patients at risk from non operation are re-admission for operation and death. A prospective study on its own, is unlikely to evaluate the first risk within a realistic number of years, in particular if the group of patients being studied remains as small as that at present apparently available to the East of Scotland workers (36 patients). Assessment of the risk of death—which is crucial to any study of this type—is clearly beyond the scope of the study as described. Close study of the references quoted in this paper will show the contribution of retrospective study to any attempt to tackle this problem.

There is, I believe, a more profitable area for future general practice study. The records of 650 patients dying of appendicitis and appendicectomy in Scotland between 1954 and 1963 showed a past history of previous possible appendicitis in 71 patients (11 per cent). In 24 of the 71, previous hospital admissions without operation had taken place and this represents the part of the problem being looked at using the present objective of the East of Scotland study. Of the remaining 47 patients dying with a past history of previous possible appendicitis, 14 had been seen at hospital but not admitted for observation, four had not sought medical advice, but 29 had been attended by their general practitioners without referral for second opinion. This suggests that general practice management may contribute as much to mortality from appendicitis as does hospital management.

May I suggest that a study of the reasons for referral and non-referral to hospital of patients with undiagnosed abdominal pain, and correlation of these with the subsequent progress of these patients would be the most useful contribution that general practice research can at present make to improving the management of doubtful appendicitis?

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REFERENCE

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Appointing a partner

Sir,

Dr Graham's interesting article on *Appointing a partner* drew attention, as in your leading editorial (February *Journal*), to the deficit of published references to such an important issue.

In his lucid description Dr Graham emphasises the facts as they arose in his decision making, drawing attention to the legal aspects of partnership and the lack of career guidance in general practice, which the College is seeking to alter by vocational training.

In general practice we are infrequently called upon to make such appointments, and are neither trained nor skilled in the task. This applies also to ancillary staff. Even hospital appointment boards appear lacking in the knowledge of selection interviewing. Apart from the legal aspect, general practice is unique only in the greater significance and infrequency of the task.

If we are prepared to be outward looking, much of this skill can be gained from the schools of management in the art of selection interviewing.

Most practitioners appear to go through a stressful period of soul searching in selecting partners. Is this not really a form of self-counselling on their own role in relationship to their colleagues?

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REFERENCES

Graham, B. (1972). *Journal of the Royal College of General Practitioners*, **22**, 73–78.

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Sir,

I found Dr Graham's article and your editorial (February *Journal*) interesting, particularly when you state that you are unable to find references for the paper. Might I suggest that if you read *Good General Practice* by Dr Stephen Taylor you will find an interesting section on the choice of a partner and its various problems around p. 100.

In our practice we find it of use to have an interview checklist for potential partners, trainees, or locums. This does not claim to be comprehensive but it ensures that we cover the most important areas during discussion and it is useful to check the *curriculum vitae* that will have been submitted by post, in order to get everyone relaxed.

Interview for prospective partner

1 Get him talking.
2 Age.
3 Address.
4 When and where qualified, and degree.
5 Hospital experience.
6 Details of the job and ourselves.
7 Last appointment.
8 General practitioner experience.
9 Testimonials.
10 Any special interests.
11 Married—children (ages).
12 Wife's work.
13 Hobbies and outside interests.
14 Health.
15 Religion.
16 We want details in writing—to see if we can read it!
17 Any questions?

I do not like this list to be considered as rendering the interview rigid, as any undue rigidity results in the candidate and the partners not really getting to know each other.