NEWS

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Morbidity figures

IN the last 15 years the number of people diagnosed as having high blood pressure has almost doubled according to the third national study *Morbidity statistics from general practice* published last month.

New figures in this Government report revealed that between 1972 and 1982 there was a 91 per cent increase in the number of patients treated for high blood pressure and a 14 per cent increase in heart attacks.

The purpose of the joint study by the Royal College of General Practitioners' Birmingham Research Unit, the Office of Population Censuses and Surveys and the Department of Health and Social Security was to examine the pattern of disease in the country between 1981 and 1982. Results were compared with those of two earlier studies carried out in 1955-56 and 1971-72.

The report says: "It is likely that the substantial increase in patients consulting for hypertension reflects the increased awareness of the long term dangers of this condition and the greater identification and treatment it now receives."

Doctors are clearly more aware of the risks of hypertension and are being careful about checking patient's blood pressure. This may account for the number of deaths from stroke having been halved in the last ten years.

The study was derived from nationwide data contributed by 143 general practitioners who were caring for over 330,000 patients.

There has been an increased consultation rate for both males and females. In the early 1970s, 663 out of every thousand registered patients visited the doctor at least once a year, but by the early 1980s this figure had risen to 712 per thousand. However the total work load per doctor as measured in the number of consultations had not changed, although the number of patients registered with each had decreased.

Home visits have been reduced and they suggest that this has a lot to do with the changing attitudes of patients. People are now more inclined to wrap their children up and take them in the car to the doctor.

The report shows that more patients consult their doctors for coughs, colds and respiratory illnesses than for any other group of diseases. The number of people consulting their doctor about backpain has increased by 65 per cent, with osteoarthritis up 36 per cent and rheumatoid arthritis up 24 per cent. But there has been a decline of 40 per cent in diseases of the blood, particularly iron deficiency anaemia.

Since the 1971/72 survey the number of people consulting their doctor about depression has decreased by 28 per cent. Between the first and second surveys the apparent rise in mental illness coincided with the increasing availability of drugs to treat mental illness. The present decline has been put down to patients becoming disillusioned by these drugs.

The study discovered that more than a quarter of female patients visited their doctor without being ill. They called for advice on family planning, ante-natal care, health education and to discuss social problems such as housing and marital difficulties.

There has been a distinct increase in cervical cytology uptake with 50 per cent more women screened in 1981 than in the previous survey. This has tended to be women in the younger age range who have it as part of their ante-natal care. The study recommends that general practitioners need a more aggressive approach in persuading older women to have smear tests.

Dr Douglas Fleming, the co-ordinator of the study at the Birmingham Research Unit, said: "The survey raises a whole series of issues but gives few answers. It is this sort of work that enables us to start asking important questions." □

DHSS guidelines on CDH

IN September the Department of Health and Social Security published new guidelines to help health workers screen babies for congenital dislocations of the hip (CDH).

The guidelines say that screening for CDH should be regarded as an integral part of overall child health surveillance and that it is important that health professionals responsible for newborn babies and young children are alerted to its signs.

The problem is wide spread with one in 50 babies being affected. It is however clinically impossible to detect every case at birth and so they recommend that surveillance should be continued until the child is seen to be walking normally.

Research in the last few years has stressed the importance of early detection and the need for continued vigilance until the child is walking again. They suggest that the times for screening should coincide with other routine developmental tests and take place within 24 hours of birth, at the time of discharge from the hospital, at six weeks of age, then between six and nine months and finally between 15 and 21 months of age.

They recommend that the District Health Authority should have a clear policy outlining who is responsible for undertaking the examination and for passing results or notification that the examination has not been done to the general practitioner, community midwife or health visitor.

The handbook is available at £1.00 per copy from the DHSS Leaflets Unit, Government Buildings, Canons Park, Stanmore, Middlesex HA7 1AY. □

Food-borne disease

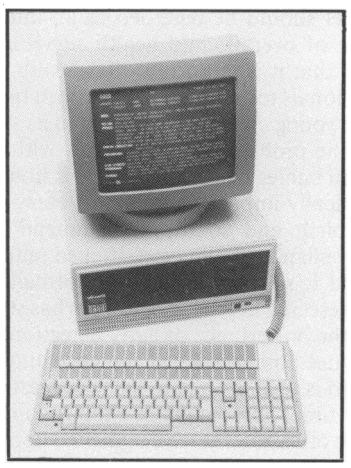
The Society of Community Medicine is holding a conference on "The Changing Pattern of Food-borne Disease in the UK" on Friday 14 November at the Royal Overseas League in Park Place, St James Street, London SW1A. Conditions such as Campylobacter, E.coli and Cryptosporidium will be discussed. Application forms can be obtained from Dr P.A. Gardner, 31 Battye Avenue, Huddersfield HD4 5PW. Telephone 0484 654777. □

Computer aided prescribing

AN Exeter general practitioner and a retired professor of statistics have designed a new software package to make up-to-date information about drugs available to doctors at the press of a few keys.

Dr John Preece and Professor John Ashford are hoping that their new system will solve the problem of flow of information between doctors, drug manufacturers and government regulatory agencies.

