

Letters

TO THE EDITOR

Please submit letters for the Editor's consideration within three weeks of receipt of the Journal. Letters should ideally be limited to 350 words, and can be submitted on disk or sent by e-mail to: Thomas.Allum@rcplondon.ac.uk.

The consultation in art: Henry Tonks

Editor – In his interesting *Consultation in art*, Professor Alan Emery cites Henry Tonks (1862-1937) as a renowned artist who had initially studied medicine (*Clin Med* January/February 2002, p74). Some further details of Tonks's first career may be of interest, as the medical education he received together with his early experience as a surgeon gave him special insights and opportunities as an artist in the First World War, and formed an important background to his development as one of the leading figures in 20th century English art.

Henry Tonks was a student at the London Hospital Medical College from 1881 to 1886; after he qualified he was house surgeon to Mr Frederick Treves (later Sir Frederick Treves). Treves promoted his career as a surgeon (Tonks became FRCS in 1888), but increasingly he came to appreciate the extent of Tonks's talents as an artist and at the same time wondered whether he was temperamentally suited to a life-long career in surgery. Tonks himself had great difficulty in making up his mind between art and surgery, particularly as members of his family were strongly opposed to the suggestion that he might abandon the prospect of an assured future as a surgeon. Treves interceded on his behalf and persuaded them that his true destiny lay in art.

During the time that Tonks was house surgeon to Treves, he drew a design for the cover of the *London Hospital Gazette*. Forty years later the block containing Tonks's

design was so worn that it could no longer be used. Tonks who was then Professor of Fine Arts at the Slade was asked if he would prepare another version. Tonks was apparently no longer proud of his juvenile work and suggested that Rex Whistler, aged 23 and one of his favourite pupils, be asked to undertake a new design. Thus, for well over a century, front covers of all the issues of the *London Hospital Gazette*, were adorned with designs made by two remarkably talented and distinguished artists.

I am grateful to Mr Jonathan Evans, archivist and curator, for providing information from the records of the Royal London Hospital.

DENIS GIBBS

Retired Physician
Oxon

Dying with dignity

Editor – Dr McGoran's perceptive article strikes a chord (*Clin Med* January/February 2002, pp43-4). It should be compulsory reading for all who complain of ageism in the NHS. Her final indignity would have been the inevitable referral to the coroner.

IAN MUNGALL

Peterborough

Consultant nurses

Editor – Have I spotted an error in your recent editorial on consultant nurses? You assert that "some of the first specialist nurses, in diabetes, began work...during the 1950s..." (*Clin Med* January/February 2002, pp5-6), but specialist tuberculosis nurses predated these by about 50 years^{1,2}. No wonder tuberculosis is called the forgotten plague³ – even our editor overlooks it!

References

- 1 Davies PDO, Williams CSD. Student recruitment for TB control. *Int J Tuberc Lung Dis* 1998;5:438.
- 2 Robbins JM. Class struggles in the tuberculosis world: nurses, patients and physicians 1903-1915. *Bull Hist Med* 1997;71:412-34.
- 3 Ryan F. *The forgotten plague*. New York: Little Brown, 1992.

PETER DAVIES

Consultant Respiratory Physician
Liverpool

Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

NHS Direct: growing awareness and use

NHS Direct is a government-sponsored, nurse-led, 24 hour telephone information helpline available throughout the United Kingdom¹. A study of consecutive new referrals seen in general neurology outpatient clinics at two district general hospitals in north-west England between January and March 2001 found that only 2% had used NHS Direct, only one for a problem related to the referral². One possible explanation for this low figure may have been lack of awareness of the service. In a survey from an inner city general practice in Teesside in early 2001, only 8% of patients questioned directly, and 25% responding to a questionnaire, had heard of NHS Direct³. More recently, an investigation by the National Audit Office reported 3.5 million calls to NHS Direct in the year 2000-01 and predicted a doubling of call numbers in 2001-02⁴.

Two further surveys have been performed, one in a cognitive function clinic based at a regional neurosciences centre in north-west England, and one in general neurology clinics at the same district general hospitals as a previous study². These show increased awareness and use of NHS Direct (see Table 1). However, calls seldom related to the reason for referral. On only one occasion did a patient volunteer information about a call.

Although these study populations have the biases inherent in all hospital clinic-based surveys, nonetheless these figures corroborate the expectations of the