

that the diabetic discovered presymptomatically and given treatment survives longer or escapes the sequelae than do other diabetics who present with symptoms?

The statement that there is probably less undetected illness in the United States than in Britain *except in those below the poverty line* is equally probably one of the most damning indictments of American medicine so far printed.

Many further criticisms of the conclusions drawn in this paper could be given but it is probably more constructive just to say that if the paper does give rise to debate and clearly points out that further research need be done, then the College, which has through its members the interest and the know-how to conduct that research, is prepared to undertake it. That is one of the reasons for the recent launching of the Appeal for the sum of £2 million.

B. C. S. SLATER  
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Sir,

I have read the recent paper by Mr Honigsbaum. I have re-read it carefully several times, pencil in hand making marginal notes indicating obsolete reports, inaccurate facts, quotations—out-of-context, and biased selection and judgements; and I have produced a list as long as that of the author's bibliographical references at the end of his paper.

As a summary of the shortcomings of general practice under the Health Service, the paper may once have been accurate, but it is now out of date. As a commentary on standards of general-practitioners, it is not only erroneous, but in places offensive. As a scientific article it is so biased in its selection of data, so false in its reasoning, and it has prejudged its conclusions so much that it is difficult to see how it could be considered worthy of a place in a scientific journal.

I submit, Sir, that the publication of such an article, *without comment at the time*, and giving it pride of place in the text, was a serious error of judgement. It has now been said, later, and in other places, that the publication was only to promote discussion, and that the College was anxious to refute the kind of criticism which the paper contained. But the details of Mr Honigsbaum's article appeared to the public through the mass media immediately after publication. Indeed, I read a summary in the local press (which actually described the article as being the views of general-practitioners themselves!) before I had received the *Journal*. In this type of journalism the advantage is always with the one who publishes first; denials, retractions and apologies coming at a later date rarely have the same prominence or effect as the original statement.

I fear that the College, in an attempt in a mis-

guided way to counter poor criticism of all general practitioners, may have created even more difficulties and adverse comment than were previously extant.

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Sir,

Congratulations upon your courage in printing the *Quality in general practice* article in the July *Journal*. Although there are a few minor points upon which I would differ, most of the article rings true and in my opinion Mr Honigsbaum deserves our thanks for forcibly bringing these facts to our notice.

It has always been an enigma to me why our leaders and negotiators did not insist upon better terms at the time of the charter. The present situation in general practice is certainly a great improvement upon pre-charter days but there is still much to be done and no room for complacency. Until general practitioners are properly housed; reasonably equipped; have adequate time, say 15 minutes per patient; access to general beds in district or community hospitals and regular consultant contact, then they will still appear to be inferior doctors to their hospital and foreign colleagues. To those who would say that a high technical competence is less important than an attitude of 'caring' for the community, it is an established fact that those doctors who have a technical and clinical approach to general practice also tend to score highly in their social and psychological approach.

There is little financial incentive to quality of care in general practice such as use of ECG and other equipment; treatment of minor casualty and minor surgical procedures. Doctors who do this work as a routine are penalised financially and are left only with the satisfaction of doing the job.

The general medical services have had a small share of the cake from the inception of the National Health Service. (This is no less a scandal than the improper distribution of monies within the hospital service with the starvation of capital to the long-stay 'caring' units such as geriatrics, sub-normality and psychiatry.) The growth of the hospital staff and services in the last 25 years compared with the almost complete stasis of general-practitioner manpower has brought a touch of the farce to the NHS. What a waste of scarce resources, manpower and money. If only the reverse manpower trend and injection of monies into the community services had occurred, we could now have an average list size of say 1,500 per principal and all the time needed to apply the skills and knowledge taught at medical school not to mention a reduced loss from emigration. Outpatient departments could be slashed from the present size with the general practitioners doing much of the work on their own premises.

We really would then have a NHS the envy of the world.

