heavily against" the cottage hospital is currently being hotly disputed—and nothing is said about the Oxfordshire concept of the 'community' hospital which holds such promise in this regard.

We also think that Honigsbaum has failed to appreciate the difference between voluntary or do-it-yourself and obligatory vocational training for general practice. We do not share his pessimism because the average age at which doctors become principals in general practice is over 29 years. Clearly therefore the problem is not as great as he suggests and consists rather of ensuring that the training is made relevant rather than longer, and obligatory rather than voluntary.

On screening it is questionable whether quality in general practice can be criticised because of, for example, the continued existence of unrecognised diabetes. Cervical cytology has been held up by lack of technicians initially on the hospital side. Similarly the deficiencies in diagnostic investigations arose in the first place because general practitioners were for so long denied access to them. This was a failure in the hospital services which it will take time to correct fully.

It is no doubt true that some general practitioners write bad notes and bad letters, and both are indefensible. However even bad notes kept continuously from birth to death are better than the complete absence of continuity seen in many other systems. It must also be remembered that general practice records are usually compared directly with those kept in hospitals. Such a comparison is unfair first because the general practitioner has often to write an immediate letter in anything but ideal conditions (e.g. at the patient's bedside), secondly because this is often supported by a telephone conversation which *should* be recorded in the hospital notes, and thirdly because hospital records are written up at leisure by the junior hospital staff (which has no equivalent in general practice) and at least in part as a training exercise.

Finally, if the above is not sufficient, to suggest that general practitioners hold on to maternity cases outside their competence for financial reasons is in our view needlessly provocative.

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Sir,

In a recent editorial you invited comment on the paper by Mr Frank Honigsbaum. Readers were told that Mr Honigsbaum's purpose was to assess quality of care in general practice through a review of the literature. Such an undertaking suggests scholarship. In fact the work, if intended as a piece of serious research, reveals significant deficiencies which can be categorized under four heads, examples of which are given below.

1. *Biased selection of evidence*

In general, Mr Honigsbaum has chosen to construct his case on old and often obsolete data. This may lead the reader to conclude that evidence inconvenient to the writer's case has been ignored. Thus, for example, in criticising equipment used in general practice, Mr Honigsbaum cites Cartwright's studies which have been superseded entirely by later work relating to the whole of general practice by the B.M.A. Planning Unit (1971) and material indicating that general practice cannot be treated as a homogeneous entity (*Teaching Practices*, 1972).

More serious, perhaps, are his omissions in the field of education; recent developments in the undergraduate demonstration of general practice and vocational training, of tremendous significance, are not even mentioned (college bibliography on education). Little wonder that he can conclude that vocational training ... "has been coldly received by the profession and is unlikely to be implemented" especially at a time when the profession has just agreed to universal vocational training for general practice based on three-year programmes.

2. *Use of statements unsupported by any evidence*

The writer furnishes no documentation to support these sample statements drawn from the text.

a) *On undetected illness.* ..."if anything, there is probably less undetected illness in the United States than in Britain except for those below the poverty line" ('poverty line' undefined).
b) *On outpatient departments.* "General practitioners prefer, instead, to hand over responsibility entirely to consultants..."
c) *On midwives.* "They probably inspire more careful work in antenatal care but may increase general-practitioner recklessness in booking".

3. *Broad statements extrapolated from limited evidence*

The following are examples of broad statements phrased in the context of today's general practice, and based on limited, dated and often partial evidence.

a) *On chemists.* "Is this why chemists are so popular in Britain? They provide more medical care than practitioners..." (evidence: one study in Bermondsey, 1964: the term 'medical care' is undefined in the text).
b) *On maternity.* The general statements indicating 'general-practitioner negligence' in maternity are based on two studies carried out and published between 1962 and 1964.
c) *On records.* In support of the title 'Poor records', Mr Honigsbaum offers two references: the first is an opinion expressed by Dr David Kerr in 1957; the second relates to

research from records. The extensive bibliography on medical records in general practice is ignored. He does however concede, despite his dogmatic heading, that "we know little about the condition of records in general practice today".

