

For further details contact Professor John Bain, the chairman of the Research Division, at the Aldermoor Health Centre, Aldermoor Close, Southampton SO1 6ST. Telephone: (0703) 783111.

Rheumatology Society

THE Primary Care Rheumatology Society wants to contact general practitioners interested in joining.

The objectives of the Society, which was set up last November by a group of 60 general practitioners, are to foster and improve the knowledge of rheumatology in general practice.

Dr Ray Million, the society's chairman, said: "When we consider that a quarter of all the work we do in general practice has a locomotor or musculoskeletal content, we are all aware that we need to know something about it. But many members of our profession are not terribly interested."

One of the society's aims is to enable consultant rheumatologists and general practitioners to come together and work out what

needs to be done. They are hoping to encourage general practice research in rheumatology and also to reach trainees. The proposed constitution has a junior section and a place on the council has been set aside for a trainee.

A steering committee has been formed to look into the education and research needs of general practice and they are currently planning the first symposium to be held at the University of Strathclyde between September 25 and 27.

Doctors wanting more information about the society and the symposium should write to Dr John Dickson, Secretary, Primary Care Society for Rheumatology, c/o Medical Viewpoint Limited, 65 Jeddo Road, London W12 9ED. □

IMPORTANT NOTICE

WONCA REGIONAL CONFERENCE
ASIA PACIFIC REGION

5-9 September, 1987

HONG KONG

Doctors who wish to attend this meeting should note that Registration Forms are now available from the official UK travel agent.

VIP INTERNATIONAL CONFERENCE SERVICES, 42, North Audley Street, London W1A 4PY.

Please contact Mrs Sarah Rhodes for your copy. Tel. 01-499 4221.

We would like to point out that limited space is available for the special tours (particularly China) and if you wish to attend, but have not yet made your reservation please send your booking and registration as soon as possible to avoid disappointment and additional costs.

Management in Practice

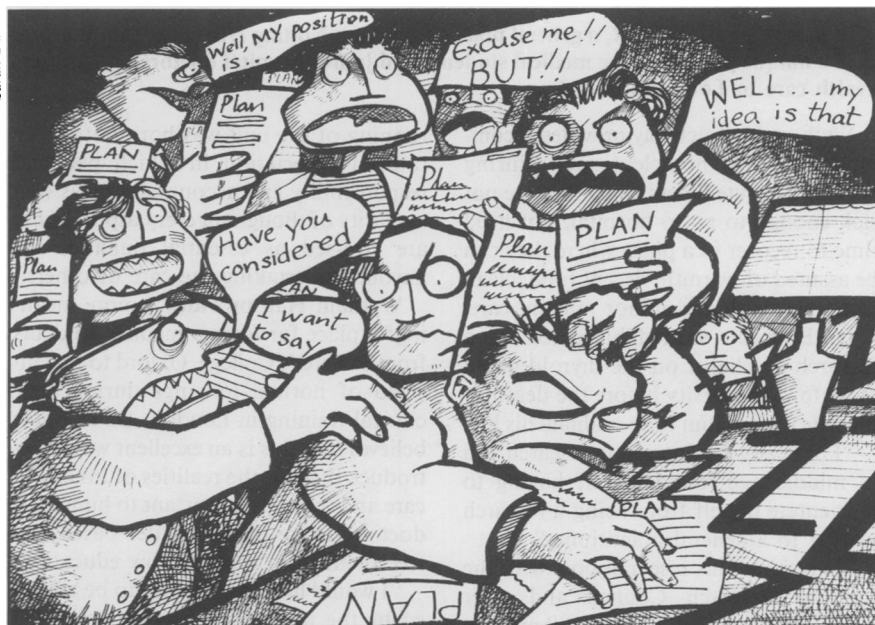
THIS month sees the launch of *Management in Practice*, an exciting new distance learning programme which has been jointly produced by the College and MSD Foundation.

The *Management in Practice* package, consisting of a video and supporting course book, aims to increase awareness within the primary care team of the practical applications of the principles of management. It is the first management video that has been specifically designed for use in general practice by all members of the primary care team.

The programme has been devised and written by Sally Irvine, the general administrator of the RCGP, June Huntington, fellow in Organizational and Professional Studies at the Kings Fund College and Marshall Marinker, the director of the MSD Foundation.

"Just as medicine has advanced clinically and technically in the last few years, it now needs to advance managerially," explained Marshall Marinker.

The video shows the fictional attempts of a doctor to introduce a



diabetes mini-clinic into his practice. The characterization of the practice staff illustrates the management problems that can result when new initiatives are not properly thought through. The video sets out to change attitudes rather than teach specific skills and to educate the team to look at the practice in terms of inter-

professional relationships. Understanding people is essential for delegation, motivation and communication to be effective.