There are over 4,000 drugs available on prescription in the United Kingdom. All have contraindications, precautions, warnings and most are known to interact with other drugs. This information is constantly changing as new drugs and formulations are introduced and new side-effects and reactions are discovered.



Until now the best way for general practitioners to keep up to date was to constantly be consulting three separate sources of information, *The Monthly Index of Medical Specialties, The British National Formulary* and the *Data Sheet Compendium.*

But studies of prescribing practices have shown that busy doctors try to solve this problem by establishing a personal repertoire of the drugs they know well and virtually ignore the rest. This "play safe" approach cannot always result in ideal drugs being prescribed for every patient.

Now, if a doctor wants to prescribe a drug he can enter the name into the computer which checks the drug, dosage and formulation to ensure that the choice is compatible with the patient's age, drug sensitivities and any other medication he is taking. Doctors will be able to look up interactions between drugs and the computer will remind them of warnings, precautions and restrictions associated with the drugs. The computer then instructs the printer to "write out" the prescription which avoids problems of bad handwriting and spelling errors.

To ensure accuracy the drug data store is updated every month. This is done by exchanging last month's disc for a new one, but it is hoped that eventually a telephone line link will be established between surgery computers and a central drug data store.

Dr John Preece explained the advantages of this system: "Doctors will be able to write prescriptions twice as fast with complete accuracy and because they are typed they will be legible and it will be impossible for patients to alter them." □

ASTHMA roadshow

CHEST physicians will be travelling around the country to discuss their new understanding of bronchial hyperreactivity in asthma with general practitioners this winter.

A crucial step forward in the management of asthmatic patients has been the realisation among chest physicians that enhanced reactivity of the airways is a fundamental abnormality in asthma.

Each meeting will be chaired by a local general practitioner and include presentations by two consultants, one of whom will outline the role of bronchial hyperreactivity in asthma, while the other will discuss its treatment.

The first three meetings are to be held in London (20 November), Birmingham (25 November) and Wakefield (3 December).

Doctors wanting to go to meetings in their own areas should contact Alan Wright, Allen & Hanburys' Medical Professional Relations Manager, on 01-422 4225 for further details. □

A brighter future

COLOPLAST are calling on general practitioners to help improve the quality of life for millions of women suffering from incontinence.

The myth that incontinence is only a condition of the old and disabled is slowly being dispelled. A survey carried out by the magazine *Woman* found that a staggering one in three women admitting incontinence were under the age of 35. Current estimates suggest that over two million women in this country are affected.

All too many of these women are suffering in silence because they are too embarrassed even to talk to their doctor about this problem. Even the mildest case can cause intense worry, loss of self esteem and a reduction in social relationships and job aspirations. The *Woman* survey found that 90 per cent of sufferers were trying to cope on their own without any form of medical guidance.

Coloplast say that rather than just offering "tea and sympathy" doctors should be taking a positive interventionist attitude and be helping to publicise, prevent and treat this widespread problem.

Coloplast's free leaflet *The future looks so much brighter now* describes the simple exercises that doctors can teach patients to strengthen their pelvic floors. Research suggests that after such exercises complete cure is attainable for 90 per cent of women with stress incontinence and 80 per cent with urge incontinence.

A family doctor's advice to a young mother who complained of wetting herself when she laughed, played with the children or went disco dancing was to avoid such situations. Many similar examples emphasize the extraordinary ignorance about this condition among even health care professionals.

The problem seems to stem from a lack of education about incontinence at medical schools. Indeed many doctors don't see it as a medical problem at all, but as a nursing one.

Coloplast say that schools are the best place to train women to strengthen their pelvic floors to safeguard them against this condition. Visits to the surgery for cervical smears, IUD or cap fittings, antenatal and postnatal checkups and rubella vaccinations provide golden opportunities to discuss incontinence and reinforce the importance of pelvic floor exercises. Another idea is for doctors to display information leaflets on incontinence in their waiting rooms so that women will feel better prepared to talk about the problem.

Last month Coloplast launched their new product Conveen Stay Dry pads. The unique absorbent structure of these pads seals in both fluid and odour, avoiding skin soreness and leaving the pad surface dry, fresh and hygienic. To assist the achievement of continence Coloplast have also started a nationwide educational campaign and have produced self-help leaflets and booklets which they are asking general practitioners to display in appropriate areas like surgeries and health centres. Free copies can be obtained by writing to Coloplast Limited, Bridge House, Orchard Lane, Huntingdon, Cambs. PE18 6QT. □

New primary care professor

DR NIGEL STOTT, the review editor of the College Journal, takes over the chair in general practice at the University of Wales College of Medicine this month.

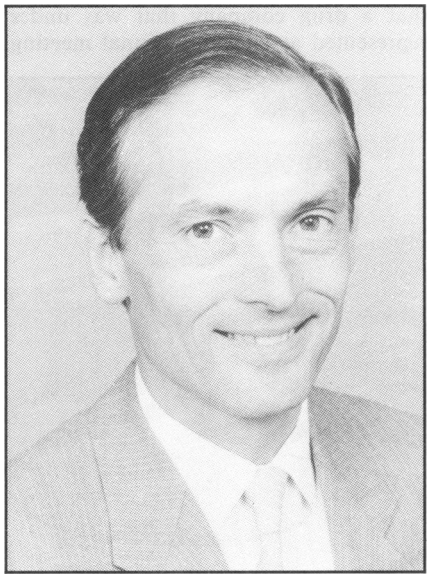
The department will be starting a new undergraduate teaching programme in 1987 which will allow the students to spend more time in general practice. The University of Wales was innovative in allowing first year clinical students to do a nine month family case study in which they were attached to families having a new baby. This gave students the unique opportunity of learning about both child development and the way families cope with the change in life style.

