and to audit them, to standardize our records, cover for one another out-of-hours and so on.

The College should support the demedicalization (or dehospitalization) of birth when this is in the best interests of our patients.

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Reference

1. Maternity Services Advisory Committee. *Maternity care in action — part II. Care during childbirth.* London: HMSO, 1984.

New RCGP Classification

Sir,

My partners and I are resolved on two things: we do not wish to pay £7,000–£10,000 for a computer as there is no commercial justification for this, but we do wish to get involved with a computer on a small scale and in a meaningful way.

Training practices in this region are expected to have all the components of notes sorted in chronological order and to have a summary card for each patient.

We have tried and failed in our practice to introduce formal auditing. Suggestions tended to turn into the equivalent of impracticable, time-consuming research projects because we had little idea what was going on in the practice in the absence of rapid access to a disease and treatment register.

May I now integrate the above three paragraphs? It is logical that the requirement that a teaching practice should have sorted notes and summaries should be taken one stage further. At the moment, summaries fulfil an admirable role in allowing rapid access to a patient's past history, but they tell us nothing about the epidemiological processes operating within the practice. We are failing to exploit the capabilities of the summary sheets. The next obvious step is to classify the data and place it on a computer.

To this end I awaited the publication of *Occasional Paper 26*, for it seemed to make sense that all general practitioners should use the same classification. Though it can be faulted, I think it is a good classification and achieves a sensible balance between detail and generalization. At least it has been prepared for general practitioners by general practitioners. I have, however, experienced difficulty in using the classification and I have suggested to Dr Clifford Kay that the book unwisely assumes on the part of the user a knowledge of the historical antecedents in morbidity coding. The 'FNO' system is particularly confusing for a newcomer. In addition I am finding the classification very slow to use because there is no large comprehensive 'jumbo-index' with synonyms. I believe that such an index should be published urgently as a supplement.

After two months of opportunistic work, I have still reached only the notes of names beginning with the letter 'C' and my triumphal arrival at the notes of Mr Zyxowski is at least a year away. It could be argued that the task should be delegated either to a computer or to a nurse. I am, however, finding that my summaries are incomplete and inadequate when subjected to the discipline of a formal classification and I greatly regret that *Occasional Paper 26* was not available when I began summarizing notes in 1981. I think the best way to avoid the 'rubbish in equals rubbish out' syndrome is to continue the coding myself, but a small study is planned to test the inter- and intra-observer error rate when both a doctor and a nurse independently code the same notes and repeat the process after an interval.

No guidance is given in *Occasional Paper 26* on how to classify drugs. I am using the headings of the *British National Formulary* and the editors have assured me that these headings will be retained in continuity in future editions.

What do I do with all the codings when I have finished? At the moment I do not know. I know what I should like to do. I should like to display numerically and graphically, the frequency (I avoid the terms 'incidence' and 'prevalence') of any disorder in the practice, to do retrospective case-controlled studies and comparisons with the computer selecting the controls, to find out what I am prescribing and to whom, and to do basic parametric and non-parametric statistics. I do not see how one can teach in general practice without access to this sort of information and it should surely become the norm for all teaching practices in the future.

The *cognoscenti* of general practice seem to be interested only in large expensive systems for primarily administrative purposes. No advice seems to be readily available for a general practitioner with limited aims and unlimited ignorance. What could I use as inexpensive hardware? Where is the software? Small is beautiful. It is time for a change in attitude to computers in general practice and for new and less ambitious priorities.

I am grateful to Dr Clifford Kay for his helpful advice about the use of the classification.

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Focus on women at 35

Sir,

I am sorry that Dr Schrire (Letters, December *Journal*, p.664) has picked out the last sentence in a short report on a survey we carried out on our patients throughout 1983. To interpret our results as he implies, that we only carry out cervical smears for profit, is very unfortunate and was not mentioned in the letter.

As a practice, we offer all our female patients, on starting oral contraceptives, the opportunity of having a cervical smear. I am not sure what others have experienced but we find it very difficult to convince young ladies that such is both necessary and sensible. In order to get the rate of take-up in our patients as near 100 per cent as possible, we selected an age at which patients would, we felt, be receptive to the idea and also welcome not only a cervical smear but a general check-up and questionnaire on many aspects of their physical and social health.

This questionnaire consisted of 29 questions, and routinely we examined breasts, blood pressure and urine as well as a pelvic examination. The uptake and response from the patients has been very good and for the amount of time and effort put into the exercise it would hardly be cost-effective if we were relying on private fees alone. We are constantly being urged by the College to practise health-care rather than illness-care medicine and this is a small way of starting our contribution within the spirit of the NHS.

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