The authors have made observations in the course book which are intended to stimulate discussions in practice groups. Tasks are suggested to allow individuals or the group to learn something about their own skills and attitudes.

The authors suggest that one member of the group should act as convenor and take responsibility for organizing the programme. This would include introducing the discussion points, arranging the exercises and highlighting further reading. Course reading, located at the back of the book, provides the minimum basic reading and also underlines any important points that have been made in the text.

The *Management in Practice* package is only available from the Central Sales Office of the Royal College of General Practitioners and costs £19.50 including postage and packing and VAT. Additional course books can be bought for £4.50. Visa, Access and personal callers are welcome. ☐

Janet Fricker



Wytham Hall

DR DAVID EL KABIR, a general practitioner from Notting Hill Gate, has pioneered a unique project where medical students and junior hospital doctors give primary health care to London's homeless.

Wytham Hall sick-bay provides accommodation for homeless men during periods of acute illness when they are not sick enough to go to hospital, but need time to recover in a place where they can be assured of warmth, decent food, clean clothes, a bath and minor nursing care.

Dr El Kabir started his career as a research specialist on the thyroid gland at Oxford University before the death of his wife caused him to re-evaluate his life.

"I basically lost interest in research and in middle age found myself having to reorientate myself from being a research worker to a general practitioner."

He resigned his research post with the Medical Research Council and after retraining started his Notting Hill practice from scratch, while retaining his tutorial commitments at Oxford for one and a half days a week. In 1977 he also became physician in charge at the Great Chapel Street Medical Centre, the West End walk-in surgery designed to provide medical services for people of no fixed address who have difficulty in seeing a general practitioner.

"At the time I was under powerful internal pressures to seek clarity in my own life and work, and the idea of dealing with the homeless was particularly appealing because I too had found it necessary to opt out of something. I had a great empathy with the misfit who couldn't quite adapt to the grinding disciplines of home and work," said Dr El Kabir.

"I want to be assessed on the quality of each individual consultation".

David El Kabir.

The idea of the sick-bay was first suggested to Dr El Kabir by one of his Oxford students after they went on a home visit together in 1978.

"We saw a youth with glandular fever. He lived on the fourth floor above a pub and the landlady refused to look after him," Dr El Kabir recalled.

In February 1984 they established Wytham Hall, a charitable foundation in which a community exists to maintain a sick-bay for those in need. The idea of having a residential team of medical students responsible for the day-to-day

running of the unit was born out of the tutorial association in which personal responsibility and accountability, as well as clarity of thought in every aspect of life are stressed as essential qualities for anyone undertaking the care of others.

Wytham Hall provides a more meaningful place for former medical students from St Peter's College, Oxford to stay instead of normal lodgings during their clinical training in London. Dr El Kabir believes that this is an excellent way to introduce them to the realities of inner city care and that it is important to humanize doctors, make them broader based and free them from their narrow education.

"I would hate my practice to be assessed by the number of cervical smears. I want to be assessed on the quality of each individual consultation," said Dr El Kabir.

The Kabir philosophy of patient care is about treating all patients as people.

"I had a chap downstairs with chronic bronchitis who was smoking heavily and on a ward round I asked him why he was doing this to himself. My look mattered more than my words, I spoke out of my heart and responded to the dignity in him, and he cut down to two cigarettes a day."

The sick-bay occupies the basement of a large five-storey terraced house in Maida Vale, with study-bedrooms and reception rooms for the medical residents above. The community, which is financed by contributions from patients whose board and lodgings are paid by the DHSS, residents' rents for rooms and an annual grant from Bloomsbury Health Authority's Community Services Unit, provides ten sick-bay beds in three wards. There is also a communal sitting room, large kitchen, washroom and fully equipped kitchen.

Patients are admitted on a first come first served basis, although they try to keep one bed free for emergencies. On arrival patients are interviewed by a medical student who takes a history and makes a clinical examination, as well as introducing the patient to the sick-bay. They are required to sign a 'licence agreement' committing themselves to the rules of the sick-bay which include no alcohol or drug taking, violence or malicious damage, and they are not allowed visitors without consent.



Dr David El Kabir (seated), Dr Mike Sutters (left) and Robert Blous.

The medical residents find that they no longer make the mental divide between work and home life. They have no formal system of being on call and anyone who is available helps out. Dressing of wounds, dispensing of drugs and some tests are carried out by students under the supervision of resident doctors. Referrals are made to the hospital for specialist opinions or tests and they have a visiting psychiatrist, community psychiatric nurse and social worker.

