

Health centre practice

Sir,

Since we are now entering our fourth week in a health centre at Bridport I was interested to read Dr G. M. T. Tate's paper (June p. 336). Whilst in agreement with the majority of his views on "Integration", I should like to question the paying of receptionist staff by the local authority. We were strongly advised by our executive council and colleagues in a neighbouring health centre to employ our own receptionist and secretarial staff so that we retained control over their remuneration, employment and, most important, dismissal.

Dr Tate states "The receptionists will be responsible to the general practitioners . . ." I would be interested to know whether he feels this is possible when they are paid by someone else. Does he, at Mansfield, have any say in the employment of staff and increases in their salary which presumably he and his partners have to pay as part of their service charge? Finally, is it cheaper for the general practitioners to employ staff or to "rent" staff from the local authority?

Bridport.

M. Thomson, M.B. B.S.

The College journal

Sir,

I was reading through the May edition of our *Journal* which happened to be one of the last three *Journals* awaiting my reluctant attention, when I came across the letter from Dr M. Macleod concerning the contents of the *Journal*. I must say how I agree with him, and the fact that I had been thinking exactly the same while reading these issues prompts my letter.

I also receive the *BMJ*, and keeping up with these two is quite enough to occupy my spare time allocated to 'postgraduate self-education'. The new format of the *BMJ* which includes a section on current clinical practice, problems and approaches, is ideal and should be eagerly taken up by you. Statistics fill the pages of the *College Journal*, table after depressing table, vague suggestions and definitions appear in the *Gold Medal Essays* which are excellent and worthy examples of essay craft, but please have more practical advice and experience about the day-to-day problems we face in the surgery.

As generalists in the constantly expanding world of medicine, there is a permanent job keeping us up to date with tried and tested practice, and reminding us of the rarer conditions we should look out for. Constant reminders about basic disease, elementary examination, and general-practitioner pharmacology are essential to keeping with it.

RAF Changi,
Singapore.

J. D. Simpson

Case records in general practice

Sir,

Dr Tate is to be congratulated on his comprehensive and well-balanced account of the opportunities and methods of organization of a health centre practice, appearing in the *Journal*, Volume 21, June, 1971, page 336. He stresses the special opportunities for record keeping in the health centres, but I was disappointed to see the use of case summaries was not really stressed.

I think there would be no single factor making for more efficient management of patients in general practice, than the re-organization of the medical record envelope contents. If practitioners would arrange the clinical record cards in date order, and keep them clipped together, and if they would, in addition, file all the correspondence and reports, also in date order clipped together, then it would be easy to construct a summary of important diagnoses for each patient. This, I submit, should be done by the doctor himself, as it is a very useful exercise in reviewing the case. The dates and important diagnoses can then all be entered on a summary sheet, which should head the pack of continuation cards and should be kept up to date.

It is usual to find the contents of the medical record envelope in some disarray, and summaries are not often found. It is not really difficult to do this for one's patients, if a systematic attack is made on the problem, and all new cards are dealt with as they arrive at the practice.

I think this would do more for efficiency in practice than all the complicated re-organization of work records, with new envelope sizes and the addition of social workers' and nurses' notes, which would probably overwhelm us by their sheer volume.

Epsom.

E. J. C. Kendall

Vitamin deficiency in the elderly

Sir,

The paper by Taylor, Eddy and Scott in the May issue of the *Journal* is of interest to all clinicians particularly those charged with responsibility for care of the elderly. However, I think it prudent to point out that their conclusions with regard to vitamin deficiency are based on the results of the Farnborough trial¹ and no other workers have, as yet, demonstrated such a clear cut association between vitamin deficiency and abnormalities of tongue appearance.

