Summary and Conclusion

An account is given of a trial project in Somerset employing general practitioners to undertake school health service duties for schoolchildren registered on their National Health Service list or that of the practice.

After the trial had lasted two terms everyone concerned wished to continue the scheme. Undoubtedly both parents and teachers appreciated having their own family doctors acting as school medical officers, and this advantage clearly outweighed the increased clerical work for the school. From the outset we

thought that these arrangements could only have a chance of working in a rural area. This view has been confirmed.

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MEDICAL HISTORY

A Letter from Sir Morell Mackenzie

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A few months ago Sir Terence Cawthorne was moving house and was in the usual dilemma of what to take with him and what to leave behind or give away. Among the gifts was a fine mounted, framed, and signed Spy cartoon of Sir Morell Mackenzie, of which I was the fortunate recipient. I wanted

to hang it in my room at the Institute of Laryngology and Otology and decided that it should be reframed to match the other pictures. When the frame was removed the apparent signature "Yours truly, Morell Mackenzie" was found to be the ending of a letter which had been folded behind the picture,

exposing the signature to give the impression of an autographed portrait. The letter must have been in this position for a good many years, forgotten or unknown. The ink of the signature is greatly faded compared with the rest of the letter. The paper was dry and split at the folded edges, but the script is easily legible. Through the kindness of Dr. Noel Poynter at the Wellcome Institute the letter was carefully restored and mounted and is now in our historical museum at the Institute (see Figure).

Mackenzie was writing from Potsdam, the palace of Emperor Frederick III at Charlottenburg, and had been in almost constant attendance on the Emperor for four months, enduring the emotional professional complications which have been so exhaustively described by Mackenzie himself and many others. In Mackenzie's book *Frederick the Noble* he has a note on 10 April 1888 of the Emperor's remark about the patients in England almost identical with that in this letter of six weeks later, but the letter is unrecorded. It is of some additional historical interest as it is an uninhibited *cri de cœur* from the writer in a private communication to a friend. Mackenzie reveals how keenly he felt the anomalous position he was in and how he found it impossible to extricate himself. However, the Emperor's condition rapidly worsened and he died just over two weeks later, on 15 June.

By all standards this was a difficult case, the management of which was made more difficult by the blaze of publicity in which it was conducted and the personalities and jealousies of the numerous doctors concerned. Lionel Colledge held strongly

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that the tumour from which the Emperor suffered probably arose below the vocal cords (subglottic), a condition which often presents diagnostic difficulties even nowadays. In 1887 the early diagnosis of such a lesion was virtually impos-

sible, and with the treatment available the outlook almost hopeless even if a diagnosis had been made. This illness must have been among the most fully recorded in medical history and one of the saddest from so many points of view.

CONFERENCES AND MEETINGS

Family Doctors Practising from Health Centres

[FROM A SPECIAL CORRESPONDENT]

A conference of family doctors practising from health centres was held at the Ministry of Health in London on 21 December. Opening the conference, the chairman, Sir GEORGE GODBER (Chief Medical Officer, Ministry of Health) said that it had been directly inspired by a letter to the *B.M.J.* by Dr. E. J. Lace and Dr. H. I. Howard, of Bristol (7 October, p. 49), which had suggested that the time had now come for a conference of general practitioners who actually worked in health centres to pool their views and iron out problems. It was not generally appreciated, Sir George said, how rapidly progress was occurring in developing health centres. Whereas only a few had been built from the beginning of the N.H.S. to 1965, since the latter year 23 had been built, 38 centres were under construction, and plans for a further 50 had been approved. For the 10 years before 1965 only £70,000 had been spent on health centres in every financial year; since then figures for the succeeding financial years were £340,000, £1 million, and £2 million, respectively—and in future he hoped that three times this last sum would be spent.

Why the Conference was Suggested

Giving his reasons for suggesting the conference, Dr. HOWARD said that several previous conferences had been held on the subject of health centres. Almost all of these had been devoted to contributions by well-intentioned theorists and paramedical workers. A number of articles had also been published on the subject by interested academics. Nevertheless, the views of the general practitioners working in the centres remained unknown, and what was wanted was an exchange of ideas. In his opinion the present-day family doctor working from a health centre had the opportunity of being a complete doctor, with co-operation from academic staffs and hospital consultants. It was almost 50 years since the Dawson Report had first defined a centre—but the authors of the report could never have envisaged the effects of such things as the population explosion and the brain drain.

