

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

262 Devonshire Avenue,
Southsea,
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

6 Bellevue,
Birmingham, B5 7LX.

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 hair-dresser more often, and here is Mr Honigsbaum