

by the Minister of Health on appeal.

We have no difficulty in understanding the variations in the use of laboratory facilities by different doctors (p. 36). No detailed studies of “. . . age and place of qualification of doctor, size of practice, whether solo or in a group . . .” are necessary to appreciate that some doctors like using these facilities and acquire the necessary discriminating approach—and some don't. The simple fact that the size of the practice bears no relation to what could be an index of its quality (but you could also argue the other way round) should suffice to prove this one aspect to be merely related to personal attitudes and aptitudes.

The report emphasizes the need for local action and states (p. 52): “ There has been little evidence of local groups of doctors coming together to study local problems and planning for the future medical care of whole towns and districts. . . .” In Birmingham we did not require the stimulus of the *College Journal* of July 1964 before working out a detailed plan for a Community Care Centre for North Birmingham in February 1963.

In this centre it was planned to bring together not only the three branches of ‘ the tripartite system ’ referred to in the report, but also to include industrial medicine. We were forced to abandon this scheme because we realized that neither the local authority, nor the regional board, nor the consultants of our local hospital were prepared to support a centre which was initiated by a mere ‘ local group of doctors ’. All parties concerned, including both sides of industry, readily recognized the merits of our plan, but they were not prepared to pool their resources to bring it to fruition.

Finally, we must mention the foresight and initiative of the same group of doctors (with a few new faces and some changes at the top) which made them recognize that the problems of the *Present State and Future Needs* of general practice cannot be solved within the present framework and has therefore caused them to resign from the National Health Service. We are, at the same time, offering our patients a private scheme on scales of contributions which are feasible for doctor and patient alike.

In spite of the pressures to which patients are being subjected to boycott this scheme, the initial response shows already that the public has a greater degree of understanding than the politicians and, perhaps, some eminent members of our profession.

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#### Notes

Sir,

Many thanks to Dr Gibbens for his stimulating article on note keeping; some of his excellent suggestions however need modifying I think. His suggested vertical line with blobs against the date is excellent for repeat prescriptions but must, especially in the case of narcotics, etc., have the quantity prescribed. His boot box with legs seems unduly cumbersome; I carry my cards in a small wooden box, 4½-in. wide, 4-in deep and 6-in.

long. This sits fairly securely on the floor of the car without tipping; the routine medical bag is of course designed to sit beneath the knees while driving, allowing for the easiest exit. Except in special cases it is better to take only current cards on visits as loss is less serious, hence the smaller box.

The big problem for many of us is that notes are held at branch surgeries I know of no satisfactory answer to this, but a central summary card helps.

The constant aim should be to condense; Dr Gibbens's specimen card is admirably clear but at the rate of one card for two months he must need a lot of shelf space.

When the secretary has arranged the notes and letters in two chronological piles as suggested (a mammoth task), the entire contents should ideally be transferred in précis to one summary card keeping only letters of importance. This is a counsel of perfection but takes little longer than Dr Gibbens's editing, and it is most rewarding to start with the bulkiest folders. It does not take long to summarize the contents of the previous card in one or two lines at the top of each new one and this is a great space saver.

This is a constant administrative problem for all general practitioners and one for which there is no agreed solution, but it is of great value to read suggestions like those of Dr Gibbens which have been proved in practice.

JOHN B. WILLIAMS.

Reading

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### THE AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS' CONVENTION — 1966

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