

We really would then have a NHS the envy of the world.

Although the medical profession must take some of the blame surely what we have now is chiefly the result of improper constitution of committees at all levels with those with the loudest voice and most influence at high levels getting an unfair share of resources. There is meagre general-practitioner representation on the various committees to the detriment of the service as a whole. I would have thought that the general practitioner with his wide experience and finger on the pulse of the community deserved strong representation at all levels.

I am sure Mr Honigsbaum is right in suggesting that the length of training a doctor receives before he enters general practice is far more important than any ritual of attending postgraduate courses which in my opinion are largely a waste of time.

It must be right for a three-year vocational training programme to become compulsory in the near future and eventually probably extended to five years. Too much money, time and energy is being spent on improving the organisation of general practice without enough emphasis in raising the level of clinical excellence. An interesting situation is going to come about in a few years' time. As the number of well-trained doctors entering the general-practitioner service increases so they will demand many of the facilities and standards mentioned above. Let us hope they are successful.

B. GRAHAM

The Health Centre,
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Devon.

Sir,

I feel I must write about the newspaper article in the *Daily Mail*. I do not like this sort of thing published in a daily paper.

I am sure we, in the College, are all trying to do our best for general practice. Therefore I feel our *Journal* should have a restricted issue—to members only.

I am interested in what Mr Honigsbaum has to say in the *Journal*, but I feel it should never have found its way into the press.

IAN T. MCLACHLAN

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REFERENCE

Daily Mail (1972). 7 August.

Sir,

Much of Mr Honigsbaum's slashing attack on British general practice (*July Journal*) is justified, but I would not agree that the position is getting worse. In 1969, I returned to general practice after 12 years in other work.

I found standards of accommodation and organisation has risen and there was increased enthusiasm in many quarters, e.g. for making use

of open-access pathology or x-ray facilities (from virtually nil to 95 per cent of general practitioners making some use of the available facilities, according to Honigsbaum, with 20 per cent using the service 'fully and intelligently').

I heartily agree, however, that there are pockets of really shocking standards. I did a locum for a doctor who kept, not bad records, but *none*—I never once saw his writing on any of the cards. In this practice antenatal patients obviously did not expect to have blood pressure taken, urine tested, or to be weighed. The accommodation was equally deplorable. I could describe two other practices almost equally bad, among many which were run by doctors who clearly aimed at giving their patients a service of the highest standard.

No-one seems to have any plans for dealing with low-standard general practice. The idea of any form of inspection makes the average general practitioner foam at the mouth. Yet there should be *something* to take the place of the day-long, year-long contact with colleagues which maintains standards in hospital. The sort of contact with consultants suggested by Honigsbaum would be most welcome. I imagine most of the 19 per cent of us doing clinical assistantships in hospital do so because of the contact with hospital staff involved.

To get the consultant out into the field would benefit them as well as the general practitioners—especially those in teaching hospitals. They would become better qualified to teach the 50 per cent of medical students who become general practitioners. In 1948 many consultants had been general practitioners; now very few have. Thus a vicious circle is set up. Hospital staff with virtually no experience of general practice cannot help influencing medical students with the view that only the failures become general practitioners, fewer 'bright boys' become general practitioners, and so it goes on.

So by all means let us get general practitioners into the hospital and the consultant into the world outside!

P. ASHER

6 Bellevue,
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Sir,

At least one of your readers will be eternally indebted to you for the publication of Mr Honigsbaum's article. It would have been tragedy indeed had we missed this virtuoso exposition of the art of reasoning by *non sequitur* and of argument by the *post-ergo-propter* method. It is likely that we have just had the honour of reading the definitive-work on this method. I shall long cherish this experience, and invidious though it may be to select a few items from such a lavish cornucopia, I cannot resist expressing my gratitude for at least some of these.

Women see their doctors more and thus live longer. I have waited years for confirmation of my long-held but often derided theory that women go bald less than men because they visit the hair-dresser more often, and here is Mr Honigsbaum

coming gallantly to my support. And it is good to know also that the ladies are achieving their increased span by the ministrations of ageing and inefficient doctors who seldom wash their hands. The mind boggles at the ultimate prospects of longevity which will be open to them when all their doctors are young and washed and deodorized and with-it.