Although the medical profession must take some of the blame surely what we have now is chiefly the result of improper constitution of committees at all levels with those with the loudest voice and most influence at high levels getting an unfair share of resources. There is meagre general-practitioner representation on the various committees to the detriment of the service as a whole. I would have thought that the general practitioner with his wide experience and finger on the pulse of the community deserved strong representation at all levels.

I am sure Mr Honigsbaum is right in suggesting that the length of training a doctor receives before he enters general practice is far more important than any ritual of attending postgraduate courses which in my opinion are largely a waste of time.

It must be right for a three-year vocational training programme to become compulsory in the near future and eventually probably extended to five years. Too much money, time and energy is being spent on improving the organisation of general practice without enough emphasis in raising the level of clinical excellence. An interesting situation is going to come about in a few years' time. As the number of well-trained doctors entering the general-practitioner service increases so they will demand many of the facilities and standards mentioned above. Let us hope they are successful.

B. GRAHAM

The Health Centre,  
Bovey Tracey,  
Devon.

Sir,

I feel I must write about the newspaper article in the *Daily Mail*. I do not like this sort of thing published in a daily paper.

I am sure we, in the College, are all trying to do our best for general practice. Therefore I feel our *Journal* should have a restricted issue—to members only.

I am interested in what Mr Honigsbaum has to say in the *Journal*, but I feel it should never have found its way into the press.

IAN T. McLACHLAN

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Hants.

#### REFERENCE

*Daily Mail* (1972). 7 August.

Sir,

Much of Mr Honigsbaum's slashing attack on British general practice (*July Journal*) is justified, but I would not agree that the position is getting worse. In 1969, I returned to general practice after 12 years in other work.

I found standards of accommodation and organisation has risen and there was increased enthusiasm in many quarters, e.g. for making use

of open-access pathology or x-ray facilities (from virtually nil to 95 per cent of general practitioners making some use of the available facilities, according to Honigsbaum, with 20 per cent using the service 'fully and intelligently').

I heartily agree, however, that there are pockets of really shocking standards. I did a locum for a doctor who kept, not bad records, but *none*—I never once saw his writing on any of the cards. In this practice antenatal patients obviously did not expect to have blood pressure taken, urine tested, or to be weighed. The accommodation was equally deplorable. I could describe two other practices almost equally bad, among many which were run by doctors who clearly aimed at giving their patients a service of the highest standard.

No-one seems to have any plans for dealing with low-standard general practice. The idea of any form of inspection makes the average general practitioner foam at the mouth. Yet there should be *something* to take the place of the day-long, year-long contact with colleagues which maintains standards in hospital. The sort of contact with consultants suggested by Honigsbaum would be most welcome. I imagine most of the 19 per cent of us doing clinical assistantships in hospital do so because of the contact with hospital staff involved.

To get the consultant out into the field would benefit them as well as the general practitioners—especially those in teaching hospitals. They would become better qualified to teach the 50 per cent of medical students who become general practitioners. In 1948 many consultants had been general practitioners; now very few have. Thus a vicious circle is set up. Hospital staff with virtually no experience of general practice cannot help influencing medical students with the view that only the failures become general practitioners, fewer 'bright boys' become general practitioners, and so it goes on.

So by all means let us get general practitioners into the hospital and the consultant into the world outside!

P. ASHER

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Sir,

At least one of your readers will be eternally indebted to you for the publication of Mr Honigsbaum's article. It would have been tragedy indeed had we missed this virtuoso exposition of the art of reasoning by *non sequitur* and of argument by the *post-ergo-propter* method. It is likely that we have just had the honour of reading the definitive work on this method. I shall long cherish this experience, and invidious though it may be to select a few items from such a lavish cornucopia, I cannot resist expressing my gratitude for at least some of these.

Women see their doctors more and thus live longer. I have waited years for confirmation of my long-held but often derided theory that women go bald less than men because they visit the hairdresser more often, and here is Mr Honigsbaum