for all admissions must continue.[24] Greater quality assurance in the collection and production of routine health services data is essential at a time when primary care groups will increasingly be expected to understand and act on such information.

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A memorable patient
No silent areas

Many years ago I was sent by the Royal Navy to the then National Hospital for Nervous Diseases to sit at the feet of Dr William Gooddy, senior physician and civilian consultant to the navy and one of the great neurologists; happily now an old friend. Every Tuesday morning William held his grand round, beginning in a large room next to the sister's office, which could seat the 30 or so postgraduate students who regularly attended. One of the conventions at Queen Square is that difficult cases are sometimes offered to other firms for their opinion so that as many brilliant minds as possible may be brought to bear to help the patients.

On this occasion an artist was presented by the registrar of another firm, who explained that the man had gone to see his general practitioner complaining that he could no longer distinguish between paintings from his experience alone. His capacity to differentiate, say, a Rembrandt from a Renoir had left him. Other than this he felt entirely well. He had, in short, went on the registrar, lost his gestalt. I pursed the lips, put the tips of the fingers together, and tried in vain to look learned, hoping that someone would ask the question. They did.

"Gestalt, from the Middle High German word for shape or form," explained William, "means, in physical terms, that he has impaired appreciation that a physical or indeed emotional entity may be more than the sum of its constituent parts. In this case it is paintings which he cannot see as a whole." We all blinked and the registrar went on to explain that this was the only symptom that could be adduced. It had been confirmed clinically and all investigations had proved to be normal.

"Have you done a bronchoscopy?" William asked. The registrar could not keep a hint of elation out of his voice, "Oh yes, it showed nothing unusual."

"I should repeat it in three months," said William, and the round continued.

Afterwards I asked, why a bronchoscopy? William explained that he thought that this chap had a lesion in his parietal lobe, probably a secondary from a primary in the lung.

Some weeks later the same registrar, now with a little awe in his voice, told the Tuesday round that a second bronchoscopy had shown a small carcinoma in the left main bronchus. Some months later we were told that the unfortunate patient had died; a necropsy revealed a secondary the size of a pea in the right parietal lobe.

Discussing this later with William, I expressed my doubts about ever being able to get to grips with neurology because so much of the brain seemed to be "silent" and to have little apparent relationship with the rest of the body.

"Oh no," said William with the generous smile of vast experience, "there are no silent areas in the brain. It is just that we don't yet know how to test them."

I was left with the thought that perhaps it is dysfunction of one of these "silent" areas that doesn't allow me to appreciate modern music. But then, as my wife remarked, how do you test gestalt in a nitwit?

James Wright, *retired physician, Yelverton, Devon*

We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake,* or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.

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