

Sir,

I was dismayed to read Dr Hull's review of Geoffrey Marsh's book *Efficient care in general practice* (book and video review, February *Journal*, p.86). Hull accuses Marsh of being idiosyncratic, and then goes on to quote his own observations of Dutch general practice which is 'often single handed, in simple premises and without ancillary help'. It may be debated who is guilty of idiosyncrasy.

I found *Efficient care in general practice* relevant, realistic, practical and well argued. Undoubtedly some colleagues will find some of Marsh's ideas controversial and many will balk at developing his suggestions to the same degree. Nonetheless, the book contains many useful ideas which can be applied by general practitioners to their own practice.

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## Knowledge of drug costs

Sir,

Ryan and colleagues' interesting article (January *Journal*, p.6) comparing knowledge of drug costs among general practitioners in England and Scotland did not identify whether the samples of doctors were comparable.

From personal experience, dispensing doctors seem to be much more aware of the cost of medicines they prescribe and dispense. One might expect that the sample of general practitioners from Scotland contained a higher proportion of such doctors. It would be interesting to know whether the authors specifically adjusted their sampling to take this factor into account.

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## RCGP 40th anniversary

Sir,

I read the article by Denis Pereira Gray about the first 40 years of the Royal College of General Practitioners (January *Journal*, p.29) with great interest and some pride. The Society of Apothecaries was able to provide John Hunt with a helping hand in the setting up of the organiza-

tion by lending the College an office at Apothecaries Hall between 1953 and 1958. This small contribution was generously acknowledged by the College when, in 1969, they presented a splendid silver rosewater dish engraved with both the College and the Society crests.

T W A GLENISTER

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## Specimens sent by post

Sir,

Pathological specimens requiring examination and analysis may be sent by post. Recently, post office unions have expressed concern over the number of packages which break in the post: the best way to prevent such concern and to minimize risk is to package specimens correctly. In summary:

- Pathological specimens should be in a hermetically sealed primary container which should not exceed 50 ml, although multi-specimen packs may be approved. The primary container must be wrapped in sufficient absorbent material to absorb all possible leakage and be sealed in a leakproof bag.

- The primary container and wrapping must then be placed in a polypropylene clip-down container, a light metal container, a cardboard box or a polystyrene box. A padded bag as an outer cover is recommended.

- The outer cover must be conspicuously labelled 'Pathological specimen — fragile with care' and must show the name and address of the sender to be contacted in case of damage. Only first class letter post or datapost services may be used.

- If a user wishes to use non-standard packaging, it must be submitted to the post office for approval.

Comprehensive guidelines are available from all post offices. I would urge general practitioners and other health professionals to review their policy to ensure that specimens are sent correctly and safely by post.

S J SEARLE

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## Practice visits

Sir,

In February 1992 I telephoned two health centres in London with the hope of paying a visit so that I could observe a consulting session and a practice meeting. On both occasions I was put through to the practice manager. I introduced myself and gave a brief background history — I qualified in the United Kingdom over 20 years ago, but have lived abroad since 1973, and at the moment I am attending a postgraduate course in London. I was then asked to telephone the following day. The answers I received the next day were nearly identical: the doctors did not think that this was suitable and were also worried that I might not be a bona fide medical practitioner; one practice manager suggested I fax her my curriculum vitae so that she could review it.

These two episodes have left me wondering about the authority and responsibility of practice managers — a group of medical executives that hardly existed when I was in practice in the UK. Could it be that they took this decision by themselves (I was unable to speak to a doctor directly) or were the partners wary of me as a security risk?

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## History of general practice

Sir,

I have been invited by Professor Reilly of the Department of General Practice at the Queens University of Belfast to write the history of the teaching of general practice in Northern Ireland. With the celebration of 40 years of the Royal College of General Practitioners, the time is ripe for such an exercise. Covering postgraduate and continuing education, as well as undergraduate learning, this is proving to be a huge, but fascinating, task.

I would be interested to hear from anyone else attempting such a study in any other part of the United Kingdom or Ireland. Also, I would like to hear from anyone with particular facts or anecdotes which may be of interest to the study; I would be pleased to be contacted by telephone (0232-653682) or letter.

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