expected if tonsillitis *per se* was being assessed.

As such, their results could represent a bias towards absence of penicillin response, as un-inflamed sore throats will not respond. The point of this argument is to enable qualification of the authors' conclusion. Their recommendation does apply to un-inflamed sore throats, assuming other features of the illness do not require antibiotic treatment, but I think it wrong to extrapolate the conclusion to include inflamed sore throats, as this group includes streptococcal infection.

The Group A B-haemolytic streptococcus can still behave unpredictably and I have seen some very severe infections and one fatality (septicaemia complicating chicken pox in a mother of two young children). The literature (*British Medical Journal,* 1972, 1978) also records fatalities and warns that this organism should be recognized as a dangerous adversary. It would seem foolhardy to approach the streptococcus too lightheartedly.

The duration of antibiotic treatment is a different argument altogether, and I would agree with the authors that rheumatic fever prevention is not the primary concern, hence a short course will usually be adequate.

There need be no confusion about who to treat and who not to treat: if the throat is inflamed, treatment is advisable; if un-inflamed, then an antibiotic will usually not be necessary for the throat itself.

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ANTIBIOTICS AND COLDS

Sir,
Dr J. A. McSherry (January *Journal,* p.49) asks "Why not prescribe antibiotics for heavy colds?" Unfortunately he does not define what is meant by a "heavy cold". If he means the situation described in his last paragraph, "an acute respiratory infection associated with a fever of over 100°F lasting for three days, especially if accompanied by profuse yellow or green sputum," I suspect very few general practitioners would withhold an antibiotic, but of course this is the clinical picture in a very small proportion of respiratory infections. The majority of people suffering from what they feel is a heavy cold are afebrile, and most studies have shown little or no benefit when antibiotic treatment is used in this situation. Even if one accepts that *Mycoplasma pneumoniae* is responsible for between 16 and 23 per cent of cases of acute respiratory disease (and the proportion was very much smaller when we did a survey in our own practice), then this is by no means proof that antibiotics are likely to be helpful. For example, many cases of gastroenteritis are susceptible to antibiotics, but with a few exceptions antibiotics have been shown to have little benefit in the absence of prolonged bacteraemia.

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PRACTICE REPORTS

Sir,
Dr McGuinness's suggestion (December *Journal,* p.744) of an annual practice report is an important one and, although it has been around for some time, and indeed was the subject of a competition in *Update* some years ago, it does not appear to have been pursued on a very wide scale since then. The reports that I have seen have tended to concentrate on such things as staffing, premises and activity analysis related to morbidity. There does not seem to have been much attention paid to prevention statistics, which is something I am interested in, and I would be most grateful to hear from anyone who has addressed themselves to this issue or who wishes to pursue it further, and I would be grateful to receive any copies of annual practice reports which have been produced.

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CORNEAS FOR TRANSPLANTATION

Sir,
It has occurred to me that general practitioners are in an ideal position to collect donor eyes for corneal transplantation. For the last few months, where I felt it appropriate, I have asked the relatives whether they would like to donate the dead person's eyes for corneal transplantation in the local hospital. The response has been very encouraging. About one-third of those asked have in fact agreed to donate the eyes; none of the rest appears to have been upset by being asked and, indeed, some of them are grateful to have been asked. Technically, the collection of the eyes is very easy and does not require much expertise. Speed is not essential, as the material is viable for at least 24 hours after death and, because of this, there is no suggestion that we are dealing with people who might not be dead.

If anyone was interested to obtain materials for their local hospital, the simplest thing to do would be to contact the eye department, where one of the consultants would probably be more than pleased to arrange any material and the cover of any transport costs.

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COMPUTERS IN GENERAL PRACTICE

Sir,
The Central Information Service for General Medical Practice is collecting information on all aspects of computers with a view to providing an information service to general practitioners who are interested in computers.

We would like to build up a complete file of computer users, detailing the type of computer installed, the uses to which it has been put as well as details of pitfalls or unfortunate experiences. The latter information can be treated confidentially if required.

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'CONSULTATION'

Sir,
The word 'consultation' is defined for the purpose of the National Morbidity Survey as "any face-to-face contact between the doctor and patient, at home or at the practice premises" (OPCS, 1974). This is consistent with the definition of a "direct consultation" in the General Practice Glossary (Royal College of General Practitioners, 1973). However, in the National Morbidity Survey "the decision to record more than one diagnosis at any one consultation was left to the recording doctor. In general, if the patient consulted about more than one condition, these