efforts. This thought has brought about changes in our understanding of what really happens in general practice consultations. We are beginning to see more clearly that the few cures we have to offer impress most of our patients less than the extent to which we understand and care about them. And we have developed a conviction that our main role is to uphold the interests of the whole individual, while specialists concern themselves severally with parts of their bodies. We have therefore learned to see how our roles are qualitatively separate from, yet complemented by, those of our specialist colleagues.

We therefore are certainly changing, qualitatively, in our attitudes. Mr Honigsbaum, on the other hand, advocates the same measures of "quality" now as we accepted 20 years ago, learned from, and are transcending.

Is the pot calling the kettle black?

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REFERENCE
Honigsbaum, F. (1972). Journal of the Royal
College of General Practitioners, 22, 429–51.

Sir,

I was interested to read Frank Honigsbaum's article together with your editorial comments (July Journal).

There is no doubt that his criticisms of general practice in the N.H.S. are based on a great deal of research into the literature and that many of them are perfectly valid. However, unlike Dr J. S. Collings he has no personal knowledge of the problems of general practice. We are, most of us, well aware of our many shortcomings but to maintain that there has been no improvement since the Collings report is palpable nonsense.

Mr Honigsbaum's criticisms are so numerous that it would be impossible to deal with each one in detail in the short space of a letter so I will confine myself to a few.

Apparently the great British public is so easily satisfied that it does not realise how bad a service it is getting from its general practitioners. I find it very difficult to believe that patients in the United Kingdom are any less sophisticated than in other countries. Nevertheless a scheme to provide private general-practitioner service through the British United Provident Association has failed through lack of support.

Mr Honigsbaum places great faith in the medical check-ups and screening services and accuses British general practitioners for failing to provide them. He goes on to say that in the United States people visit their doctors more frequently than in the United Kingdom and that routine medicals are much more popular, especially among middle aged men. It therefore seems strange that male mortality statistics in the United States are even worse than in the United Kingdom, according to Table I in his article.

He also points out that male life-expectancy at one year is greater in Greece and Spain than in the United Kingdom and uses this fact as an index of the overall performance of our medical service. Does this mean that these two countries have health services superior not only to ours but also to Belgium, West Germany, Australia, U.S.A., Finland and France?

This biased use of statistics casts a doubt on the impartiality of the remainder of his article. I expect that his quotation from the literature have been carefully selected and often shorn of their context in order to further his argument.

Your editorial mentions that if part or all of his criticisms are justified then publication may in itself prove beneficial to general practice. This may be true, but I cannot help feeling that the quotations from the article in the lay press, particularly the statement that British doctors hate their patients, do the many conscientious hardworking doctors in this country a great disservice.

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Sir,

Like a claxon horn in a string orchestra, Mr Honigsbaum (July Journal) cannot be ignored. His paper is an event that should not have occurred, but having done so must be dealt with in a way that strengthens good primary care.

His paper is not about quality in general practice, but about badness. The fact that quality must be measured, that it consists of a number of more or less independently variable quantities in a continuum from execrable to excellent, each of them unevenly distributed in social and geographical space and in time—all this has escaped him, or at least he tells us nothing about it, though all of us would be most interested in the answers. Apparently his collection of bad things about British general practice impresses him so unfavourably that his simple verdicts are sufficient, without measuring what is good, or seeking to locate what is bad—"failures in screening . . . failure in geriatrics . . . negligence in midwifery . . . negligence in prescribing . . . negligence in hygiene . . . inadequate time for consultations . . . poor records . . . , and so on; success, apparently, in nothing.

With all the confidence of a young man whose experience of health services is virtually confined to what other people have written about them, he proceeds to international comparisons illustrating the inferiority of British primary care in every respect, and to historical comparisons showing that we are not only bad but worse now than in the