undertake to sponsor this study and publish the results in our *Journal.*

IBRAHIM S. AYOUB

McDermott Dubai,
P.O. Box 3098,
Dubai.

**REFERENCE**


**INVESTIGATIONS IN GENERAL PRACTICE**

Sir,

With Dr Evans letter (April *Journal*) I partly agree, and partly disagree. I omitted the haemoglobinometer and the microscope as being too obvious. They are both in constant use, the former mostly by our own practice nurses, the latter perhaps not so much as it would be if we did not have an excellent laboratory in close proximity with a daily delivery service. I would disagree with the statement that the "situation exists when the satisfaction of fully treating one's own patients is becoming a luxury which few doctors can afford".

For instance, if Dr Evans would take down his sigmoidoscope from his cupboard, he would be able to diagnose and treat his own cases of proctitis (not such a very uncommon disease) and monitor their progress. Furthermore, in our area, no case is accepted for barium enema without prior sigmoidoscopy, so that this important investigation would be denied us without a sigmoidoscope, in my view quite correctly.

I think that in these days when most general practitioners have access to an almost full range of diagnostic facilities, no case should be presented to a consultant at outpatients without having first been fully "worked up". The consultant can then perform his proper function for consultation with all the apparently relevant facts available to him at the time.

P. D. HOOPER

The Dower House,
27 Pyle Street,
Newport, PO30 1JR.
Isle of Wight.

**REFERENCE**


**CONVERTING MEDICAL RECORDS**

Sir,

Dr Acheson's clear and concise paper on converting medical records to A4 size in general practice (April *Journal*) is a useful exposition of possible procedures to be used in carrying out this exercise, and the figures which he has collected and the costings he has calculated will undoubtedly be useful to colleagues contemplating a similar venture.

There is obviously no single right or wrong way of approaching the problem of converting records from the conventional envelopes to A4 size folders.

In the current economic climate it is regrettable likely that it will be many years before conversion can be undertaken generally, and it is all the more important that those who are in the fortunate position of being able to carry this through should report and discuss the procedures used and difficulties encountered.

In our own practice, where conversion is proceeding at a much slower and *ad hoc* rate and is still far from complete, we depart from Dr Acheson's procedure in one fundamental and rather important way, and that is that we ask the clerical staff to file hospital records and reports in chronological order in the folder and only then does the doctor look through them to "cull" redundant material. This also gives the doctor (if he so wishes) the opportunity to summarise the contents of the record, which in many cases adds immeasurably to its value. This does incidentally mean that the doctor time involved is considerably in excess of that quoted by Acheson. The virtue, it would seem to us, of "culling" after, rather than before, placing the documents in the folder is that once they are in a folder it is so much easier to see the whole story as it develops in order to decide what material is redundant and what should be kept.

It is our view that while the opportunity provided by converting records to collect research data may be important, it is even more important that such an opportunity is taken to extract and summarise data for each individual patient with the hoped-for objective of improving individual patient care.

J. CORMACK

Ladywell Medical Centre,
Corstorphine,
Edinburgh, EH12 7TB.

**REFERENCE**


**OLD REMEDIES**

Sir,

Dr Thomson's fascinating article on herbs that heal (May *Journal*), reminds me of the old lady who showed me her healed varicose ulcers last month. All efforts by both doctors and nurses had left her ulcers as large as ever, but after the application of honeycombs, successful skin cover was achieved.

Perhaps we have here a subject for clinical research?

ERIC BLOOMFIELD

St James Health Centre,
St James Street,
Walthamstow, E17 7NH.

**REFERENCE**


**DISABLED LIVING FOUNDATION**

Sir,

I would like to remind your readers of the work of
the Disabled Living Foundation. This foundation works from their headquarters in 346, Kensington High Street, London, W.14 and provides advisory service both to the disabled and also to their advisors and friends with regard to special amenities, etc.

However, in the past they have always found it difficult to make contact with general practitioners and feel that either the work of the foundation is not generally known to them or that they may not fully appreciate its significance.

The organisation recently held a most interesting conference on the Importance of Clothing in the Lives of the Disabled, at which I represented the College.

Should any of your readers wish to have further details, if they write to Lady Hamilton at headquarters or to me at the address given below, I will try and put them in touch with the appropriate representative.

L. T. NEWMAN

The Abbey Medical Centre, 87–89 Abbey Road, St Johns Wood, London, NW8 0AG.

SIR JOHN PARKINSON

Sir,

Dr Nightingale’s reference in his admirable article on migraine (May Journal), to fasting as one of the trigger mechanisms in migraine called to mind the experience of Sir John Parkinson, Sir James Mackenzie’s distinguished successor as cardiologist to the London Hospital, who has just died at the ripe old age of 91.

Sir John was a victim of the disease, and I recall his telling me how he could postpone, but never prevent, an attack by taking food. Being a conscientious Lancastrian, he hated cancelling patients’ appointments. If, therefore, he realised in the morning that an attack was impending, instead of merely having a sandwich for lunch and a cup of tea at tea-time, he would have a full three-course lunch and a full tea. In this way he found he could usually postpone the attack until evening.

By the time the last patient had been seen he was nigh prostrate, and fell into bed in a darkened bedroom, knowing full well that the increased intensity of the headache would be the price he would have to pay for keeping faith with his patients.

If he had to go to the London Hospital the next day, it was easy for his chief assistant to tell at a glance what a miserable night he must have had. But nothing was going to compel him to neglect what he considered to be his duty.

WILLIAM A. R. THOMSON

Rutland Court, Queens Drive, London, W.3.

REFERENCE


SEEING THE SAME DOCTOR

Sir,

One of the dangers of the community health team and group practice is that the patient feels that no one doctor knows his or her problems in depth, that no one person takes responsibility, and that no one person takes a particular interest.

These problems can be avoided by having separate lists; patients will not then “box and cox” from one doctor to another, questioning their probably varying views, which may well precipitate great uncertainty and possibly, therefore, unhealth in the patient.

I am very much in favour of group practices where there is a mutual exchange of information, and for teamwork where various health care personnel can all communicate on one level with each other, but I do think it is in the doctor’s and the patient’s interest that patients see their own doctor except when he is not available. Admittedly, doctors cannot be all things to all patients and if a patient feels unhappy with his doctor, or a doctor feels unhappy with his patient, then a new relationship should be established with another doctor on whose list that patient should go, whether he be in the same practice or another practice. I would be most interested to hear your readers’ views.

V. L. R. TOUQUET

40 Court Street, Faversham, Kent, ME13 7AJ.

REFERENCE


RESPONSE RATES TO QUESTIONNAIRES

Sir,

Dr L. A. Pike’s questionnaire (March Journal) emphasises the problem of the poor response obtained when mounting any form of survey in general practice.

Recently our practice needed to evaluate the opinion of patients about entry into a projected health centre. It was decided that the simplest and cheapest method was by hand-out, although it was anticipated that this might produce a lower response rate. Five-hundred duplicated forms, which represented about eight per cent of the practice list, were placed on the reception counter, and the receptionists encouraged the patients to return the completed forms to a sealed box also on the counter.

The questionnaire explained the projected health centre and invited the patient to say whether or not he was in favour of the move. Space was left for comments, and the patient was given the