who should maintain continuity of medical supervison is the family doctor but he must know what specialized facilities are available so that when his patients need further help he knows where to get it.

DISCUSSION

Question: Has Dr Cooksey's pessimistic approach to chronic bronchitis been modified at all by the antibiotics? Does he regard the prognosis as still so bad?

Dr Cooksey: No, it is because of the long-term antibiotics that you can rehabilitate them and get them back to work. Ten years ago, when we were forced to accept recurrent absences of six to eight weeks once or twice a winter, it was extremely difficult. The point I was trying to make is that, even with the antibiotics, there comes a time when the patient is so dyspnoeic and has so much spit to get up in the morning that he cannot be at work by eight. The plea that I was trying to make was for a two-thirds day rather than a full day; the patient still needs two hours' spitting time in spite of the antibiotics.

Chairman: It has struck me that nowadays we see more of these chronic bronchitic and emphysematous cases than we did twenty-odd years ago, and this rather puzzles me. I think the reason is the very success of the pharmaceutical industry in providing us with effective drugs for dealing with pneumonia. In the 1930s up to half our middle-aged men with pneumonia died. Nowadays, these people survive into their fifties and sixties, and I think that these are the people who are providing a lot of the problems of chronic bronchitis and emphysema now. Indeed, we have altered the balance, and these people are living into a different age group and are now subject to other diseases.

Dr Cooksey: I entirely agree with you. You have put what I was trying to put much more clearly. It is the advances in clinical medicine which enable these people to survive, but they survive substantially disabled; their work capacity is reduced, and we have not provided the working conditions suitable for them. We still expect them either to turn up to a Remploy factory at eight or to go to a day occupation centre to do a bit of basket work or something two afternoons a week. What I did not do was to suggest how I

would like to see this solved—by more sheltered workshops, simple ones with no elaborate overheads and organization, in all heavily populated districts, accessible to the patients so that they can get to them and use them. The trouble about the Remploy factories is that they are relatively few, mostly on the periphery of towns, and it is more awkward to get to a Remploy factory if you are disabled than it is to go into the middle of the town. You want lots of workshops with central organizations for buying and selling, and the recognition that these people are beyond what is industrially reasonable and competitive. In other words, we have to approach this as humanitarians, and to recognize that these are people who are not going to earn a full trade union wage without a tremendous uneconomic subsidy. In my experience it is not the money that they want, it is to go on with life and to supplement their basic National Health and National Assistance income.

I did run a day occupation centre with a Nuffield grant; the L.C.C. took it over five years ago and continued it as a daily centre with the existing patients all working there five days a week, although the others who come in now are put on one day a week. The patients only take home a few shillings, and when you ask them why they are prepared to turn up day after day, five days a week, and earn only a few shillings, they all say: " It's not the money. The few shillings are for extras—cigarettes, sweets for the ladies, and so on—over and above my National Assistance, but it's not the money, it is the feeling that I'm still worth-while, that I've still got something to contribute, that I'm getting out of my home ". Whilst the powers that be have wisely provided in theory the sheltered workshops (Remploy), the day occupation centres and local authority services, implementation is failing because the gap is too big. One day a week or two half-days a week is no answer for the executive of 55, the perhaps rather younger chronic bronchitic, and others, who cannot go on with their relatively exacting work and yet don't want to go right off yet. That is the point I was really trying to make.