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research appointment with the Medical Research Council and started a new professional life as a general practitioner, while keeping my tutorial commitments at 5 Feter's College, Oxford, where I was (and am) a fellow. I was at that time under powerful internal pressure to seek claimy in my own life and work, and the idea of dealing with the homeless was particularly appealing to me as I too had found it necessary to ope out of something. I had also a great deal of empathy with the mistit who couldn't quies edger to the granting disciplines of home and work. So described the professional control of the country of the country of the professional control of the country of the professional control of the country of the co

delt the district community physician, a lecturer in sociology at Birtbeck College, London, and the administrator at Great Chapel Street Medical Centre. The figures, however, do not tell the control of the control of

What I have learned

It may be relevant to summarise the lessons that I have learned from my association with the Great Chapel Street Medical Centre.

(1) The most important it that the personalities of the stuff and continuous con

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metrissi audiocal, journal. Voluma 284 13 PREMILARY 1982 mediculously. Important points cannot be trusted to memory but must be written down, and it is often helpful to jot down the next steps you thought of taking. For example, "See again in one week; if no better full blood count and heets x-ray," at least gives your other half an indication of the way you are distingted to the step of the step of

message that the waiting room was full for my surgery 40 miles away. Not my fault this time, thank heavens.

If I sounchow manage to deal with the organisational problems of having two jobs I find the second problem impossible.

Conscience is not, for me, a hard cask-master—it is an interaction of the problems of my person who feel anxious to counter every proposal by spring, "That's all right for you, but a proper general practitioner..." And it is no use my pointing out that I probably see in my 20 hours of consulting as many patients as they do, that I don't have a half-day, and that I have been either on call or away working for the past 16 weekends. I still feel part-time!

## Interesting GPs of the Past

### William Price of Llantrisant—1800-1893

My father used to tell me that when he was a boy he had often seen. Dr William Price, dressed in his red and green suit, dazding brass buttons, and a foxakin hat reminiscent of Davy Crockett, walking slong the streets of the old market town of Pontypridd. This colourful general practitioner was outrands before whom the appeared, "This is the military uniform, my lord, worn by Welahmen when they defeated you Englishmen at the Battle of Boworth Field nearly 500 years ago." At least he got the colours right. For his headgear he claimed even greater antiquity. "The fox is represented as one of the first beings in the hieroglyphics of Egypt. The primitive bord and place's generation be was used as a threat to analyty children. By the time of my own boyhood he had already become a fable. Dr William Price was among the first to emerge after the Apothecaries Act of 1815 with the double accolade that was to distinguish the new breed of general practitioner. After apprendicably to Evan Edwards of Caerphilly, Frice attended at both the London Hospital and Bart's, where he was instructed as both the London Hospital and Bart's, havener have assumed the Royal College of Surgeons. The names of the apothecaries who appear on his certificate include that of John Hunter.

Young William Price, sometime fellow of Jesus College, Ordrod, who resigned his fellowship on abandoning his ceilboxy. The college of the college of the fellow of the verse children of the Reverend William Price, sometime fellow of Jesus College, Ordrod, who resigned his fellowship on abandoning his ceilboxy for the college of the properties of the Reverend William and his seven children: for he could

Welsh National School of Modicine, Cardiff CF4 6XN JOHN CULE, MD, FRCGF, lecturer in the history of medicine

# Pathology of Partnerships

## You're never here . . . I'm never there

You're never here . . .

You're never here ...

The major causes of interpartmership strife are money and work load. Time, it is said, is money, and this is certainly true in general practice. Our senior partmer is never here so we got him to snaiyer his disty for 1981 to find out what he does all that one of the control of the c

stending orals and examiners' workshops. In addition, he took two weeks boliday and a few days off to attend to the affairs of a deceased relative.

This man receives 30% of the profits of a four-man practice. How can this be?

Of course it did not happen suddenly. Over the years partners in the practice have taken time off for professional activities outside the practice have taken time off for professional activities outside the practice have taken time off for professional activities outside the practice have taken time off for professional activities outside the practice have taken time of the practice have taken to a proper partnership. The practice have taken the practice the income from this extra work the absent partner paid for the time to the took out. This principle has the purpose of the practice the income from this extra work the absent partner paid for the time he took out. This principle has thus been extended to our present senior partner. He earns some £6000 from his university appointment. In 1981 his examining, television, lecturing, and writing brought in some £6000. In addition, he maintains all his normal National Health. Service income for the practice since he works a minimum of 25 hours—in-four weekend rots. By agreement, the only moules the partners retain for themselves are seniority and vocational training awards. So our senior partner brings in £13000 over and above his normal remuneration, though, of course, he misses some extra item-of-service payments because of his reduced time. In return for this increased practice income we have had some difficulties in defining the amount of time he may take. Each partner is permitted aix weeks annual leave, of which row weeks nature be agent on some form of deciational activity, may take a service payments because of his reduced time. In return for this increased practice income we have had some difficulties in defining the amount of time he may take. Each partner is permitted aix weeks annual leave, of which row weeks nature the special on

