

exercise, while failing to mention such minor details as stillbirths and neonatal deaths.

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Sir,

It is somewhat sobering that an article describing a successful experiment integrating the primary and secondary health care services should provoke the obvious antagonism and anger shown in Mr Vass's letter (November *Journal*, p. 700) and I should like to reply to some of the specific points he raises.

The statement that the average district general hospital is just as accessible as a health centre is clearly unjustified whether accessibility is measured in terms of distance or the provision of consulting hours.

Length of waiting time is a generally recognized problem even if in Mr Vass's own clinic this difficulty has evidently been overcome—although he provides no factual information for comparison.

The possible number of different doctors seen by the patient clearly relates to the size of an obstetric team, but no evidence is provided for the *ex gratia* statement that there is a surfeit of staff at St Thomas' Hospital.

We regret that Mr Vass resents the incontrovertible suggestion that his responsibility for the general care for the pregnant patient differs from that of the general practitioner. Who does he consider is most appropriate to treat the expectant mother when she suffers from bronchitis, or depression, or when her child is presenting behaviour problems at the prospect of a newcomer in the home? Mr Vass states that he undertakes integrated care and if he defines this term by using the same criteria as we do, it is difficult to follow his overwhelming objections. The results given clearly relate just to our own experimental findings but it would be interesting to see how they compared with the results of similar studies in other situations.

Dr Bahrami (November *Journal*, p. 700) rightly stressed the prime importance of safety. Our findings showed that the differences in outcome between the two groups were not statistically significant, but perhaps we were amiss not to state that both patients who had stillbirths had received full antenatal care. The cause of death in one case was multiple abnormalities and the other followed premature rupture of the membranes at 32 weeks.

It was never stated or intended that

this form of management was relevant or appropriate for all situations but rather that it had been found to be feasible, in the case of not just one, but a number of practices concerned with the provision of care in an inner city area. It is important to remember that the majority of the population live in large urban conurbations and it is here that some of the major problems facing the delivery of medical care, including the difficulty of establishing satisfactory contact between the general practitioner and his specialist colleagues, exist.

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TREATMENT OF MINOR RESPIRATORY ILLNESSES IN GROUP PRACTICE

Sir,

Dr Brenning James' letter (June *Journal*, p. 372) on the treatment of minor respiratory illnesses deserves comment.

The situation he describes is that of a (presumably) basically healthy individual with a dry nocturnal cough due to a viral infection. It will eventually get better on its own, but meanwhile the patient (not to mention his/her spouse) has a job to do and needs a night's sleep.

How to treat it? The prodigal use of antibiotics is certainly to be deplored. The use of "an electric kettle or some similar device" to increase humidity seems to me to be impractical and unsafe:

1. Most electric kettles boil a lot faster than the stated requirement of 70 ml/hour; getting up to switch on and off, and refill the kettle, hardly seems conducive to a good rest.
2. Falling asleep with the kettle left on would be a good way of blowing the fuse (with luck) or starting a fire if the wiring is faulty.
3. Many older houses do not have electric points in the bedroom; running a kettle off the lighting circuit would be a fire officer's nightmare.
4. What is a "similar device"? Slow-boiling electric heaters are not commonly available; the use of other fuels would present an even greater fire hazard.
5. Steam ruins bedroom furnishings; this is not likely to be regarded as trivial.

There are many different 'cough bottles' available, which on the whole stop coughs; the use of a *British National Formulary* one is likely to be cheaper but a proprietary one may tactfully reinforce the idea that these illnesses can be treated by going straight to the chemist in the first place. The amount of sputum they suppress in a healthy adult is not likely to be a hazard, and once they are found to work the demand for the 'magic' of antibiotics will die down.

What happens if nothing is prescribed? The patient who wants medicine will on the whole get it, and one of the functions of a prescription is to discourage the use of anything else. The more sensible patient will buy a bottle over the counter for about the same as the cost of a prescription charge. Others unfortunately borrow something "to do my cough good", which might mean a couple of days of antibiotics, digoxin, diuretics, or even antimitotics! In this part of the world truly amazing 'native' medicines may be obtained, and even in the UK this may be worth remembering among immigrant communities and the more eccentric members of fringe society.

In solving this common problem a scientific approach is, regrettably, in direct conflict with safety, economics, and common kindness. It is up to the general practitioner to find a balanced answer.

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GENERAL PRACTICE IN MEDICAL LIBRARIES

Sir,

Your editorial on "General Practice in Medical Libraries" (July, *Journal* p.387) was well timed and, as far as it went, made plain that the general impression that general practitioners are infrequent users of medical libraries is correct but has a multiple and complex aetiology. As well as the reasons given in the editorial, others are also important: for instance, many general practitioners are quite unaware of the services that today's medical libraries can offer; whilst, equally, most medical librarians do not know what it is that general practitioners require. Current research will, one hopes, help to throw light on this subject: in the meantime the majority of general practitioners will no doubt go on assuming that a medical librarian exists almost solely to