After becoming a member of the Royal College of General Practitioners, he closely identified himself with the aims and objects of the South-east Wales Faculty, and was, for a period, a member of the faculty board.

In 1968, his name was added to the Commission of the Peace for the City of Cardiff, and despite ill-health, he carried out his obligations as a magistrate until his untimely passing.

The far-reaching extent and influence of Hywel's manifold activities speak for themselves. His was a life of unremitting service to his patients, his colleagues, and the public. A man of balanced and mature judgment, and

gifted with a strong personality, he worked relentlessly for the betterment of general practice in all its aspects. He will be hard to replace. We shall always recall his name with respect and gratitude.

In private life he was an ideal family man, sincere, generous, and imbued with a deep sense of Celtic humour. He loved boating, sea-fishing, motoring, antiques and above all, his beautiful home and garden set on Rhiwbina Hill.

He is survived by his wife, Rose, his son, David, and his stepson, Brian to whom our heartfelt condolences are extended.

P. H. THOMAS

## Correspondence

Sir.

The papers Symptom Interpretation in General Practice by Dr D. C. Morrell and Diagnosis—The Achilles heel? by Dr J. G. R. Howie, side by side in the May Journal, can be interestingly compared.

Dr Howie in his fascinating paper states that the therapeutic decision in general practice is normally described using a diagnostic label, but presents evidence to show that in fact symptomatic treatment is much more common, although often not recognised as such by the doctors concerned.

Dr Morrell divides the level of diagnostic confidence into symptomatic, provisional, and presumptive for a group of 14 common symptoms presenting in general practice. He also gives the percentage of consultations for each of these common symptoms at which a prescription was issued.

If Dr Morrell's symptomatic and provisional groups are added, a table can be composed comparing prescribing habits with levels of diagnostic confidence (Table). This shows that in all these groups of symptoms, prescriptions were issued at some consultations, sometimes quite large as in disturbance of gastric and bowel function, when only a symptomatic or provisional diagnosis had been made.

This particular paper would therefore appear to conflict to a certain extent with Dr Howie's hypothesis, that symptomatic prescription in general practice is often disguised by a diagnostic label, as the doctors in Dr Morrell's study appear to be willing to prescribe on symptomatic or provisional diagnostic grounds alone.

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## DIAGNOSTIC CONFIDENCE AND PRESBRIBING

TABLE: DIAGNOSTIC CONFIDENCE AND PRESCRIBING

	Diagnostic confidence per cent		
Symptoms	Symptomatic + Provisional	Presumptive	Prescription per cent
1 Cough	24	76	97.3
2 Rashes	35	65	79.1
3 Sore throat	11	89	95.1
4 Abdominal pain	78	21	73.1
5 Disturbance of bowel			
function	87	12	88.88
6 Spots, sores and ulcers	19	81	82.4
7 Back pain	60	40	88.4
8 Chest pain	51	49	81.0
9 Head pain	67	32	79.9
10 Joint pain	55	45	70.2
11 Disturbance of gastric			
function	74	26	<i>78</i> · <i>7</i>
12 Changes in balance	69	31	66.2
13 Disturbance of	25		
breathing	25	75	69.0
14 Changes in energy	57	41	90.2

## REFERENCES

Morrell, D. C. (1972). Journal of the Royal College of General Practitioners, 22, 297-309.
Howie, J. G. R. (1972). Journal of the Royal College of General Practitioners, 22, 310-15.