How glad I am too that Mr Honigsbaum has let me off the hook with all this postgraduate study lark. For quite a long paragraph he had me worried that I wasn't doing nearly enough—being a bit aged, although I do wash from time to time—but bless him, in the last sentence I am told it's all no good anyway, so I continue to wallow in my native indolence in that manner to which I have become accustomed.

Pleased I was, too, after that long stern criticism of me for not doing enough in the way of cervical cytology, to find that once again the amiable Mr Honigsbaum was going to save my face with his welcome little postscript that the whole exercise was a waste of time. I could quote other examples that have given me rare pleasure, but I know Sir, that your space is limited, and have no doubt that many others will be clamouring to express their appreciation.

JOHN MILES

11 Royal Crescent,
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Sir,

Quality of general practice is a provocative review of general practice in Britain today. A few of the author's observations are very much to the point, but others are grossly distorted and inaccurate.

Mr Honigsbaum suggests that patient satisfaction with a system is a very poor guide to the efficiency of the service. This is true. He goes on to point out that the personality barrier created by the capitation fee can be a stronger deterrent to care than the financial barrier in the United States, and that whereas in America the doctor is hated by his patients, here in Britain the doctor hates his patients. This is true in certain quarters, and the idea is well stated. These are the pearls of wisdom in a load of old hack. Most honest doctors will agree that the National Health Service as a whole is not perfect, but the patient-care today is far better than it was at the time of the Colling's report.

"The older the doctor, the poorer the care tends to be." How does Mr Honigsbaum know that? Does this apply to all doctors or just to the general practitioner? Are other professions afflicted in the same way?

We are accused of not screening our patients adequately. Here he is strangely illogical as he himself agrees that such surveys can be worthless. He wrote that doubts have arisen about the efficacy of even effective detection programmes. I agree with this observation. This village has been

screened three times for diabetes; and the conclusion has been drawn that such major efforts obey the law of diminishing returns. A great deal of time and energy can go into the location of a few overweight diabetics, most of whom will refuse to keep to a diet.

He goes on to say that on the basis of general-practitioner records there has been a negligible amount of research published. This is just not true, and on page 463 of the *Journal* in which his paper is printed he will find a list of 32 general-practitioner papers recently published in other journals, many of which are in fact founded on good records. The college oral-contraceptive study is based on the everyday records of well over 1,000 general practitioners. I don't take any American journals, but do the general practitioners in the States do more and better research than we do in Britain?

He suggests many senile dements go undetected. To screen for an incurable illness seems a futile occupation—it would be better to check haemoglobin levels and look for senile depressions. These conditions may well yield to treatment.

The five-minute appointment in the context of British general practice is a very practical arrangement. There are short cases such as the issue of certificates which only take up a fraction of that time. We all know that there are cases which need much more time, and in a well-run practice the patients get all the time and attention they need. Of course there are black sheep in every fold, and the unscrupulous general practitioner can earn a fat salary by practising bad medicine. To be without a washbasin in a consulting room is inexcusable today.

Mr Honigsbaum may distrust a writer, he is entitled to do so, but what right has he to advise the readers of his paper to treat the work of Professor Margot Jefferys with caution? She is an eminent authority in her field, and her readers can surely decide for themselves the merits or demerits of her work.

This paper is the work of an armchair critic. He has read widely but he has never got down to the practical work of visiting and assessing practices and practice methods in person.

I cannot help feeling that if Tom Eagleton of the United States of America had had a good general practitioner he might have been spared the stigma of a psychiatric clinic, and still be in the running for the Vice-presidency.

C. A. H. WATTS

The Limes,
Ibstock,
Leicestershire.

Sir,

Like a fish I am unable to resist rising to Mr Honigsbaum's bait which is clearly intended to be provocative. In his study on the *Quality of General Practice*, much of his evidence is irrelevant, out-dated or meaningless. To criticise various items in his paper will help to point this out.