"The great advantage of this project is that it allows students to become aware of patients as people in their home environment from the very beginning," said Dr Stott.

Day release course for trainees in the area are also based in the department. Dr Stott will be leading an active research team which has been involved with work on health education, care of the dying, respiratory tract infections and social science research.

Dr Stott is also involved in the World Health Organisation's health promotion activities and is founder chairman of the George Thomas Centre for Hospice Care in Cardiff.

In 1972 Dr Stott became senior lecturer in general practice at the Welsh National School of Medicine then in 1979 he was appointed professor of primary care at Southampton. Later he returned to Cardiff to take up his last appointment as primary physician and part-time senior lecturer in the College's department of General Practice. □



Dr Nigel Stott

Sheffield's new professor

Dr David Hannay, a member of the College, has been appointed to the chair in general practice at the University of Sheffield.

The department, which is at present a sub-department of Community Medicine, was particularly keen to appoint someone who was capable of providing research leadership.

Dr Hannay has written a book on Community Health in Glasgow and is a co-author of the recent *Mackenzie Report* on university departments of general practice. He has also been involved in teaching interviewing skills and the applications of microcomputers in general practice.

Dr Hannay said that he hopes to be able to expand the department to develop research and undergraduate teaching in a new curriculum and also increase links with postgraduate training.

Dr Hannay takes up his appointment on 1 January next year. □

Carne honoured

Our congratulations go to Dr Stuart Carne, a former treasurer of the College and a member of Council, who has just been awarded a CBE. This is in recognition of his services as chairman of the Standing Medical Advisory Committee. Dr Carne has represented the College on the committee since 1972. □

An irreplaceable fellow

THE cumbrian faculty mourns the loss of one of its Fellows. Neil Frame, who was 57-years-old, died in tragic circumstances on Saturday 20 September, 1986.

Neil's first wife died ten years ago following a subarachnoid haemorrhage and he, his son and daughter felt their loss deeply. He eventually found enjoyment and relaxation in the sport of sailing which took him to the Isle of Whithorn where he met Kay. Neil married Kay in Carlisle the day before his death. They travelled north to honeymoon at Achnacarry, near the Summer Isles, and it was there that he suffered a fatal coronary.

Neil was co-founder of the east Cumbria Vocational Training Scheme and subsequently became scheme organiser. He was chairman of the sub-faculty and was elected to the fellowship. Since 1980 he has been an examiner for the College and involved himself in the teaching of trainees.

To list his other activities and accomplishments would be to fill this publication but it would still be lacking. We would miss the essential ingredient — the man himself. Neil was a great doctor but he was more. He was a great general practitioner and an even greater teacher. His trainees and others on the Scheme will miss the discussions with him that could last for hours. He was an innovator and much of the success of the east Cumbria Scheme is due to Neil's ideas and flare. He will be missed by trainees, general practitioners and patients alike.

I shall miss him for his advice and fatherly encouragement which was always delivered with a special blend of humour. My best memories will be the long discussions which lasted into the night during the year we spent on the Nuffield course for course organisers which are crystallised in his favourite poem — 'Heraclitus'.

'They told me, Heraclitus, they told me you were dead;
They brought me bitter news to hear and bitter tears to shed.
I wept, as I remembered, how often you and I
Had tried the sun with talking and sent him down the sky.' □

Tony Reed

Gastroenterology Conference

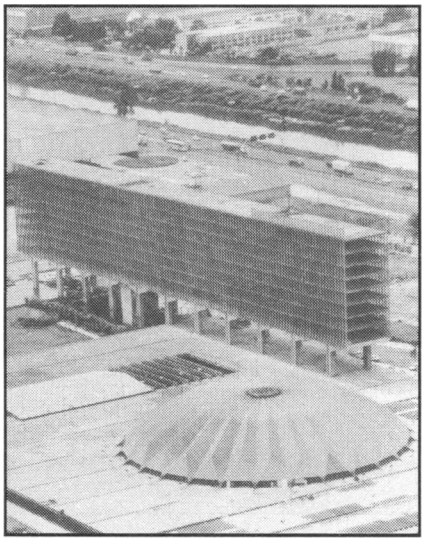
DR David Murfin, a member of the steering group of the Primary Care Society of Gastroenterology, attended the World Congress of Gastroenterology in Sao Paulo, Brazil this September. Here Dr Murfin gives a general practitioner's overview of the conference and his personal impressions of the way this important speciality is developing

I was interested to discover why 8,000 doctors attended the World Congress on Gastroenterology when the World Conference of General Practitioners/Family Physicians in London this year only attracted 1,300 delegates. The Congress was attended by doctors from a variety of fields including Pathology, Radiology and pure Science and the Pharmaceutical Industries' sponsorship also ensured an enthusiastic group of visitors.

