

ing national and regional data relating workload (actual and predicted) to manpower resources, but these data should be collated so that a well argued strategy can be presented for the future of dermatology.

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Training in infectious diseases

Sir, — The Report of the joint working party of the Royal College of Physicians and the Royal College of Pathologists (July, p161) will be welcomed for its emphasis on the need for the improvement of training in infectious diseases and for its recommendations for the training of physicians and microbiologists.

However, there are three specialties particularly concerned in this field, namely, clinical medicine, microbiology and public health medicine and it is perhaps unfortunate that the Report did not include any contribution from the third of these. Indeed, the absence of an epidemiologist on the Working Party and the failure to take account of the work of the Faculty of Public Health Medicine in the training of the new consultants in communicable disease control weakens the conclusions and recommendations.

Close collaboration between physicians in infection, microbiologists and public health physicians is essential to develop further the recommendations of the Report, particularly in practical epidemiological training, so that comprehensive training programmes for the diagnosis, management, investigation and control of infection in the United Kingdom may be provided.

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The Society of Authors

Sir, — For the benefit of those of your readers who write books or contribute regularly to journals, may I draw attention to the Medical Writers Group of the Society of Authors. The Group, which is celebrating its tenth anniversary, helps medical writers by campaigning for better terms and remuneration and by advising individually on contracts and fees. It is surely not a coincidence that two of the most profitable areas in publishing are medical and legal text-books; professionals dispense invaluable advice to others, but are sometimes reluctant to take advice themselves.

The Medical Writers Group recently undertook a survey of fees paid to doctors contributing articles to journals. It was no great surprise that rates varied enormously — and generally provided poor rewards given the experience of contributors and the time involved.

Any reader who would like details of the Medical Writers Group and a copy of the recent report is most welcome to write to me.

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Royal College of Physicians report: Teaching genetics to medical students

Sir, — Dr J. F. J. Morrison (July, p249) draws attention to the above report (April, p80) and emphasises the greatly overcrowded state of the undergraduate medical curriculum. He believes that it is sufficient for medical students to 'reinforce' the groundings of genetics as studied at A level and that '...further training would best be left to the post-graduate years...'

The report's conclusions reflect the views of the respondents who were drawn from most specialties and pre-clinical disciplines. It was their strong opinion that more genetics should be taught to medical undergraduates, that it should be clinically relevant and not overburdened with technological detail.

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Communication of autopsy results

Sir, — We agree wholeheartedly with the RCP Research Unit (July, p185) that there is a need to improve the system whereby autopsy reports reach those concerned but we would place much greater emphasis on the function of the family doctor in communicating results to relatives of the deceased.

We recently investigated the communication of autopsy results to general practitioners in our district. All post-mortems (coroner's cases were excluded) had been requested by hospital clinicians and consent had been given by relatives. General practitioners of the deceased were interviewed by telephone to complete a detailed questionnaire, and were invited to comment on the standard of communication of results and their perceptions of the service offered overall.

Communication of autopsy results was poor and often involved considerable delay. The failure of clinicians to provide information was also highlighted. We recommended that, after the GP has been quickly notified of the patient's death, a summary of the hospital admission notes should be forwarded, incorporating the interim report of the post-mortem which ought to be available within two days of the death. This might obviate the need routinely to forward to the GP a full copy of the final report itself although, if discrepancies were found between the clinical and post-mortem diagnoses, as occurs in 10–20% of cases [1, 2], the final report would be necessary.

Specific histology reports were not always forwarded to GPs and time consuming 'chasing up' of results was sometimes necessary. Although coroner's cases were excluded in this small study, GPs complained that the reports of such cases are no longer routinely sent to them.

Some GPs were most concerned about the difficulties caused by delays or absence of detailed information when dealing with relatives or friends of the deceased, and especially in bereavement counselling after stillbirths where death might have been pre-

ventable [3]. Lack of knowledge of the events leading to death can make such responsibilities all the more onerous and give rise to confusion and dissatisfaction.

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Journal of the Royal College of Physicians of London Volume Twenty Four January–October 1990

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