Health centre practice

Sir,

Since we are now entering our fourth week in a health centre at Bridport I was interested to read Dr G. M. T. Tate's paper (June p. 336). Whilst in agreement with the majority of his views on "Integration", I should like to question the paying of receptionist staff by the local authority. We were strongly advised by our executive council and colleagues in a neighbouring health centre to employ our own receptionist and secretarial staff so that we retained control over their remuneration, employment and, most important, dismissal.

Dr Tate states "The receptionists will be responsible to the general practitioners . . ." I would be interested to know whether he feels this is possible when they are paid by someone else. Does he, at Mansfield, have any say in the employment of staff and increases in their salary which presumably he and his partners have to pay as part of their service charge? Finally, is it cheaper for the general practitioners to employ staff or to "rent" staff from the local authority?

Bridport. M. Thomson, M.B. B.S.

The College journal

Sir,

I was reading through the May edition of our *Journal* which happened to be one of the last three Journals awaiting my reluctant attention, when I came across the letter from Dr M. Macleod concerning the contents of the Journal. I must say how I agree with him, and the fact that I had been thinking exactly the same while reading these issues prompts my letter.

I also receive the BMJ, and keeping up with these two is quite enough to occupy my spare time allocated to 'postgraduate self-education'. The new format of the BMJ which includes a section on current clinical practice, problems and approaches, is ideal and should be eagerly taken up by you. Statistics fill the pages of the College Journal, table after depressing table, vague suggestions and definitions appear in the Gold Medal Essays which are excellent and worthy examples of essay craft, but please have more practical advice and experience about the day-to-day problems we face in the surgery.

As generalists in the constantly expanding world of medicine, there is a permanent job keeping us up to date with tried and tested practice, and reminding us of the rarer conditions we should look out for. Constant reminders about basic disease, elementary examination, and general-practitioner pharmacology are essential to keeping with it.

RAF Changi, Singapore. J. D. Simpson

Case records in general practice

Sir,

Dr Tate is to be congratulated on his comprehensive and well-balanced account of the opportunities and methods of organization of a health centre practice, appearing in the Journal, Volume 21, June, 1971, page 336. He stresses the special opportunities for record keeping in the health centres, but I was disappointed to see the use of case summaries was not really stressed.

I think there would be no single factor making for more efficient management of patients in general practice, than the re-organization of the medical record enevlope contents, If practitioners would arrange the clinical record cards in date order, and keep them clipped together, and if they would, in addition, file all the correspondence and reports, also in date order clipped together, then it would be easy to construct a summary of important diagnoses for each patient. This, I submit, should be done by the doctor himself, as it is a very useful exercise in reviewing the case. The dates and important diagnoses can then all be entered on a summary sheet, which should head the pack of continuation cards and should be kept up to date.

It is usual to find the contents of the medical record envelope in some disarray, and summaries are not often found. It is not really difficult to do this for one's patients, if a systematic attack is made on the problem, and all new cards are dealt with as they arrive at the practice.

I think this would do more for efficiency in practice than all the complicated re-organization of work records, with new envelope sizes and the addition of social workers' and nurses' notes, which would probably overwhelm us by their sheer volume.

Epsom. E. J. C. Kendall

Vitamin deficiency in the elderly

Sir,

The paper by Taylor, Eddy and Scott in the May issue of the Journal is of interest to all clinicians particularly those charged with responsibility for care of the elderly. However, I think it prudent to point out that their conclusions with regard to vitamin deficiency are based on the results of the Farnborough trial[1] and no other workers have, as yet, demonstrated such a clear cut association between vitamin deficiency and abnormalities of tongue appearance.

As the authors mention Andrews and Letcher[2] did not believe that Vitamin C altered sublingual appearances, a view supported by Arthur *et al.*[3] Shuster and Bottoms[4] have demonstrated that after the age of 50 the amount of collagen per unit area of skin decreases with age, more so in