The discussion on "The Health Centre and Hospital Service" was opened by Dr. M. A. SLEE (Witney, Oxon.). His centre, which had started two years ago, was situated 13 miles (21 km.) from the nearest district hospital at Oxford. It offered general-practitioner, local authority, and virtually full consultant services in the same building. Of the last, 28 sessions were held every month, though there were no sessions on otorhinolaryngology and children's and skin diseases. There were advantages for both patients and

doctor—the absence of travelling, and the ease of consulting with the specialist and obtaining a direct opinion. Diagnostic facilities at the centre included an x-ray department and a pathological laboratory, both of which were manned by part-time technicians, and even their own thermography unit. Doctors working there had established informal links with the teaching hospital at Oxford, with students undertaking attachment and attending outpatient sessions with the consultants.

Casualty services were restricted to minor injuries, and often these patients were seen by the nurse in the first instance. Concluding, Dr. SLEE emphasized that this centre had been founded by private capital and not by the Ministry of Health.

Dr. G. W. PAGE (Coventry) stressed the importance of geographic factors. It was not an economic proposition to have a casualty department and diagnostic facilities in a health centre when the hospital was just round the corner. He himself had a clinical assistantship in the orthopaedic and accident department in his local hospital, and he wondered whether, in collaboration with industry, it was not possible to develop peripheral casualty centres. These would not treat major injuries but would do much to relieve the load on the central hospital.

Speaking as the representative of a university teaching health centre, Dr. H. W. ASHWORTH (Manchester) said that it had been shown that it was uneconomic to provide diagnostic facilities in a health centre if there was open access to these in a local hospital. What was needed was really quick service. Dr. J. A. M. VASEY (Risca, Monmouthshire) spoke of difficulties in transporting specimens to the pathology laboratory, which was 5 miles (8 km.) away. In his view there was sometimes a strong need for a general-practice diagnostic unit, particularly when there were excessive delays; in his area it might take six weeks for a plain x-ray film, nine months for a barium meal, and ten months for a barium enema to be done.

Value of Consultant Services

Dr. G. G. WARD (Ottery St. Mary, Devon), who practised with two other doctors in a rural area with 8,000 patients, emphasized the value of consultant sessions in a health centre, for both the patient and the general practitioner. There was an excellent service for pathology tests from the laboratory of their local hospital. The family doctors had their own haemoglobinometer and electrocardiograph, and, armed with the results of tests done beforehand, they could present a "worked-up" patient to a visiting consultant.

Dr. D. H. KAY said that at Hythe (Hants) they had been fortunate in having a health centre built on to a pre-existing cottage hospital. A casualty service was provided by a rota of general practitioners, and they had a minor operating-theatre and an x-ray unit. Part of the success of their centre was due to the contact with the postgraduate medical centre at Southampton, 11 miles (18 km.) away. He thought that one of the most important things to have come out of the health centres so far was the increased mutual respect between consultants and general practitioners.

Dr. W. A. BROWN (Peterlee, Co. Durham), who said that their requests for consultant sessions had been rejected, called for residential accommodation to be provided for two medical students in every health centre. He and his colleagues at the centre were co-operating with the local technical college in the training of medical secretaries.

Dr. R. H. GLENDINNING (Bristol) asked what was the best size—for the health centre building, its staff, and the population served. He thought that the optimum size lay somewhere between the single-doctor centre, of which there was one in Devon, and the vast polyclinics found in Eastern Europe. Could the essential doctor-patient relationship be preserved with a large team which included laboratory technicians and visiting consultants? He had found after working in a centre for four years that his referrals to hospital consultants were now more specific—for example, he now referred an individual patient to a genito-urinary specialist rather than to a general surgeon.

Sir GEORGE GODBER asked whether it was a waste of doctors' time to do too many laboratory investigations themselves. Where should the main diagnostic services be situated? What was needed was a specialist service based on the hospitals, and a generalist service based on the health centres.

Size of Health Centres

Discussing the size of health centres, Dr. VASEY emphasized the need to plan for increases in the population served. Since their centre at Risca had been planned the population had risen from 10,000 to 14,500. The centre was now too small to serve these people properly and he was worried lest the good work already done should be wasted because of lack of space. Dr. S. DILLON (Rugely, Staffs) said that they had the same problem, with a continual rise in the number of patients served by the practice. Should the health centre be enlarged, or should it stay at its present size and develop satellite centres? Dr. BROWN said that at Peterlee they had resisted the temptation to build