I did not feel clinically capable of judging the merits of the scientific programme but with my medical background I felt the overall selection of material left a great deal to be desired. More than 2,000 abstracts had been accepted and were presented in poster-form. The WONCA Conference held by the Royal College of General Practitioners was a lesson in careful scientific selection but this Congress seemed an effort to be bigger than anything that had ever gone before. The desire of the delegates to get material in seems only to have been matched by the enthusiasm of the referees to accept it.

As a general practitioner I was particularly interested in attending debates on the diagnosis and management of gastrointestinal disease at the primary care level. The speciality of gastroenterology has two main areas in common with general practice. The consultations often have no basis in terms of physical disease and most patients seen in clinics are not admitted to hospital - they are examined, investigated and treatment is given in outpatients.

I was amazed at the intensity of the drug industry's advertising. The entrance to the Conference Centre had been entirely taken over by companies competing to attract doctors to their stands. I was told that a drug company that was under represented at an international meeting would loose ground, but for it to be totally absent could only be described as foolhardy.



Anhembi Conference Centre, Sao Paulo.

A quarter of all drugs consumed worldwide are related to the field of gastroenterology - the potential in terms of profit for successful preparations are quite enormous. The development of H2 antagonists have created a surge in research, with many new products about to arrive for treating peptic ulcers.

The relationship between the pharmaceutical industry and the medical profession was seen by one speaker as being comparable to that of a wayward husband and his mistress. They need each other, but the relationship remains an uneasy one. The drug industry supports medical research to an enormous degree and in the United Kingdom academic departments are often highly dependent on various companies. My nagging anxiety listening to the accounts of drug related research was the need for honesty in the production of data.

The Primary Care Society of gastroenterology, of which Dr Murfin is a member, aims to improve education and research opportunities for general practitioners in the field of Gastroenterology.

They plan to hold their first National Conference on 9 May next year at a venue to be announced. Membership forms can be obtained by writing to: Carolyn Brown at Medical Viewpoint Ltd, 65 Jeddo Road, London W12 9ED. □

New Look Symposium

THE friendly and relaxed atmosphere of East Anglia's New Look Annual Symposium last March was a welcome change from the more formal faculty approach.

After registration a fleet of mini buses ferried the 120 participants to their chosen host practices. For the discussion programmes local members had selected ideas that particularly interested them. Some practices had chosen a number of widely different topics such as diabetes, hypnotheraphy, vasectomy, asthma and glue ear to discuss, while others chose to consider one subject in depth like the use of computers.

Lunch at the Angel Hotel, Bury St Edmunds, was followed by "Speaker's Corner", a session in which six doctors each spoke for five minutes about varying aspects of general practice. Dr Keir Fisher from Biddleston won the prize for the most thought provoking contribution for his talk, "Can the RCGP fit square pegs into round holes?"

Then in the James Dundas Simpson Address Dr Ian Wallace from Newmarket explored the influence of ancient Egyptian thought on medicine, literature and music.

A popular idea that enabled doctors' spouses to attend the faculty dinner was the new baby sitting service. During the day local members also offered their homes to help visitors with small children.

The faculty dinner had the atmosphere of an informal party with each table for eight or nine being hosted by a local member and his wife. A final innovation was to replace the after dinner speeches with an entertaining cabaret by the Cambridge University Footlights. □

French job

Every year hospitals in Paris and Lyon offer foreign doctors the chance to work in France for a year. Doctors are given the choice between clinical work, pathology and clinical physiology.

Applicants interested in applying to the Collège de Médicine des Hôpitaux de Paris and the Direction Générale des Hospices Civils de Lyon should note the following conditions. They must be under 35-years-old, speak fluent french and have at least two years hospital experience after registration, and be accepted first by the head of department.

Applications for posts starting next October should be made by 1 January 1987. Further information can be obtained from: Service Scientifique Ambassade de France, Silver City House, 63 Brompton Road, London SW7 1BW (01-581 0711). □

Roman skull

IN the first of a new series on the College Museum and Archive collections Janet Fricker looks at the story behind the Whitchurch trepanned skull which is thought to be the only example of this Roman medical procedure in Britain.

In the sixties Dr John Gask, a founder member of the College and enthusiastic amateur archaeologist, made the exciting discovery of a trepanned skull whilst taking part in a Ministry of Public Building and Works dig at Whitchurch in Shropshire.

The excavations revealed Whitchurch to be the successor of a substantial Roman city known as Mediolanum, "the place in the mid-plain."

"I was scrapping around with a trowel when I suddenly came upon a whole skeleton inside the city wall," remembers Dr Gask.

As Dr Gask dug deeper he discovered that a circular hole had been cut in the right side of the head and concluded that this was due to trepanation. The bone disc, which is known as an ammulet, had been replaced in the right lobe of the skull.

Trepanation or trephination has been used since prehistoric times and was frequently performed for injuries or inexplicable pains in the head. In Neolithic times it was used for magic or letting out evil spirits but by Roman times it had become a standard medical procedure.