As the authors mention Andrews and Letcher² did not believe that Vitamin C altered sublingual appearances, a view supported by Arthur *et al.*³ Shuster and Bottoms⁴ have demonstrated that after the age of 50 the amount of collagen per unit area of skin decreases with age, more so in

women than men and this correlates with thinning, reduced elasticity and excessive mobility of deeper structures. Senile purpura tends to occur in areas of severe degeneration where excessive mobility tends to rupture blood vessel entry. The delay in reabsorption of senile purpura is due to the absence of normal phagocytic response to extravasated blood (Shuster and Scarborough)⁵.

I have recently completed a years double-blind study of vitamin supplements in 80 elderly patients. Vitamin supplements did not significantly affect the abnormal tongue appearances, or the signs of angular stomatitis or geographical tongue. The incidence of senile purpura and capillary fragility were likewise unaltered. It would appear that there is as yet, inconclusive evidence that abnormal appearances in the elderly are invariably due to vitamin deficiency.

1. Brocklehurst, J. C., Griffiths, L. L. and Taylor G. F. (1968) *Gerontologica Clinica (Basel)* 10 309.
2. Andrews, J., Letcher, M. and Brook, M. (1969) *British Medical Journal*, 2 416.
3. Arthur, G., Monro, J. A., Poore, P., Rilwan, W. B. and Murphy, E. C. (1967) *British Medical Journal*, 1 732-33.
4. Shuster, S., and Bottoms, Eva, (1963) *Clinical Science* 25 487.
5. Shuster, S. and Scarborough H, (1961) *Quarterly Journal of Medicine*, 30 33.

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R. D. M. MACLEOD,
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A treatment for tremor

Sir,

It has been noticed by several workers that B receptor blocking drugs have some effect in controlling tremor. The writer of this note has tried propranolol (Inderal) in a small number of cases and has found it only slightly effective in Parkinsonism, but much more effective in senile and familial tremor, tremors for which no specific pathology can be found and which have none of the other characteristics of Parkinsonism.

It is intended to carry out a trial of propranolol in the treatment of familial and senile tremor in about 100 to 150 patients, with 20 to 25 doctors taking part.

The method of assessment of improvement or otherwise following a planned course of treatment would be by the examination of the handwriting of the patients by a handwriting expert, using a scoring method to measure degrees of improvement.

If any doctor is interested in taking part in this trial would he or she kindly contact the undersigned.

63 Court Road,
Eltham,
London, S.E.9.

Dr Ivor Sevitt,

Book reviews

The practice of family medicine. First edition. Edited by DAVID F. COULTER, M.D., F.R.C.G.P. and DAVID J. LLEWELLYN, L.R.C.P., M.R.C.S., M.R.C.G.P., D.I.H., D.M.J. London. E. & S. Livingstone. 1971. Pp. iv + 415. Price £3.50.

This is one of the most important books on general practice to have been published in the last year or two. It is not just a new book but a new type of book. It is the first major attempt to provide a comprehensive text for vocational trainees and other young graduates choosing general practice as their career. Its greatest achievement is that it is remarkably comprehensive, readable, essentially practical and reasonably compact.

The method employed has been to invite 22 contributors to provide a section each. All but one are fellows or members of the Royal College of General Practitioners. Whilst this facilitates breadth of approach it inevitably leads to some difference in emphasis on similar problems in

different sections. It is unfortunate that the names of the contributors are not given with their chapters particularly as several of them use the personal pronoun frequently.

Some statements are too dogmatic such as "the patient's record card . . . must not be removed from the surgery" as many practitioners prefer to have their records with them on home visits. Nor will the phrase in the section in the management of asthma "antibiotics are essential" (p. 186) command general acceptance. It is a pity that no treatment at all is suggested in the section on nocturnal enuresis (p. 189) and an interesting approach to this problem described in a later chapter on psychoneurosis (p. 265) is not indexed.

Nevertheless such minor blemishes do not seriously mar a major contribution to the literature of general practice. It is a pleasure to see such emphasis on the psychosocial aspects of modern practice. A whole chapter on family planning is certainly both desirable and necessary (although