

hospital; (2) the headquarters of the Dyfed-Powis Police; (3) the headquarters of the Ministry of Agriculture, Fisheries and Food; (4) the Veterinary Pathological Services; (5) Trinity College, a teachers' training college for some 800 young people; and (6) West Wales Residential School for Educationally Subnormal (High Mead). This is a first-class school and an example of excellent co-operation between local authorities.

The parochialism inherent in Mr. Gillam's views endangers implementation of much-needed other reforms at the district general hospital for the whole of West Wales—namely, an assessment centre for the young chronic sick, and a new ward block for the mentally subnormal. (The present West Wales Hospital (Pantglas) is in the process of closure and transfer.)

Perhaps our central planners were not so out of touch after all. They have been influenced by local needs and local opinions in the past, and continue to be so influenced. The definition of "local" can be so reduced as to become individual and even idiosyncratic.—I am, etc.,

R. L. REES.

West Wales General Hospital,  
Carmarthen.

SIR,—The Pembrokeshire Local Medical Committee wishes to support the views stated by Mr. J. F. E. Gillam (6 September, p. 599).

Pembrokeshire is a peninsula in the extreme south-west and has lines of communication to the east only. Thus, from Haverfordwest in the centre of Pembrokeshire (a county with a population of about 100,000 persons—and far more in summer) it is some 30 miles (48 km.) to Carmarthen in the east, where the district hospital is situated. Obviously all specialist services cannot be duplicated in every hospital. Similarly, not every general practitioner can work in a group practice or health centre, however desirable that may be. By geographical chance it happens that some areas must have independent hospitals (as some areas must have independent, single-handed general practitioners) to provide services reasonably convenient for the sick.

It follows, therefore, that the necessary degree of independence cannot be provided by a hospital labelled "supportive." The hospital must provide basic services for the community it serves, and patients should not be expected to bypass their own hospital on the way to another, some 30–50 miles (48–80 km.) away. These basic services must include care of the common accidents occurring daily in our lives, the treatment of children near enough to their own homes for their parents to visit them, and geriatric and psychiatric services available in the community. A hospital in this position must have the facilities and independence sufficient to attract and keep staff of all grades, both medical and nursing. This it is not likely to achieve if its "supportive" role suggests that it is a second-class hospital (? for second-class citizens). It also needs to be able to organize postgraduate studies for the doctors in its own area.

The concept of district hospital and health centre is clearly excellent, but there must be

exceptions to this, and reasoned opinion, both medical and lay, must recognize this fact and not apply rigid rules that just will not work, to the detriment of our patients and ourselves alike.—We are, etc.,

EVAN D. WILLIAMS,  
Chairman,

Tenby.

GEORGE W. MIDDLETON,  
Honorary Secretary,  
Pembrokeshire Local Medical  
Committee.

St. David's.

### Seniority Awards and Postgraduate Education

SIR,—I think it high time we single-handed rural general practitioners protested at the Secretary of State's insistence on our doing a minimum amount of postgraduate revision courses to qualify for our hard-won seniority awards. It is quite outrageous, and, as we all know, has been foisted on us against the wishes of the General Medical Services Committee (*Supplement*, 5 July, p. 1).

That we senior doctors should be treated like a bunch of medical students and compelled to attend these courses whether we want to or not is an insult.

Most of us would agree that the principle of postgraduate education is an excellent one; but does the Secretary of State really imagine that none of us ever read any medical journals to keep ourselves in touch with current medical progress and research work? I get something like a dozen medical periodicals regularly, and conscientiously do my best to peruse them—especially those items which are of special interest to the general practitioner. Most of my colleagues I presume do the same. I also refer the usual quota of my patients to specialist clinics and note the opinions and advice of the consultants.

As I am 30 miles (48 km.) from the nearest hospital which holds postgraduate meetings it involves me in a great waste of time in travelling to and fro to attend such meetings—during which my practice is unattended unless I go to the trouble and expense of engaging a locum, which is no easy task these days, and a very costly one. I challenge the Secretary of State or one of his deputies to find any aspect of the practice of my profession in which I am not reasonably up to date through reading my journals, etc. Like many laymen he probably has no idea how important experience is in medicine. I have had nearly 30 years' experience in the practice of medicine. This is something no textbook or lecture can ever provide.

I shall be eligible to retire if I want in just over ten years' time. To think I need "educating" now is just laughable; nay, it is insulting. And I think we should say so firmly to all those in authority. If they insist on taking us back to the lecture theatre, why not let it be in the form of lecture notes, tape recordings, films, and television? All these we can do in the comfort and convenience of our own homes. We can then sign a form each year stating the number of domiciliary items we have conscientiously "attended." Or is it that our lords and masters do not trust us to be honest in such a matter?

I should be interested to hear what other single-handed rural general practitioners feel

about this matter. I think it is outrageous, and I hope they will not hesitate to speak out in no uncertain manner if they feel the same as I do.—I am, etc.,

Merioneth.

CLAUD WATSON.

### Meaning of P.U.O.

SIR,—The following piece of nonsense was written by my late husband while he was serving as medical officer to the 1st Welch Regiment in Macedonia in 1916. It seems there was some doubt about the exact meaning of P.U.O. (19 July, p. 128) as long as 50 years ago.

P.U.O.

Sweet P.U.O.—when first in Flanders  
we did meet

'Twas *Influenza* then I had to treat.  
Each morn thereafter scores would greet  
Me with the same old tale, and all'd  
agree

That Hades, ever looming, best would  
be—

*Trench Fever* then they called you,  
Sweet.

In Aboukir I met you once again.  
No trenches here, nor rain, nor ought  
but sand—

*Sand Fever* now became your name  
But sick parades continued just the same.  
But now in *Greece* your incog. they have  
slain;

As P.U.O. you now established stand!

—I am, etc.,

ELIZABETH F. MOWAT.

Newport-on-Tay, Fife.

### Points from Letters

#### Easier Refractions

Wing Commander J. M. BICKERTON (Dennam, Middx.) writes: I have painted the rims of the plus and minus 1, 2, 3, and 4 spheres in my ophthalmic trial lens cases red for plus lenses and yellow for the minus lenses. This enables the ophthalmologist to pick out the required lenses more quickly and reduces the possibility of error.

#### Cost of Drugs

Dr. J. R. DUKE (Hemel Hempstead, Herts) writes: A salutary effect on both patient and prescribing doctor would surely result if chemists put the retail price of a drug on the container when any drug is prescribed under the National Health Service.

#### Hospital Surgical Staff and G.P.s

Dr. D. HUTCHISON (Musselburgh, Midlothian) writes: . . . I am very doubtful indeed of the part that part-time general practitioners can take in helping in hospital surgical work, or any other specialty (23 August, p. 464). To be able to do specialized work to the level of registrar standard must require not only a theoretical interest but also practical experience. After three years in general practice, I do not think that any general practitioner would truly meet the requirements without some form of refresher course. If my belief is correct then the number of general practitioners who would be available to help out the hospital service must be severely limited. . . .