

Correspondence

Work load in general practice

Sir,

I read Dr A. D. Manning's article on *Work load in general practice* with considerable interest.

He suggests that quantitative studies such as he has made are obsolescent, and yet the personal application to his own practice (see table V) of his results is based entirely on quantitative, not qualitative thought.

I would criticize the rigidity of table V both from the doctor's and patient's viewpoints. First, a surgery of 3-4 hours is too long a session for the doctor to give his best concentration. Secondly, the patient appears to have no choice for routine home visits, but must accept the 'morning visit doctor'—this is a negation of good practice.

Finally, I would suggest that one doctor could have Saturday morning free each week—a bonus we have found most agreeable in our practice.

London, N.W.3.

RONALD LAW.

The health and habits of higher executives

Sir,

As a general practitioner with a modest sprinkling of 'higher executives' amongst my patients I read Lord Taylor and Professor Schilling's article (*J. roy. Coll. gen. Practit.* (1967) 14, 262) with some interest. However, they do not appear to have given much consideration as to who should do these examinations. It is worth consideration.

I would seriously question the wisdom (and maybe the ethics) of independent medical 'check-ups' by specialists when these are made, as they frequently are made, without reference to the person's family doctor. It is understandable that industry may feel good about supplying 'Harley Street' expertise for its top men, yet in reports, sent afterwards to the family doctor, I have often seen the facts of medical history, investigation and of past treatment incorrectly recorded. If the family doctor is not brought in at the beginning, this sort of error is inevitable.

If it is established that routine examinations of higher executives are worth doing (and the authors' six conclusions would seem to suggest that they are) then surely the family doctor is the right person to do them. If he has any claim to special experience, it is surely in the recognition of early deviations from normal. The usual excuse that the family doctor "could not spare the time to go into things properly" is valid but does not of course make allowance for the plain truth that in such matters time is indeed money. The insurance companies have long recognized the truth of this and pay the equivalent of about two years capitation fee for an examination and report. The solution to this difficulty is therefore obvious.

I suggest that industry should be appraised of the right order of things.