

Correspondence

The enigma of general practice

Sir,

A statement by your contributor Dr David Ryde (*J. roy. Coll. gen. Practit.*, 14, 128) cannot go without comment.

In his interesting article he says "the little serious organic disease that occurs is quickly referred to hospital . . ." and he later comments "today doctors need do little for their patients other than show sympathy and understanding".

He then mentions that his prescribing costs are 30 per cent of the local average, while another doctor in the same locality has prescribing costs approximately five times as great.

In our own experience and, I think in the experience of friends who treat all of a local community, there is a great deal of organic disease which can be, and is treated effectively and totally by the general practitioner—and, of course, with higher prescribing costs.

Practices which do not cater for the whole of a defined community tend to become naturally selective. Patients wanting treatment from their own general practitioner will tend to go to one who provides it; those wanting advice and chats only, will go to the general practitioner who provides advice and chats only.

Similarly, those whose lives run in organized groves will gravitate to the well-organized appointment system practice, while those who can't arrange their lives (or use a telephone) will tend to sign on with a non-appointment practice.

It is surely dangerous to draw general conclusions about any 'system' in general practice, either in organization or methods of treatment unless a geographically defined area is reviewed and the vast majority of patients and doctors in it studied.

Coxheath, Nr Maidstone.

H. C. H. BIRD.

An experiment in immunization against measles

Sir,

In the latter part of 1966 it was thought probable that a measles epidemic was to be expected in the spring of 1967. This practice of three doctors and about 8,350 patients is an isolated unit consisting of the town of Hornsea and the rural communities surrounding the town. It was decided to try to immunize all children in the practice who had not had a previous attack of measles. Measles vaccine not being obtainable through the local health authority, after consultation with doctors taking part in the

Hull measles immunization pilot scheme it was decided to use live measles vaccine, a single injection of 0.5 ml. of Mevelin-L being given to each child. Being a little chary of possible side-effects it was decided to offer immunization only to children over two years of age.

The proposal was given wide publicity through the schools and health clinics, and parents of children over two who had not had measles were asked to sign a form giving their consent to their children being immunized. Altogether the names of 258 such children were obtained.

On the afternoon of 9 December, at the central surgery, with the help of our secretarial and receptionist staff doing the paper work, and two district nurses and the health visitor marshalling the children and parents, and preparing the injections, in the space of an hour 243 children were injected, those with coughs, colds, etc., being told to return when fit. The final figure of the number immunized was 254.

Of all those children injected with live measles vaccine no child developed any side-effect which its parent deemed of sufficient importance to call a doctor.

From 9 December 1966 to 31 May 1967 when there was a moderate outbreak of measles in the area surrounding the practice, in this practice there were nine cases of measles, none of whom had been immunized against measles, giving an incidence of 1.08 per thousand. In the practice which adjoins the greater part of the periphery of this practice during the same period there was an incidence of measles of 10.24 per thousand. It seems reasonable that a figure in this region could have been expected in this practice had not immunization been carried out. The rate of 10.24 per thousand would have meant that this practice could have expected 85 cases of measles, so that immunization probably saved this practice in the region of 76 cases of measles this spring.

From the point of view of the health of the children and also sparing them possible complications from measles, the saving in the loss of school hours and the saving of doctors' time at a busy period of the year, this experiment has been thoroughly worth while.

I would like to thank my partners, Dr A. G. N. Calder and Dr J. E. S. Walker for their help, and Dr R. Andrews for information regarding his practice.

Hornsea.

G. ASHFORTH.

Mis-use of words

Sir,

From time immemorial clear thought in medicine has been impeded by the misuse of words; as witness all the '—algias' and '—dynias' of yester-year. Give a thing a name, and you understand it.

In a different way we are presently faced with another example of this misuse—I refer to the new connotation given to the word 'epidemiology'. Dr J. Simpson in his excellent article (*J. roy. Coll. gen. Practit.*, 1967,