Dr Michael Sutters elaborated on the attitude of the residents to their work: "We don't see work in terms of nine to five because everything becomes what we can create out of it. This is very different from the attitude of my colleagues at the hospital who see it in terms of punishment, which destroys any creative force."

Patients are not encouraged to become dependent on staff and are addressed as 'Mr' to retain formal relationships.

A medical student explained: "We don't try to be chummy with them and they don't want it. We will play snooker together, but they are our patients and there has to be some element of mystery for them to feel able to come to us with their problems."

Residents find that they no longer make the mental divide between work and home life.

One interesting aspect of the operation of the sick-bay is the 'community spirit' that has developed among patients. Some have even taken the initiative of suggesting that they might help with the cooking of meals, washing-up, cleaning and other chores. One resident takes such a pride in his surroundings that he clears up the common room every night before going to bed.

"The atmosphere here is very supportive. They take it upon themselves to assume certain roles and responsibilities and if someone is terribly sick others will help," said Dr Sutters.

Patient turnover usually occurs every 10 to 14 days. Many will revert to the streets, although they are all initially discharged to some form of hostel or bed and breakfast place.

"But we discharged someone onto the streets this week. He said that he liked sleeping in Lincoln's Inn and was quite open and unmixing up about it," said Robert Bolus, the administrator at the Great Chapel Street Centre who is also responsible for finding accommodation.

There are those who would criticize the narrow approach of Wytham Hall, feeling that they fail to address the wider issues of homelessness. But they could not deny that for their 'small drop in the ocean' the achievements are considerable.

Janet Fricker

DIARY DATES

The Medical No-man's land

Fatigue, exhaustion and unspecific ill-health burns up more money and medical time than specific disease and can cause considerable misery. Charing Cross Hospital has recognized that this is a neglected area and is holding a workshop on Wednesday May 27 where problems will be presented and discussed from the clinical, diagnostic, psychosocial, economic, occupational and therapeutic point of view.

Tickets can be obtained from Mrs Pam Edwards, Cardiac Department, Charing Cross Hospital, Fulham Palace Road, Hammersmith W6 8RF or by telephoning 01-748 2040. The closing date is Monday 11 May 1987.

The Society of Community Medicine

The Society of Community Medicine is holding a conference aimed at those in the NHS involved in management, teaching, inter-professional or patient relationships or who have to deal with the public, press or media. The conference *Effective Communication — A Positive Approach* is being held on Friday 8 May and includes "How to tune to colleagues and patients", "Miscommunication — do words mean what they say?" and "Get the newspapers on your side".

On Wednesday 3 June they are holding *Communicating Against the Odds*, a general day for health professionals on the problems of patients who have difficulties in expressing themselves.

Application forms for both conferences, which will be held at the Royal Overseas League, Park Place, St James Street, London SW1A, can be obtained from Dr PA Gardner, 31 Battye Avenue, Huddersfield HD4 5PW.

Yorkshire faculty's Spring Meeting

The Yorkshire faculty are hoping for a high degree of participation from delegates at their Spring Meeting on May

16 at Halifax General Hospital's Postgraduate Centre. They will be discussing personal and continuing care, monitoring chronic disease, staff selection, training and organization and premises. They aim to consider each topic with particular reference to the participants' own practices.

The cost will be £4 including buffet lunch beverages and further details can be obtained from Dr PJ Hinton, Station Road Surgery, Sowerby Bridge, West Yorkshire HX2 7RP.

Doctors and Public Spending

Edwina Currie, the Parliamentary Under Secretary of State for Health, will be talking on the concept of doctors and general management at a conference at the Royal College of Physicians. The conference entitled "What responsibility have doctors for public spending" is being held on Wednesday 20 May and application forms can be obtained from the Assistant Registrar, Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London NW1 4LE.

Keele Conference

Keele University's Adult Education Department is holding a conference on Saturday May 9 to give general practitioners and nurses working in the community the opportunity to meet and discuss issues affecting services offered by the primary health care team.

Further details can be obtained from Mrs Marion Jones, Lecturer in District Nursing, Department of Adult and Continuing Education, University of Keele, Keele, Staffordshire, ST5 5BG.

Disabled Employment Prize

The charity "Opportunities for the Disabled" is awarding a prize of £500 for the most significant contribution made by a British occupational physician in providing or facilitating employment opportunities for disabled people.

Applicants are asked to submit a statement, approximately 300 words long, outlining the contribution they have made. Evidence of innovation will be looked for.