very seven years, during which he retains his practice income ut provides a locum at his own expense. This in effect allows our senior partner to buy time for his

activities outside the practice. The work that he does not do during this time is of course divided among the other three partners who receive part of the £13 000 extent sincome in proportion to their partnership shares. One is reminded of Ancurin Bevan's stifling of complaint by "stuffing mouths with gold." It is not the whole answer, but it certainly helps quell our cry of "You're never here."

Interestingly our academic partners's advice was sought by a diagrantied member of another practice who was aggreed that diagrantied member of another practice who was aggreed that for a supplier of the season of the s

possess at the provinced in a transget to make the year that we to do complains.

There are two major problems that I have run up against: the first is the sheer difficulties of organisation. The time scales in running my two jobs are quite different. My work in the practice requires continuity of care and some predictability which I just don't seem to be able to provide. Many times I see a patient who need to long at several days in a row. Often it is an acutely ill or seriously ill, even dying, patient of long standing. In such cases continuity of care is not important. Sometimes I will admit a patient to one of the general practitioner beds that I am responsible for st, say, say, and the next day I am sway. There more than the continuity of the problem is to share the care of some patients with one dropped at abort notice.

My solution to the problem is to share the care of some patients with one of the patterns. It is made easy by having partners whose clinical judgment can be trusted, and perhaps that is why I have always placed that first on my practice but become essential in "shared" care. Notes must be kept become essential in "shared" care. Notes must be kept become essential in "shared" care. Notes must be kept



regards, "which into taking iter T encoperations can be used to may be translated only of the will of the chief best of the learning. Fure Welth is the copy of the will of the chief best of the learning of Wales from his cold egg which you see on my clothing, and his was the last of the property of the chief of the which is at the last been split (written) in the Welsh of the Koyal Province has the home than two thousand and the hundred years ago, and here it is, and a copy of his form singing it on the next page.

window and threatened to throw the smoker as well if he continued to protest. In his personal hygiene he was obsessionally clean. Bach day he wore a clean white tunic, freshly hand-washed by his mistress Gwenllian Llevellyn. After receiving a fee, he always washed the coins before putting them in his pocket and then washed his hands. The doctor was a keen walker and whenever possible did his visits on foot. Perhaps therefore considered attention should be paid to his opinion that it was injurious to health to wear socks. These garments Dr Price himself personally exchemed, saturois il agentiny. He claimed that "stockings prevent the proper exhalation of the feet, which in consequence are kept damp. Thus the person who wears them is more likely to exthe cold. My feet are always dry and warm." In visiting Pontypridd

from Liantrisant he always walked and never took those abort cuts which wasted time by climbing over styles, as he preferred trust which wasted time by climbing over styles, as he preferred "too keep up a steady pace."

He was known to wist whenever possible during the hours of darkness, his theory being that patients felt at their worst during the night and therefore needed more attention than during the night and therefore needed more attention than during the said was not needed as the time to see patients was when they made the said was not needed as the time to see patients was when they are not said was not needed as the time to see patients was when they rice must have belonged to the latter for he claimed that he was to have produced seven cannon for the march on Newport. In the event neither he nor they ever arrived. Though, of course, the march itself did take place and unfortunately ended in loss of life during the fraces at the Westgate Hotel.

There simply is not space to recount the many episodes that climat that was to lead to his truit althe established the legality of cremation, though nothing was farther from his mind when on that Sunday evening of 13 January 1864 the people of Liantrisant saw the fire leaping on Caerlan Hill. Many were returning from chapel and their excitement was increased by their certainty that Dr William Price, on whose land the fire burned, was providing some new dayser in the pageantry which had not been diamost by the same the same part of the same says that the same says the same says that the same says the surrounding darkness. The doctor was burning a body. Thoughts of his well known druidic beliefs and the association of that cut with human sacrifics wept away through the flames and the surrounding darkness. The doctor was burning a body. Thoughts of his well known druidic beliefs and the association of that cut with human scriftics wept away through the flames and the surrounding archites. The doctor was burning as fine in corresponsion to the union, titile adapt