"This skull may be an early example of medical malpractice"

The Roman medical text *Celsius De Medicina* describes the trepanation procedure of this period. It recommends that particular care should be taken when boring half way through a bone. "The strap is then worked more gently and the left hand held up and moved away more often, and the depth of the borehole is to be examined in order that we may perceive just when the bone is being broken through anywhere, and not run the risk of injuring the cerebral membrane by the point; which causes severe inflammation with danger of death."

Dr Gask explains that there was a sound medical reason for the operation. "If the pain was due to a build up of intracranial pressure, cutting out part of the skull allowed the brain to bulge out and relieved that pressure."

In the case of this skull no bone growth had occurred after the operation and so experts concluded that trepanation must have been the cause of death. With other known examples of trepanation it is believed that the subjects survived the operation because further bone growth can be seen.

Dr Gask was intrigued because it was common Roman practice to bury adult corpses outside the city walls and this skeleton was found beneath the floor level of a building.

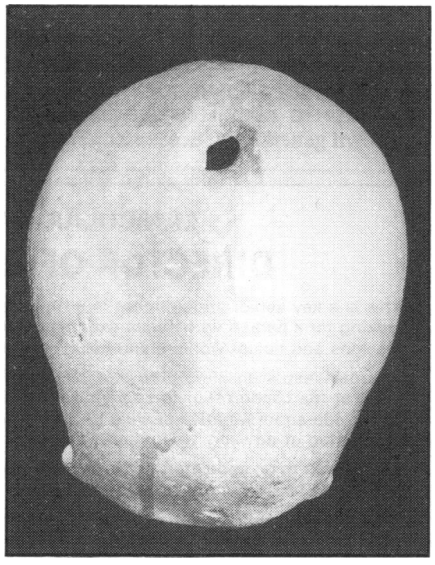
"It suggests that there was something unusual about this man's death. Perhaps it was a doctor burying one of his mistakes," said Dr Gask. In other words this skull may be an early example of medical malpractice!

The skull was not fully intact so Dr Gask took it home and tried to reconstruct it.

"My wife and I spent hours pouring over *Gray's Anatomy* trying to see where all the fragments fitted. As soon as we were working with it at home we had to give him a name because he had developed a personality and so we called him Henry," said Dr Gask.

They used pottery evidence to fix the date of the operation as not earlier than the first quarter of the fourth century. Dr Gask said the skeleton was that of a man aged between 20 and 30 years who had been of muscular build and was just over five feet tall. From the skeleton Dr Gask was able to tell that he had been left handed because of marked development to the muscles of his left ulna.

Examination of the teeth showed that the upper right wisdom tooth was carious and that the pulp cavity and root canal were involved. This led someone to suggest that it was not inconceivable that the pain on the right side of the skull had prompted the operation from which the patient died. But Professor Bernard Knight, a forensic pathologist at Cardiff Medical School, pointed out that since the trephine hole is in the left parietal bone this theory should be discounted.



The trepanned skull which can be seen on display at Princes Gate

Then at a reunion of the Whitchurch excavation disaster struck when a member dropped the skull on the floor causing it to smash into tiny pieces.

Professor Knight spent a great many frustrating hours trying to reconstruct the skull. He found that it was unrealistic to try to put all the tiny fragments back because their positioning would be arbitrary and would not bear any relation to the original anatomy.

"One wonders what sort of person would have performed this operation - it seems unlikely that a lay person would have possessed a trephine instrument so presumably it was a medicus. Perhaps it was some Greek surgeon "moonlighting" from his duties at the XXth Legion at Deva," said Professor Knight. □

CONSUMERS' GUIDE TO HEALTH

The College of Health have recently published a Consumers' Guide to Health Information which is intended to encourage patients to become partners in their own health care.

The 73-page guide makes a strong case for making information accessible to patients, not just because they have a right to be treated like adults capable of taking part in decisions about their health, but also because better informed patients make more cost-effective use of the health service.

Ms Marianne Rigge, Director of the College of Health, said that the new guide was intended to help people who didn't know where to turn for information because they felt they could not bother their doctors.

The pamphlet written by Robert Gann and Sally Knight with its sections on finding information locally and guides to consumer health education services and reference books, should prove a useful addition to patient lending libraries.

Copies of the *Consumers' Guide to Health Information* are available at £3.95 (£2.95 to members) from the College of Health, 18 Victoria Park Square, London E2 9PF. □

New Research Workshop

THE problems encountered by general practitioners who are interested in research but not working in a University setting have at last been recongised.

In September doctors from all over the British Isles attended the Royal College of General Practitioner's first workshop on research methods in general practice at St Edmund Hall, Oxford.

The idea of the three day forum organized by the College's Research Division was for general practitioners to share their ideas and learn research methods from experts.

Dr Roger Jones, the organiser, said: "There are not many opportunities for general practitioners interested in research to meet each other and there are even less opportunities to get formal teaching."

The set up for young hospital doctors with lines of communication open to the experts on methodology and statistics is very different. The idea of the workshop is to help redress the balance.

The general practitioners present came from a variety of research backgrounds. These ranged from those who had done no research, to those who were quite experienced and had brought specific problems to solve with them.