Entries should be addressed to the Dean of the Faculty of Occupational Medicine, The Royal College of Physicians, St Andrew's Place, Regents Park, London NW1 4LE.

James Mackenzie Exhibition

THE College Museum has a new exhibition commemorating the achievements of Sir James Mackenzie (1853-1925) whose outstanding contribution to cardiology resulted from his solo work in general practice.

James Mackenzie's work on the irregular action of the heart, the action of digitalis and auricular fibrillation was fundamental to the clinical understanding of heart disease and his example continues to inspire many family doctors.

Professor Alex Mair, Mackenzie's biographer, said: "Undoubtedly his main achievement was to show that fundamental research can be carried out in general practice. It is a great romantic story, for despite his limited resources he made a contribution that was recognized world wide and was made personal physician to the King."

James Mackenzie was the third son of a farmer in Perthshire. He and his brothers followed a long established tradition in their choice of work, the eldest inherited the farm and the others were trained in the three senior faculties of the medieval universities — theology, law and medicine.

"Mackenzie left school at 14, he did not enter Edinburgh University until the age of 24 and had to fight his way through lack of finance and formal education to the higher levels," said Professor Mair.

It was during his 28 years of general practice in Burnley that Mackenzie carried out his research into the problems of the failing circulation and the mysteries of referred pain. The hours of research were literally snatched from the rush of his work.

The first task he set himself was to try to understand the nature of the signs and symptoms he met in the course of everyday practice, and with this aim in mind he set about making full notes of his patients' symptoms

The death of a patient from heart failure in childbirth drew his attention to circulation disorders. At the time any form of arrhythmia was considered serious and there was nothing to distinguish between those of grave significance and those of trivial importance. In searching for methods of physical notation of disordered heart action, he evolved his ink polygraph which simultaneously recorded the activity of the patient's auricles and ventricles. In its early form pillbox tambours were placed on the venous pulse in the neck, the radial pulse at the wrist and the pulsations were recorded by straw levers on moving smoked paper. In 1885 he perfected the apparatus with the help of a watchmaker and was able to record the traces in ink on a moving strip of paper. Examples of Mackenzie's early spidery tracings can be seen in the display.

Mackenzie's tracings demonstrated that the extra-systole might be due to a premature beat of the ventricles, and he also was able to observe the occurrence of sinus arrhythmia 'Youthful irregularity' as he called it as opposed to the 'adult irregularity'.

Mackenzie noted that the signs of con-



Mackenzie and family, 1900.

gestive failure coincided with the appearance of auricular fibrillation and that an important cause of the failure was the tachycardia produced by the fibrillation. He was then able to put the rationale use of digitalis to control the tachycardia on a firm footing. Despite all his research he still found time to write a novel, and play golf and bridge.

In 1906 at the age of 54, he took the bold step of establishing himself in London as a heart specialist. In the next few years he worked at the West End Hospital for Nervous Diseases, Mount Vernon Hospital in Hampstead, the London Hospital and University College Hospital. He also rented consulting rooms in Harley Street.

At the end of his career Mackenzie wanted to return to general practice and in 1918 he founded The James Mackenzie Institute of Clinical Research. The intention was to work in conjunction with local general practitioners to study the symptoms and developments of disease from its earliest phases. St Andrews was selected as a suitable place because it had a small stable population and individuals could be observed for many years and records of the development and progress of their illnesses kept. Sadly the project was not a success. Without the help of computers they were unable to properly process the information that had been accumulated.

Professor Mair has donated Mackenzie's correspondence for safekeeping to the College.

"It contains a wealth of information and includes letters from many of the medical stalwarts of the early twentieth century. For anybody who wishes to undertake further research for a paper or PhD there's real gold to be found here," said Professor Mair.

Other items displayed in the case include the battered gladstone bag Mackenzie took on his visits, his wallet with a visiting card peeping out, appointment diaries for 1916 and 1918 and documents relating to his fellowship awards. The case also contains a profusion of original sepia photographs showing Mackenzie at different ages playing golf, graduating and with his family. One in an elaborate silver frame, showing Mackenzie with his wife and two small daughters is particularly poignant. Mackenzie's marriage in 1887 was extremely happy, giving lifelong companionship and devotion, but his elder daughter was disabled by poliomyelitis as a small child and his younger daughter died of meningitis at the age of 16.

The College gratefully acknowledges the help of Professors Alex Mair and John Howie in staging the exhibition. Exhibits can be seen in a display case on the first floor landing at Princes Gate. *James Mackenzie MD* by Alex Mair is published by The Royal College of General Practitioners and costs £12.50. It is available from the Central Sales Office.

Janet Fricker