

personality, attitudes, etc. Treatment, therefore, has to be concerned with more than mere withdrawal of the drug which happened to be the "offender" on this particular occasion. Otherwise the hope that the patient will not find an as yet unrestricted substitute drug will, as a rule, sooner or later prove futile.—I am, etc.,

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M. M. GLATT.

#### REFERENCES

- <sup>1</sup> Seager, C. P., and Foster, A. R., *Brit. med. J.*, 1958, 2, 950.
- <sup>2</sup> Copas, D. E., Kay, W. W., and Longman, V. H., *Lancet*, 1959, 1, 703.
- <sup>3</sup> Glatt, M. M., *ibid.*, 1959, 1, 887.
- <sup>4</sup> *Ibid.*, 1960, 1, 1139.
- <sup>5</sup> Minogue, S. J., and Kyneur, F. J., *Brit. med. J.*, 1959, 1, 238.

#### "Honour a Physician"

SIR,—I have been infinitely depressed at reading your reviewer's castigation of Philip Auld's little masterpiece, *Honour a Physician* (May 28, p. 1625). As a market-town G.P., complete with cottage hospital, I ought to manage medical life on a higher plane than Auld's hero from the industrial north, but I can honestly claim personal experience of most of the predicaments in which he finds himself. So far from Auld's book being a catharsis, it is a very adequate commentary on the way in which a sizable minority use the G.P. part of the Health Service. I think he must have found his niche in industry, or he would never have had time to write the book. And as a conscientious G.P. being ground between the N.H.S. millstones, I cannot follow him too soon.

The book should be made required reading for every member of every committee that has to do with the running of the general medical services. It should also be a textbook in preclinical medical schools. Finally, it should be given to every Member of Parliament immediately upon election. Then we might get the right sort of person in general practice, if it is possible to design a sufficiently submissive donkey with the required intelligence.

Philip Auld is a pseudonym. Lest my patients identify me, may I sign myself

"UNHONOURED."

#### Postgraduate Study for G.P.s

SIR,—I read with great pleasure of the Nuffield Foundation's recently announced grant for general-practitioner postgraduate study in periods of six months (May 14, pp. 1491 and 1516). The greatest handicap to a general practitioner in regard to postgraduate study is lack of time. The opportunity to set aside for a period the exacting day-to-day matters of practice and to devote himself exclusively to postgraduate study will give a great boost to his morale and to the quality of his work.

May I, however, make one small criticism? Such study as envisaged, which is not concerned with the nature and management of general practice, could surely be carried out more effectively at a centre within the British Isles, where the student would be already familiar with hospital and university procedure and layout, and where the question of accommodation for self, wife, and children on holiday would be more straightforward, and so where the student would be able to apply himself more completely to the primary object of study. From the point of view of clinical or research material, there is a vast supply available in this country

with a more pertinent application to general practice here, before one would wish to add the doubtful advantage of an international flavour. Furthermore, the age group aimed at, with practices based in many cases on their homes, and with the ties of children and school, would probably be reluctant to go to Canada, the U.S.A., etc., but would be able and most willing to go to the centres in this country. Possibly some of the most representative and most suitable general practitioners would lose the opportunity in this way.

There is a further extension of this conception which perhaps deserves thought. In essence the Nuffield Foundation Grant provides awards for suitable practitioners, and at the same time stimulates a better quality of work—both of which considerations constitute the purpose of the much debated general-practitioner merit award scheme. Could not a proportion of the £500,000 be devoted to this type of plan? May I conclude by expressing appreciation of the generosity of the Nuffield Foundation, and of the initiative of the College of General Practitioners.—I am, etc.,

Ash Vale, near Aldershot.

S. G. A. BARTLETT.

#### Diploma in Dermatology

SIR,—May I commence by complimenting Dr. H. R. Vickers on his most interesting and enjoyable Watson Smith Lecture (March 26, p. 893)? He has very rightly emphasized the importance of a sound training in clinical medicine, with which dermatological conditions so frequently overlap and are an integral part. He likewise emphasizes the importance of dermatology in general medicine as a whole. I would point out, however, that his opinion that "it would be a retrograde step to introduce a diploma in dermatology" is not the prevailing opinion throughout the world. This will be seen from the fact that at the International Congress in Dermatology in Stockholm in 1957, when the teaching of dermatology was under consideration, the representatives of every country present, *except one only*, were in favour of "proof of knowledge of dermatology" by examination.

How else can it be ascertained that a person commencing to practise dermatology (or who has been practising dermatology for several years) has a proper knowledge of the subject fitting him to deal with all aspects? With the exception of the F.R.C.P. Edinburgh, where a man can "major" in dermatology, I know of no other fellowship qualification in the British Commonwealth in which a reasonable knowledge of dermatology is required. To be properly qualified to practise dermatology, an individual should possess proof of acquired knowledge by examination (as in the diploma in dermatological medicine at the University of Sydney) of (1) dermatology and its associated ancillary subjects—for example, embryology, physiology, histopathology, mycology, etc., (2) radiotherapy, including the clinical uses of x rays, radium, and radioactive isotopes, the associated physics and electrotechnology, and (3) a reasonably good knowledge of general medicine, particularly in the overlapping fields.

May I say here, that I am also very much in favour of a dermatologist becoming an F.R.C.P., or F.R.A.C.P. as well, if he can afford to do both. The point I wish to emphasize is that a well-qualified dermatologist must be "essentially a good dermatologist with a special