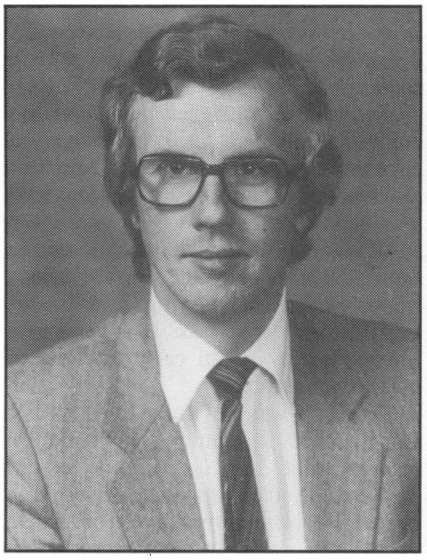
"There are few opportunities for general practitioners interested in research to meet."

Delegates reasons for attending the workshop also varied. A number wanted to overcome their block on statistics, someone else said he wanted to become more effective at supervising other people's work and others wanted to learn more about the design of research projects. General practitioners talked about their frustration when they had nobody to discuss ideas with because partners were not interested in research.

Dr Muir Gray, Oxford's community physician, reviewed the impact of research on clinical practice and the potential for future developments. One of the problems he identified was the relevance of the enthusiasts views to the majority of general practitioners. Dr Gray suggested that doctors should be thinking more about how their research should feed into main stream medicine.

"Most doctors want to do better. They should not be out of pocket or working in isolation. They need feedback because without this they don't know if the work they are doing is any good," said Dr Muir.

The second day concentrated on aspects of research methodology. Dr David Wilkin from Manchester began with a discussion of the ways in which



David Facey

Roger Jones, the Workshop organiser.

hypotheses are generated and how they should be transformed into appropriate and precise questions in research protocols, using data from work carried out by the DHSS Research Unit at Manchester to illustrate his argument. Dr David Clayden from Leeds continued with a discussion of the questions that needed to be asked before setting out on a research project. He concentrated on ways of evolving a well-designed research study and of avoiding pitfalls awaiting the unwary researcher. This was followed by a group session in which participants were able to bring problems they had experienced in their own research to bear on issues that had been raised in the presentations.

On the final morning Ms Elaine Fullard, facilitator and director of the Oxford Stroke Prevention Programme, described the personal techniques she had found useful to motivate practices to take part in her study. She translated her experiences into suggestions that doctors could use to obtain co-operation with their own general practices research work.

Facilitators Dr Godfrey Fowler (Oxford), Ms Aislinn O'Dwyer (Oxford) and Mr Paul Mouncy (Wessex) joined the groups and explored ways in which their work as facilitators could help general practitioners experiencing difficulties with inertia, lack of co-operation and failure of motivation.

"Doctors need feedback because without they don't know if the work they are doing is any good."

The workshop succeeded both as a vehicle for providing factual methodological information for researchers and also as a rare opportunity for individuals to share their enthusiasms, achievements, problems and visions about not only research but also other aspects of general practice. After the workshop doctors said that they no longer felt so isolated and that they now felt part of a bigger group of people. The workshop proved so successful that they are planning to repeat it in Nottingham next year. □

Janet Fricker

Balint Society

This year's Balint Society essay competition has been won by a north London general practitioner. Dr Marie Campkin was presented with a cheque for £250 by the Society's President Dr Jack Norell at the Annual General Meeting in June. Dr Campkin's essay "Who needs Balint?" can be seen in the next issue of the *Journal of the Balint Society.*

The title for next year's essay competition will be "The courage of ones' own stupidity." Closing date is May 1 1987. Further details can be obtained from the Honorary Secretary — Dr Peter Graham, 149 Altmore Avenue, East Ham, London E6 2BT. □

PRACTICE COMPUTERS

THE continuing fall in the price of small business computers means that more and more general practitioners can now consider buying them. At its simplest level this may mean using a computer to produce practice letters and accounts, while at a more advanced level it may mean computerization of the entire day to day running of the practice. Here Mike Hodgkinson, the RCGP's information technology manager, explains how the College can help with crucial advice on this important purchase.

The main reasons for computerizing a practice are to improve overall efficiency and to improve the quality of health care provided to patients. While some practices already have good manual systems for operating their immunization programmes and their recall procedures, very few can compete with a computerized system. The reason being that a computer can search through large numbers of records quickly and efficiently while simultaneously taking into account many different criteria. A computerized practice should be able to set up procedures which will help general practitioners learn more about patients who do not regularly attend the surgery as well as those that do. This, coupled with improvements in existing procedures, such as cervical cytology, hypertension and diabetes screening will make the concept of preventative medicine a much more attainable goal.

Most good computer systems provide other advantages that are rarely available under a manual system. Some provide instant information on drug sensitivities, interactions and contra-indications, while others provide written detailed session lists making opportunistic screening that much easier. On top of all this computer systems can help with the day to day administration of those practice functions which are time consuming, repetitive and expensive. These include simple patient registration, repeat prescriptions, call and recall letters and, in a dispensing practice, the production of instruction labels.

