

MIGRAINE

Sir,

I read Dr K. M. Hay's preliminary communication on the treatment of pain trigger areas in migraine (*May Journal*) by means of injection with interest.

Many of the common pain trigger areas shown coincide with the tender areas found in patients suffering from frontal headaches, often described as "a pain over the head and behind the eyes".

I have found that manipulation of the upper thoracic and cervical vertebrae produces relief.

I believe the mechanism of the pain is similar to that of claudication (as does Dr Hay) and that manipulation does relieve the muscle spasm and encourage blood flow. Ultrasound to the upper thoracics has the same effect, as does a follow-up use of muscle relaxant/analgesic for a day or two after manipulation.

There are, of course, other causes of this type of pain which also respond to manipulation, but I feel that the regime outlined above has its merits.

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REFERENCE

Hay, K. M. (1976). *Journal of the Royal College of General Practitioners*, **26**, 372-376.

ROYAL COMMISSION ON THE NATIONAL HEALTH SERVICE

Sir,

Council has appointed a working party to prepare the College's evidence. In seeking the views of our members, the Working Party has invited Faculty Boards to submit specific subjects and problems they have identified as important to general practice, and to make proposals for the future if they so wish. Council believes, however, that it is important for every member to have the opportunity to comment.

I am writing, therefore, to say that contributions will be welcome from any Fellow, Member or Associate; we must ensure as best we can that important topics are not overlooked.

Please write either to the Honorary Secretary of your Faculty or to me at Princes Gate.

DONALD IRVINE

Honorary Secretary of Council

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DRUG INFORMATION FOR GENERAL PRACTITIONERS

Sir,

I wonder if I might use your columns to enquire how many of your readers would be interested in a more effective method of distributing drug information? Dr Keele (*May Journal*) demonstrates clearly enough the hazards of relying on the drug companies for information, which in itself is inevitably patchy. And the recent Medical Practitioners' (Restrictions of Right to Prescribe) Bill indicates that politicians too are moved by the problem—to say nothing of the rising dangers of iatrogenic disease.

Working on a similar system to that used by airlines for ticket reservations, a small team at Manchester University is developing a prototype for displaying drug information on a small television screen, in the consulting room. Items such as ingredients, equivalents, and principal actions (points especially noted by Keele) would be displayed as need be, along with such items as cross interactions that may occur with drugs the patient concerned may be taking concurrently. Costs, colour of products together with the latest pharmaceutical recommendations could be called on to the screen, with equal ease.

Known as the Electronic Distribution of Drug Information, the E.D.D.I. system, it is being designed with general practice very much in mind. Thus it will be fast (response time less than a second), easy to use (with a lightpen, or a ten-key pad), and the information will be displayed as clearly as on a typewritten page. In the lower right hand corner of the screen, a facsimile of the FP10 prescription form will appear, to be gradually filled with the items selected, ready to be printed automatically, for the doctor to sign.

The local Drug Information Centre, which reviews 200 pharmacological journals, will be included, to ensure that the information is constantly brought up to date. Using standard electronic techniques, the system could well link up with the proposed Teletext service, recently announced by the Post Office.

Once developed, the E.D.D.I. system should cost in the region of £30,000 for the central unit, which would be adequate for up to 250 general practitioners to link in, at roughly £1,000 apiece in capital outlay. Running and servicing costs might amount to five per cent capital, per year, depending on the size of the overall installation.

Costs of the Teletext system have yet to be determined, but are thought to amount to the cost of the telephone time used, plus a fee for the supply of equipment and for the information used.

Since the E.D.D.I. system would inevitably lead to the more economic use of the drugs