

Correspondence

An ECG machine in general practice

Sir,

I am sorry that Dr F. F. Edmonds was disappointed by the loan of an ECG in his general practice. A month is rather a short time to make such a judgment, and I hope he will think again.

In 1925 I bought a Mackenzie-Lewis polygraph for £25—a big sum for me at that time. It was exceedingly difficult to get a tracing at all, and I gave up the attempt more than once. But after several years I more or less mastered the technique and did obtain tolerable tracings of all the commonly described arrhythmias.

At that time the standard ECG was 'The Cambridge' string galvanometer—an enormous machine which lived in the basement of most hospitals. It recorded on photographic plates about 10 inches long. Patients had to be wheeled down from the wards.

In 1931 I went for a postgraduate fortnight to Bristol; I was the only member of the course and Dr Carey Coombs took me under his wing. Whilst there I heard of the 'Matthews Portable' ECG which weighed 60 lb. (27 kg) and recorded by means of an oscillograph on a 24-foot roll of photographic paper. It cost £150, and although I could not possibly afford it, the temptation was too strong and I bought it.

That was the best buy I ever made. I used to carry it in my car and got records of all sorts of oddments. There are many fleeting arrhythmias, and unless you record them then and there, you have no proof of them.

If you take the tracings yourself you will examine them much more thoroughly than if you get somebody else to do that chore for you. And you will learn more too. Not enough time for that? There is always time to do what you really want to do. I spent countless happy evenings lettering my polygrams and ECGs and mounting them and puzzling over them. Of course I never made any money out of it. But one doesn't reckon to make money from a hobby. You don't make money from crossword puzzles, and sailing involves high capital expenditure as well as high maintenance costs.

There is seldom any difficulty in getting patients to let you take a tracing. They appreciate the trouble you take. On the few occasions when a person demurred I had no hesitation in implying that the instrument had therapeutic properties—and so it had, of a psychological order!

An ECG is infinitely easier to use than a polygraph. You can always get a tracing. And it is easy to read. But like Greek or Russian, if you don't learn the script you can't read it at all.

My chief difficulty was isolation. If you advance only a little way in a speciality you find you have no one to discuss it with. Your colleagues know practically nothing about it. And the consultants regard you as an amateur. That is where the College should come in, by putting you in touch with other general practitioners with like interests. There was no College in my day, and my interest waned, and in the second war it

became impossible to obtain batteries.

A portable ECG is just the job for general practice—especially as it no longer weighs 60 lb. What it will do for you is:

1. Teach you cardiology
2. Relieve the tedium of the common run of trivialities
3. Give you a valuable collection of unusual tracings
4. Provide material for an M.D. thesis, which should be the aim of every member and associate of the College.

But it will not make money for you. It will not repay its fantastic cost—at least mine never did. Nor will it deflect your patients from the consultant. People like to be examined by the Great I AM. It flatters their vanity and increases their sense of importance. But you can profit from this too, by getting tips from the Great Man yourself.

East Meon, Hampshire.

FREWEN MOOR.

Medical representatives and the general practitioner

Sir,

The enthusiasm shown by Dr Jaffe for medical representatives (*J. Coll. gen. Practit.*, 1966, 12, 348) might be diminished if he would undertake the simple task of date stamping a card for each drug firm when he sees their representative. I have a collection of 43 such cards but I am sure that if I lived nearer the city I would be visited by many more representatives. If the briefest note of the subjects discussed is added then it becomes very obvious when, for example, there are six consecutive attendances solely to extol the virtues of one brand of penicillin.

There is a great deal of time-wasting repetition in the visits of some representatives. It is most helpful to have factual evidence on this accumulating in a card index. It is then much easier to decide whom to see and how long to allow them.

Innerleithen, Peeblesshire.

ALLEN T. WILSON.

Coloured tags on record cards for important disease groups

Sir,

In this practice we are using these coloured tags for important disease groups but I feel strongly that another group should be mentioned, namely, patients suffering from a long term or chronic illness or disability which may become dangerous and not require maintenance therapy, e.g. congenital heart lesion, dystrophia myotonica.

This point was illustrated recently when a new patient joined us. Her notes made no reference to the fact that she suffered from a mild degree of dystrophia myotonica and I referred her to hospital for a simple gynaecological operation from which she died. This might not have happened if I had been aware of the disability. A similar thing could happen to a patient with a congenital heart lesion having a dental extraction but the tag would remind one to give penicillin cover.

I suggest that new colours be introduced for these diseases, say, pink, hot orange or tartan!

Nantwich.

O. HUGH BLACKLAY.