It should not be assumed, however, that there are no problems associated with computerization. These generally revolve around two factors - the need to enter and check anything up to 20,000 patient records and the introduction of what might be seen as an alien machine into the practice environment. And of course there is always the problem of money! While none of these difficulties should be underestimated, they can all be resolved with a little forethought, planning and sensitivity. To facilitate this, simple help, information and advice are now available from a number of sources.

Over the last few years the RCGP has been building up a body of information and advice which should be useful to any general practitioners who are interested in finding out whether or not a computer would be of any help to them.

The RCGP's Information Technology Centre has already run over 12 Computer Appreciation Courses at the College. These are aimed at general practitioners and senior practice staff who have little or no knowledge of computers. The courses aim to give participants a basic understanding of how computers work, what they can and can not do and how they can be of use in general practice. They provide participants with the opportunity to look at two specialist general practitioner systems and to discuss the benefits and problems of computerization with a doctor or practice manager who has had firsthand experience of introducing the system. Throughout 1987 courses will be scheduled monthly and more information can be obtained from Shireen Merrett, the Course Administrator.

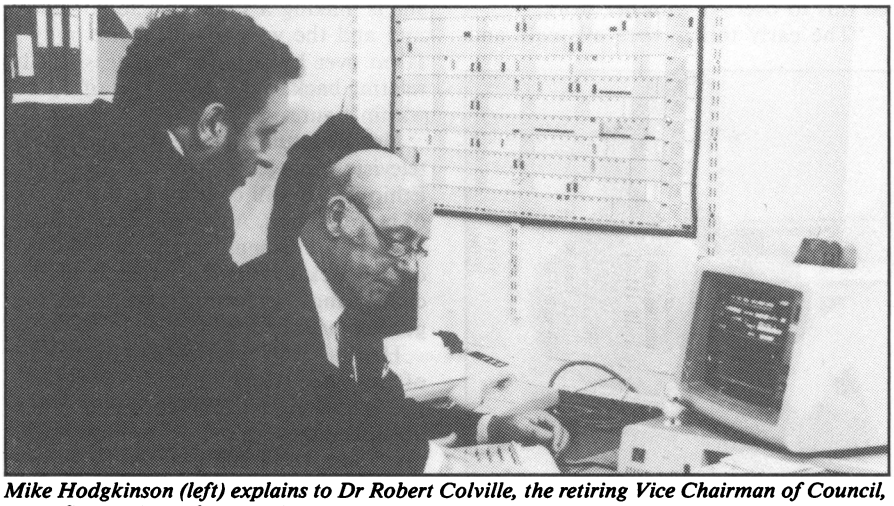
Many general practitioners view the computer salesman in the same light as the proverbial second-hand car dealer. Demonstrations of computer hardware and software are usually very slick and convincing. Furthermore given the ever present time constraints it is often difficult to determine which system is most appropriate for a particular practice's needs. For this reason the Information Technology Centre has acquired demonstrations models of the Update and Ciba Geigy systems so that general practitioners can make appointments at the Centre to view the systems at their leisure.

The one unbreakable rule when buying a computer system is that purchase should never be made solely on the basis of a prepared demonstration. It is essential that third party references are sought from other practices who had already installed the same system. To help with this the Information Technology Centre keeps a list of doctors using the different systems who are willing to give advice.

In the computer world new machines and programmes are being developed all the time. For people who are not continually involved in these areas it can be difficult to keep abreast of the new developments. The Information Technology Centre has therefore created a permanent bank on developments to give general practitioners access to an impartial and independent source of information.

The recent Data Protection Act requires that any user of a computer system holding a personal data must be registered under the Act. This applies equally to the area of general practice, although the nature of the records held clearly means that exceptions can apply. Mary Anne Piggott, the College's data protection officer, is happy to provide information and advice to anyone wishing to know more about the Act.

At present somewhere between five and 10 per cent of practices have some kind of computer helping them in their work. Although this is not a high percentage there is already a clear indication that computers are beneficial and can be successfully introduced into general practice. Computers would seem to be an important tool in improving the quality of care that a practice can provide to its patients. There is a need to monitor the role of computers in general practice and to assess their overall impact. To optimise this however, computers must be introduced with care, using all the help and information that is currently available. In this respect it is hoped that the services at the RCGP will be able to make a positive contribution towards these developments.□



Leonard Malcolm

Mike Hodgkinson (left) explains to Dr Robert Colville, the retiring Vice Chairman of Council, some finer points of computing.

Muscle Man

MEMBERS and friends viewing the exhibits at the College's summer soirée in September found themselves both repulsed and fascinated by the figurative sculpture of Coventry artist Mandy Havers.

It seems somehow incongruous that this petite and attractive young woman can produce such powerful and disturbing sculpture. Havers constructs her dramatic figures out of leather, stitching it tightly over padding to describe the contours of the muscles, ligaments and flesh of the human body.

Before starting art school she took a summer job in a local hospital and was fascinated by the various stages of development in the body's growth.

"There were many strong emotive images — the foetus in a jar, babies in incubators, aged corpses, people strapped to X-ray tables, in wheelchairs and bearing the scars and stitches of surgery."

These experiences had a profound effect on the work she was to produce as a student and the human body became her main subject.

