

conclusions he draws from his study. In addition he fails to mention whether he uses the fourth or fifth sounds to determine diastolic pressure, there being on average a difference of five mm Hg mercury between the two.

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REFERENCE

Fry, J. (1975). *Journal of the Royal College of General Practitioners*, **25**, 481-94.

USING GLOVES

Sir,

In my description of *A labour-saving manoeuvre* (June *Journal*) I wrote that "when the cervix is very thin and closely applied to the fetal scalp it is easier to employ an ungloved hand." (In such occasional cases dilatation is completed rapidly with a minimum of force). My attention has been drawn to the recommendation of the Medical Defence Union that the hand should be gloved for all vaginal examinations or procedures.

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REFERENCE

Salzmann, K. D. (1975). *Journal of the Royal College of General Practitioners*, **25**, 401-16.

GENERAL PRACTITIONERS' REFERRAL LETTERS

Sir,

The interesting article in the July *Journal* notices that about half of a series of patients referred to hospital and subsequently admitted did not have a general practitioner's letter in the in-patient notes.

The reasons for this were touched on only lightly. It was suggested that in the case of casualty admissions the patients had probably referred themselves.

There are many reasons why a letter might be absent from hospital inpatient notes. Among the less obvious possibilities, but each within my personal experience, are the following:

(1) The letter was forgotten and remained at home

(2) The letter was opened by an unauthorised person who found that he could not reseal it without revealing that it had been opened. It was therefore discarded

(3) As in (2) above but the unauthorised person considered that the contents were best withheld from the hospital and the letter was therefore discarded.

(4) The letter remained in the patient's personal belongings throughout the hospital admission.

Nobody asked him for it and he did not think to produce it.

The conclusion of the authors that patients often refer themselves is certainly true. There are cases in which the patient has referred himself with the knowledge, but against the expressed advice, of his general practitioner.

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REFERENCE

Durkin, C. J. and Edwards, A. (1965). *Journal of the Royal College of General Practitioners*, **25**, 532-536.

DIAGNOSIS OF PREGNANCY

Sir,

I wish hospital diagnosis of pregnancy was as quick in my area as it was in the survey reported in the July *Journal*. The authors, Professor Barber and Dr Robinson, regarded the average delay of three days as unacceptable, though Dr Cargil, writing in *Doctor* disagreed with them.

My nearest hospital, at Loughborough, will send urine for pregnancy testing providing a fully labelled sample is delivered to the hospital with a request slip not later than 09.30 hours on a Monday or Tuesday. The results have usually taken 4-7 days to reach the surgery. If Monday or Tuesday happen to be holidays or if there is any imperfection in the labelling of the sample or request form, there is likely to be a further delay of at least a week. Thus someone attending surgery on a Tuesday would be lucky to have the result of a hospital pregnancy test within ten days. For these reasons I do my own pregnancy testing. Incidentally the return journey to the hospital by public transport may cost 50p or more.

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REFERENCE

Barber, J. H. & Robinson, E. T. (1975). *Journal of the Royal College of General Practitioners*, **25**, 511-19.

CHOICE OF PRACTICE LOCATION

Sir,

I was interested to read the article by J. R. Butler and R. Knight on *The Choice of Practice Location* (July *Journal*). I suppose that I would come into the category of doctors aged between 40 and 49 years at the time of survey. He remarks that one might have expected more of these doctors to have moved when vacancies outnumbered applicants, but did he ask any of these doctors what the size of their overdraft was at the material time?