Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Early Clinical Experience for Medical Students

To the Editor:

It was with great interest that I read the recent article, "Early Ambulatory Experience in Undergraduate Education of Family Physicians" by Smith et al *(J Fam Pract 5:227, 1977)*. As a medical student in 1969, I participated in the Medical Education in Community Orientation (MECO) project sponsored by the Student American Medical Association (SAMA) now AMSA. This project was started by Bruce Fagel, MD and me, as a means of getting preclinical students out of the university medical center and into local communities for ten weeks. The idea of the program was to center the student around the community hospital. He would rotate through various departments of the hospital, as well as spend time with local area physicians. SAMA received a planning grant from the Sears Roebuck Foundation and was able to expand the project into numerous states. I attended the annual AMSA Convention this past March and was pleased to see that the project continues. There are about 500 medical students involved in approximately 30 states across the country at the present time.

As a participant, as well as a director of the program, I can vouch for its effectiveness. I am presently in family practice. The decision to enter family practice was made early in my medical school career. The MECO project was perhaps the most valuable part of my medical school training in relation to setting my goals for future practice. I am glad to see that the feelings we had as students are being reflected in research projects and are being published in widely read medical journals.

Lee A. Fischer, MD
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Continued from preceding page

Insulin Therapy of Diabetes

To the Editor:

The article concerning initial insulin therapy in the outpatient center was most complete *(Dye BJ, Blainey CA, Brye PL, et al: Starting the person with diabetes on insulin in the outpatient setting: A teaching guide for physicians and nurses. J Fam Pract 5:341, 1977).* Many of us have used this method and the nurse practitioner as the primary instructor in our family medicine center for several months.

To date among our group of patients I know of no failures or major complications to them from initiating insulin therapy as outpatients. Our patients have been most pleased, since hospitalization and, in some cases, excessive financial burden has been avoided.

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International Communication in Family Practice

To the Editor:

The dangers of narrow regional thinking at WONCA are real, and Dr. Style expressed them well *(Style A: WONCA: World or western organization? J Fam Pract 5:473, 1977).* However, it would be a serious error if either that well-travelled humanitarian or his readers were to think that the Classification Committee of WONCA is blinkered in its basic outlook.

Our committee has frequently discussed the classification needs of developing nations, and on many occasions we have appealed for representatives from the Third World. This we have done both by spoken invitations at international meetings, and by personal letters to prominent physicians and GP organizations. We have sent complimentary copies of the classification all over the world, and have arranged for translations to be made. Our committee does most of its work by mail, so that expense or time away from practice are not critical limiting factors. Despite all this, the sad truth is that we have only one representative from the Afro-Asian bloc in our group of thirteen.

I believe that we really have learned to listen to each other, but no one speaks for the Third World. Why? Because our Third World colleagues are so extended by the day-to-day care of their patients that they have little time, energy, or money to devote to international discourse, no matter how valuable that might prove to be.

This situation will not be changed by self-flagellation on the part of Western family physicians: our clear duty is to develop the best possible mechanisms for the international exchange of views, knowledge, and practical acceptable help. (I must point out that ICHPPC is *most* explicit in its instructions for expansion to accommodate *any* local classification needs.)

We should love mankind, but let's, in the best traditions of our calling, be workmanlike about it.

Robert Westbury, MD
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Classification Committee of WONCA
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