4. *Incorrect data*

The following is an example of an incorrect statement. "Over 70 per cent of practices in England and Wales now receive grants to *cover secretarial expenses* . . ." Readers may agree that more than 70 per cent of practices take part in the ancillary staff reimbursement scheme; but they will not concur with the statement that such grants 'cover secretarial expenses' when they find themselves contributing 30 per cent of the total cost.

In citing these examples (no doubt readers have found many more) I have ignored questions of opinion and judgment such as the validity of some parameters chosen as reflecting 'quality of care' or the impact of the 'Charter' on general practice. These matters could form the basis of yet another discussion.

What is surely more important, and sad in a way, is that the *Journal*, presumably with the intention of stimulating a debate on quality in general practice, has chosen to launch its campaign from such a shaky foundation. Some of the writer's conclusions merit closer examination; unfortunately, his careless and insensitive handling of the evidence is likely to ensure that the professions' defence mechanisms are invoked to the full whilst real issues of importance to patients remain obscured a while longer.

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REFERENCES

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Sir,

As is stated in one of the editorials of the July *Journal*—articles published may form a focus for debate. Mr Honigsbaum's paper on *Quality in General Practice* stimulated a rush of press enquiries. Correspondents before going to press particularly wished to know if the College would refute the allegations and were advised that the honorary editor had the absolute right to decide whether articles were published or not, that it was clearly stated in the *Journal* that the views expressed in articles should not be taken to represent college policy and that any debate should take place in the correspondence columns of the *Journal* where it rightly belonged. Most correspondents took heed of this.

Your decision to publish this article was a right and courageous one. Comment and criticism of the article itself are, however, required.

As is usually true of articles that are merely surveys of papers published by others, there is an element of truth in some of the conclusions. All of us must realise without placing ourselves in either category that there are good and bad general practitioners just as there are good and bad consultants, good and bad solicitors, good and bad politicians and, indeed, good and bad critics.

In this article, however, some of the conclusions are wrong. It is stated, for example, that in this country cervical cytology is restricted to those women over 35 once every five years, whilst the facts prove that this is not so. It is only the payment for this service that is restricted. Some other conclusions are misleading and some are contradictory. In the space of a letter one can only limit comments to some of these.

In the section on comparative performance, Mr Honigsbaum draws up his national league table on the difference between life expectancy at one year in males and females instead of on the life expectancy itself. He does this apparently because of the well-documented fact that women between the ages of 15 and 45 attend their doctors more often than men and insinuates that the difference in life expectancy could be due to the fact that men in this age group neglect their health while in the prime of life. This is a devious argument without an element of proof. It could be just as likely, if not more so, that the explanation of the more frequent attendances of women of this age is that they take the opportunity of having a consultation whilst taking their children to see the doctor anyway. In this age-group women do consult for more minor illnesses than men do. As far as I am aware there is no evidence that these women consult more frequently with serious or potentially serious illnesses.

Much of the section on quality within the health services is irrelevant in so far as conclusions could be opposite to those stated. For example, the 'reasoned guess' that the fall in general practitioner to patient ratio suggests that each practitioner has less time available per patient than in the 1950s and that this affects quality, does not take into account any of the increased efficiency in general practice brought about by better practice organisation, appointment systems, the health team concept, etc.

The main evidence considered to point to a low standard of care in general practice seems to lie in the failure of screening and early diagnosis. The low rates of screening for cervical cancer compared to those in America are cited and yet the final paragraph states that there is as yet no evidence that this type of screening is effective either in stopping the spread of cervical cancer or the mortality from it. The same can be said of screening for diabetes in which the College, through Dr D. L. Crombie and his colleagues, did some of the pioneering work. Is there any evidence