

a man it is almost certain that she would have continued her work and devised further studies to test her hypothesis. Instead, she left academic life to indulge in childbearing and childrearing, and is only now—six years later—beginning to turn her thoughts towards the continuation of her earlier work.

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TRAINING STAFF

Sir,
In the June issue of the *Journal* (p. 372) you were kind enough to publish a letter setting out the terms of reference and activities of a joint working party set up by the Royal College of General Practitioners and the Association of Medical Secretaries earlier this year.

The working party wishes to collect and examine documentation relating to:

1. Practice handbooks or notes for the use/instruction of receptionists and secretaries.
2. Job descriptions of practice ancillary staff.

If any member can help by sending us such documentation we should be most grateful to receive it.

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Chairman

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ROLE OF PRACTICE NURSES

Sir,
We should be most grateful if general practitioners who are interested in the

education and role definition of their own directly employed nurses would contact me at the address below. The University is running a pilot course for practice nurses this autumn and would very much appreciate the help of general practitioners in telling us what their nurses are doing, what they would like them to do, and what they consider to be the medico-legal problems in nurses doing hitherto medical (as distinct from nursing) tasks. A three-year study by Dr B. L. E. C. Reedy of the University of Newcastle-upon-Tyne shows that practice nurses are extending their role considerably and it would help us to have the views of your readers about this.

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BEHAVIOURAL PROBLEMS IN GENERAL PRACTICE

Sir,
May I comment on your excellent editorial "Behavioural problems in general practice" (*June Journal*, p. 323). I write as a social worker married to a general practitioner. Yes, I know of the mutual antagonism between some general practitioners and social workers!

It is gratifying that at last some general practitioners are now aware of the "non-physical element" of their patient. However, these enlightened general practitioners are certainly paying, I feel, for their pill-orientated colleagues who dish out tranquillizers and other unnecessary medicines (at great cost to the country) instead of *listening*. Most patients have been led to expect a medicine for everything, including the common cold, which we know gets better by itself! People have lost confidence in themselves *not* to go to a doctor.

Obviously, tranquillizers are relevant to some conditions. I think all general practitioners, social workers, and nurses should be made to see the play "Whose Life Is It Anyway?". In it the chronically paralysed patient refuses tranquillizers from the well meaning, but misguided, housemen on the grounds that they were prescribed for him because the doctor could not accept the fact that there are patients who cannot be helped medically—except to die—and who think. The patient suggests that the housemen should take the tranquillizers!

I speak as someone who has multiple sclerosis, so I ask for no heroics, just an acceptance that some patients are

actually quite intelligent and sometimes know what is best for them. My general practitioner does, thank goodness!

Finally, in most cases—except where the medical condition is paramount and relevant to general practitioner counselling—I think there are other professions better trained (most general practitioners are not anyway) to do counselling, like social workers and marriage guidance counsellors.

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A4 RECORDS

Sir,
Dr R. M. Milne (*June Journal*, p. 373) asks for evidence of the value of A4 records. As far as I am aware, there is no-one who can give him objective evidence that medical care is improved as a result of converting records from the old medical record envelope to A4 format.

Dr Milne has found that the act of conversion has forced him to examine carefully the contents of the brown bags stuffed with cardboard and paper in his practice, and this has given him more information about his patients.

Any practitioner who subsequently comes to care for his patients will be able to get that information without the same scramble, and any information which Dr Milne records in the future, such as that relating to immunizations performed, past illnesses, screening procedures, and investigations, will be organized, each in its own place and easily found. Having used the medical record envelope for 18 years and the A4 format for eight years, I have no doubt that I prefer the latter.

I have never seen any comments from general practitioners who use medical record envelopes who receive patients from practices using A4 records. What do they do with the old A4 record? Does its presence create any difficulties?

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Sir,
I am sorry that Dr R. M. Milne (*June Journal*, p. 373) has feelings of guilt about A4 records, because our article (*February Journal*, p. 85) recorded the