"When I started I was not interested in my sculptures being anatomically correct but simply in the basic shapes."

She learned anatomy from 16th and 17th century textbooks and gradually taught herself where each muscle was inserted.

"I was interested in the body and the horrid things that could happen to it like amputation. People must have thought me rather strange with my jars full of bits of babies sewn together. It was very realistic," she recalls.

Havers now recognizes this period of her life as a kind of catharsis in which she came to terms with deformity and the imperfection of the body.

"As a child my nightmares and dreams were about deformity and the awful things that could happen to the body but once I started making these things I was no longer frightened."

When she left college and could afford to spend more money on materials Havers started to use leather.

"Leather is by far the best medium to work with because it's after all skin. It is also strong and easy to manipulate."

The kind of tautness she is trying to achieve is that seen in saddlery and the technique is very similar. Havers uses an elongated cushion as her base and gradually sews on bits of leather. She constructs the figures by working from the inside outwards, stitching and stuffing each section or muscle separately and then overlapping it with the next.

The book *De Humani Corporis Fabrica* by the 16th century anatomist Andreus Vesalius has helped to inspire some of her work. Despite having been flayed, cut and pulled open, his illustrations remain alive and seem to have power running through them. Havers now feels that her work is one step removed from the corpse.

"An anatomy professor once invited me to visit his dissection room but I wasn't interested because when the body is dead the muscles are not being pulled or covered by skin and bone. What interests me most is the way artists portray the human body."

Critics have drawn attention to her muscle-bound male body builders who appear trapped by the exaggerated development of their biceps, triceps and other brawn. They suggest that Havers has literally pinned the male down in order to enjoy him as a sexual and aesthetic spectacle. Havers says that although she is a feminist she has never consciously allowed this to overlap with her work.

"The early torsos were all male and were stretched out and pinned like specimens with the skin peeled away. It was a time when I wasn't putting heads on and men interpreted this as my being sadistic towards them."

For years Havers avoided using heads in her work. She was afraid that they would be a distraction that would sap the strength from her torsos.

"I wanted my figures to represent human kind rather than individual characters," she explains.

But she began to reconsider her feelings after visiting the *John Davies* exhibition at the Marlborough in London and *The Treasures of Ancient Nigeria* at the Royal Academy.

"At both these exhibitions I was quite overwhelmed by the power that small scale heads on mass can give off."

Since working with heads Havers has found their power to be very different from that of her torsos, she says that it's static rather than dynamic.

"There is always a point in their construction at which the heads start to look back at you. It is as if they have ceased to be simply leather and cotton and have become containers of the spirit or soul."

It was this phenomenon that encouraged Havers to look more closely at the work of primitive artists and she became interested in the Aztec sculpture of the pre Columbian Indians.

Aztec sculpture's dualistic nature incorporating bodies within bodies and representing life and death in the same form fascinated her.

"It was something I could relate back to my interest in early anatomical illustrations in which the figures are depicted as being alive despite having been mutilated."

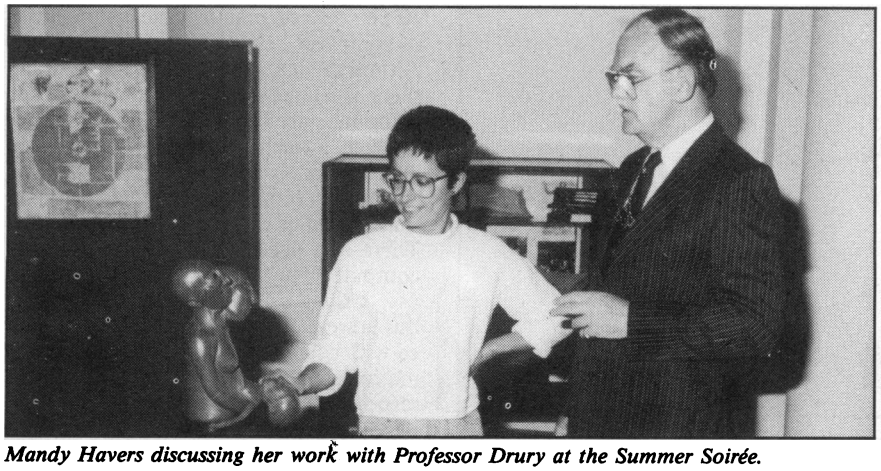
Havers has only recently started to depict women. In one sculpture a female sits in a calm upright position with a baby lying kicking on the ground between her legs, still attached by the umbilical cord. Two other babies are seen emerging from her mouth and stomach. Here Havers says she is making a statement about maternity and the way in which one body is taken over by another. She sees this as relating back to the Aztec idea of figures within figures.

Her sculpture *Famine* was inspired by television images of women starving in Ethiopia yet still continuing the process of reproduction. A starving and partially mummified woman carries two children on her back and another to the front. The child hangs with arms outspread suggesting cruxifiction.

Havers seems unperturbed by people's often violent reaction to her work.

"At one show I overheard people saying how they wouldn't like to meet the artist. I sometimes think they expect me to come in wearing leathers and wielding a knife."

Janet Fricker □



Dan Crowley

Mandy Havers discussing her work with Professor Drury at the Summer Soirée.