

# Correspondence

## New Zealand College

Sir,

The Council and Faculties of the Royal College of General Practitioners in New Zealand are to hold their first college conference from 6-9 February, 1974 in Christchurch, New Zealand.

This conference is in the week following the Commonwealth Games, which are also to be held in Christchurch. This is a preliminary notice which I trust will serve as an invitation to your college members to attend. Further details will be available later.

We look forward to welcoming to New Zealand as many representatives of our sister Colleges as possible.

C. L. E. L. SHEPHERD  
*Chairman,  
New Zealand Council  
Conference Committee.*

Royal College of General Practitioners.

48 Roosevelt Avenue,  
Christchurch 1,  
New Zealand.

## Australian Meeting

Sir,

Arrangements are now being finalised for the visit to Australia in September-October, 1972. The main tour lasts four weeks and includes 'stop-overs' at Bangkok, Singapore and Hong Kong. The approximate cost is £366 per person and includes hotel accommodation (bed only) at Hong Kong, Singapore and Bangkok in addition to all air and transit fares. It does not cover the cost of accommodation in Australia which can be arranged separately through our travel agents. The departure date is 27 September and the return to Heathrow on Tuesday, 24 October.

There is a second tour if sufficient people wish to go. This is for three weeks and includes 'stop-overs' at Bangkok, and Hong Kong, with a few hours in Singapore. The approximate cost is £360 per person including the same facilities as the four week tour. The departure date for this tour is Tuesday, 26 September, returning to London on Tuesday, 17 October.

It is necessary to pay a deposit to join either of these tours of £20 per person plus £4.50 insurance for the four week tour or £4.00 insurance for the three week tour. This provides cover against cancellation due to illness; the deposit is lost if failure to leave is due to any other reason.

The agents for the tour are VIP Travel Limited, 42 North Audley Street, Grosvenor Square, London W1. Enquiries should be made to Mr K. Endress, Tours Manager (telephone 01 629 2243 or 01 499 4221). The agents will be pleased to book

hotels in any part of Australia if necessary and will provide general advice.

Some doctors have already asked to visit New Zealand. VIP Travel Limited can also arrange this; the cost is £87 per husband and £43.50 for his wife if they travel together.

Those wishing to go to Australia should contact me at the address below enclosing a cheque for deposit and insurance. (£24.00 or £24.50 per person, whichever is applicable.)

S. CARNE

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Hyde Park,  
London, SW7 1PU.

## The natural history of appendicitis

Sir,

The East of Scotland Faculty (January *Journal*) reports the first part of a study designed to assess "what happens to patients who have been sent into hospital with possible acute appendicitis and who are subsequently discharged without having an operation".

The problem is important but one full of epidemiological booby traps. May I comment on the paper? First, any study of appendicitis which does not find the diagnostic accuracy lower in adolescent girls than in the rest of the population is sufficiently unusual to lead to close scrutiny of the selection of patients. In this project 103 doctors were asked to contribute two consecutive patients, but the paper only reports 164 patients. Does this mean 82 doctors contributed two patients each or that 42 of the 103 doctors failed to provide a second case? It is possible that the first patient in each pair *might* have been unconsciously selected as a 'good appendix' and one would be interested to compare analyses of the 'firsts' of the pairs with the 'seconds' of the pairs. Perhaps only the second of these groups can be regarded as a truly unselected population for comparative study.

Secondly, the East of Scotland workers comment that their observations are both "prospective and practice orientated unlike most studies of appendicitis which are retrospective and hospital orientated". The objective of the reported study is to examine patients ". . . subsequently discharged (from hospital) without having an operation". If this is to be the specific objective, not only *should* the hospital population be used to 'select' index cases, but cases for study should ideally be under the care of surgeons not involved in the study. Decisions regarding referral to hospital and regarding treatment in hospital may be affected during any research project and the relevance of the result to the community reduced.

The significant events in the follow-up of