in the home and the place of G.P.s in the scheme of things should be patiently obvious.

In this area an important experiment to aid family doctors has been under way for some time with results which are, I believe, significant. Excellent diagnostic facilities and ancillary help are provided, but I understand the extent to which they have been used is disappointing. Without entering into discussion of pros and cons of this experiment I venture the opinion that the experiment may fail, not because of lack of excellence but simply because patients cannot be accommodated overnight.

The principle behind attaching G.P. maternity units to hospitals is accepted. The experiment I have referred to above suggests the time has come for a similar G.P. unit, where patients can be admitted for diagnostic purposes only, to be attached to selected hospitals. These two units, along with our normal relationship with hospital colleagues, should be the extent to which G.P.s are integrated with hospitals now and in the foreseeable future. This would have the desirable effect of allowing us to round off our cases, keep us in touch with hospital practice, and, perhaps just as important, give our colleagues who live in the rarified atmosphere of hospitals a glimpse of the outside world and a sense of continuity.—I am, etc.,

Edinburgh 11. R. R. BAXENDINE.

The Gillie Report

SIR,—May I suggest that you use your editorial columns to urge family doctors to read the Gillie report in full? I fear no summary can do justice to this remarkable document.

May I also direct attention to that part of the conclusion of the report which deals with obstacles to good general practice? It refers to one obstacle—money—which could be used to improve accommodation, employ help, and so relieve "the barely tolerable pressure on the family doctor." But it does not deal with the other obstacles—who is going to run the practice while the principal is working in hospital or pursuing educational activities? However a possible solution is hinted at in another section (para. 143). "The number of full-time doctors in health departments should then decrease."

As one who has worked in a health department as well as in practice, I am certain that a partial redeployment of public health doctors so that they do a little work with the family doctor is a perfectly sound principle which should be explored.—I am, etc.,

JOHN I. W. DAVIES.

Northampton.

SIR,—It was with dismay that I read your summary of the "Future Scope of General Practice" (October 5, p. 861). All the stimulating aspects of practice had been considered, but instead of constructive suggestions I could only discern platitudes and evasions.

There are certain basic premises which are inferred in the report which I think are quite unfounded. It is the existing contractual system which needs modifying and further consideration. Is it every general practitioner's honest wish to look after his patients 24 hours per day seven days per week in this year of 1963? Surely it is only when doctors work in groups with a rota system that they will be able to arrange time for hospital appointments, research, etc. This does not imply shirking "continual care," which is on a weekly, not an hourly, basis.

If a standard of reasonable practice is to be obtained then the premises and secretarial assistance must be provided free by the Government. Naturally the Government should also provide the cleaners of the premises, pay for heating and lighting, and should maintain the 24-hour telephone service that is required. As I see it, only when the public pays for these things will they be appreciated. The size of the group could vary, though the obvious size is to house five or six practitioners so that the rota system would cover weekdays and week-ends. The element of competition would still obtain. Group practices which already fulfil this function could be reimbursed for the cost of their premises. General practitioners, like consultants, should retire at 65 years of age.

General practice as a way of life cannot be taught: it is the personal application of one's knowledge of the patient in a surgery or his own home. The knowledge is freely available at medical school, the application is the doctor's own responsibility. Let us have less verbiage about the "personal doctor," "doctor-patient relationship," etc.; give us the premises and the help to run them, the chance to keep up to date, and general practitioners will. I think, give the public the service we all would like to see in the future.—I am, etc.,

Birmingham 22A. JOHN SOUTTER.

SIR,—I have just read your summary of the Medical Advisory Committee's Report (October 5, p. 861) and find, "the hospitals must open their doors [to general - practitioner obstetricians]"; "more training . . . for the family doctor in carrying out his increasing responsibilities for treating mental illness"; "experienced family doctors should be recruited [for the general practice advisory service]"; "the family doctor needs to be employed inside the hospital"; "the provision of doctors . . . for the staffing of . . . departments [of general practice]"; "it should be possible for every family doctor to spend 5% of his professional time in study"; and the final straw: "it is unrealistic . . . to suggest a reduction in the maximum size of a doctor's list." If your summary properly reflects the content of the report, then the report itself is completely unrealistic. Are we really going to be practising domiciliary midwifery 15 years hence? Are we still to be unlimited general practitioners?

Perhaps the family physician after years of exploitation is developing delusions of omnipotence. He cannot possibly carry out all the functions mentioned above efficiently. The time has come for him to admit his limitations, to define his proper fields in medicine, and to specialize in these alone.

The report seems to have failed completely in its object of defining family care of the future, concluding "the general practitioner's field of work is seen as having no formal limit." This is why general practice is declining in other countries. Do not let us follow suit.—I am, etc.,

Dundee, Angus. R. A. B. RORIE.

Teaching and Non-Teaching Hospitals

SIR,—The letter from Mr. R. V. Cooke (August 3, p. 318) was submitted to a recent council meeting of the Regional Hospitals Consultants and Specialists Association.

The members of council asked us to record appreciation of the sentiments expressed so ably by Mr. Cooke upon the quality of work carried out in regional hospitals and the high standards set in provincial meetings. There is no doubt that improving conditions (if only here and there a lick of paint), local specialist associations holding meetings throughout a region, and a recognition of the part which our hospitals can play in postgraduate education are proving a satisfying stimulus to the benefit of staffs and patients alike. Nevertheless it must be stressed that the drive for facilities for postgraduate education undertaken under the stimulus of Sir George Pickering can put a good deal of strain upon many members of staffs already under a heavy load of clinical work and responsibility. The provision of proper facilities for postgraduate education and appropriate staffing is not yet undertaken by the Treasury, and grants from charitable sources are likely to prove inadequate.

The term "regional hospital" can well replace "non-teaching hospital" and indeed has done so for many years. The title "district hospital" refers specifically to the single unit in a group of hospitals in an area, the areas being subdivisions of regions. The comprehensive title is still applicable.—We are, etc.,

R. E. JOWETT, President.
H. A. KIDD, Honorary Secretary.
D. H. YOUNG, Assistant Honorary Secretary.

London W.C.2.

Enuresis

SIR,—Dr. R. F. Barbour and his co-authors (September 28, p. 787) are to be congratulated on stripping enuresis of