

relieved more often, and comforted always. Perhaps the patients in Dr Fry's practice get little comfort, but then I doubt if he considers comforting patients a medical job.

J. R. CALDWELL

Newick Lodge,
Newick,
Sussex.

REFERENCE

Fry, J. (1972). *Journal of the Royal College of General Practitioners*, 22, 521-8.

Sir,

Dr Fry is, as we all know, one of the most quotable sources of information on general practice work. I find his most recent article fascinating and quite breathtaking. His description of his practice is so radically different from what I know to be the majority of practices in suburban London.

One or two statements in his article must I am sure be clarified. For example: "it is now a two-man practice . . ." A little later he says "Two general practitioners can care for almost 9,000 people, as there is a partnership with two other practitioners with relatively small lists and therefore there is a maximum allowance of up to 4,500 per doctor". What does this mean?

Dr Fry also mentions an assistant and a time in 1963 when three doctors worked in the practice.

Really the description of the practice is so confusing as to make the interpretation of the figures doubtful. The situation is more confused by reference to a rota system with another group for night and weekend work.

I wonder if it would be possible for Dr Fry to let us know precisely how many doctors are involved and to include in this figure all partners and assistants, whether full-time or part-time? Dr Fry must have been aware of the controversy that such an article would arouse and it is a pity that such elementary facts were not precisely stated.

B. J. BROOKS

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Ewell,
Epsom,
Surrey.

REFERENCE

Fry, J. (1972). *Journal of the Royal College of General Practitioners*, 22, 521-8.

STERILIZED PATIENTS

Sir,

Might I suggest that another label be produced for sticking to the corner of medical record envelopes? The purpose would be to denote whether: (i) the male partner had been sterilized, (ii) the female had (a) been sterilized or (b) undergone hysterectomy.

There are occasions when an unguarded question about the possibility of pregnancy escapes one's

lips, and the resulting embarrassment could easily be avoided by the sight of a distinctive tag.

J. D. WIGDAHL

20 St Nicholas Street,
King's Lynn.

TRAINEES AND THE COLLEGE

Sir,

Most teachers in general practice encourage their trainees to join the College as associate members. Some teaching practices pay their trainees' application fee (£5) which covers the first annual subscription.

I have been asked to bring this interesting fact to the notice of all general-practitioner teachers.

Application forms for associate membership can be obtained from the membership secretary, 14 Princes Gate, Hyde Park, London SW7 1PU.

STUART CARNE

14 Princes Gate,
Hyde Park,
London SW7 1PU.

Book reviews

A survey of general practice in Northern Ireland (1972). Belfast: H.M.S.O. Price: 80p.

In examining the present state of general practice, it is unfortunately true that Northern Ireland tends to be overlooked by researchers examining the position in Britain^{1,2}. This study, undertaken by Officers of the Department of Health and Social Security in Northern Ireland, sets out to remedy such a notable omission. It aims to furnish basic data about family doctors, and more especially their practices, and has the advantage of being based on the whole population of practitioners, coupled with an extremely high response rate.

In presentation, it is likely to appeal to those interested in the study of the characteristics of general practice, and to planners, rather than to the casual reader. There is a wealth of tabulation; however, comparisons with other parts of the United Kingdom, which would have been helpful, are not abundant.

As expected, some trends common to general practice in other parts of Britain are recorded. Thus, there has been an increase in group practice; an increasing number of doctors practise from health centres; the use of secretarial staff, and of nurses and health visitors has also increased substantially in recent years. Area variations occur, as they do in Britain.¹

More interesting are the differences between Northern Ireland and other parts of the country. Thus, for example, the proportion of general practitioners practising from health centres is higher in

Northern Ireland than elsewhere.³ Rather fewer doctors in Northern Ireland (51 per cent) use an appointments system than do those in England and Wales¹ (66 per cent), but more practitioners in Northern Ireland have an age-sex register (26 per cent than their English colleagues (15 per cent). Another contrast of importance relates to the availability of hospital diagnostic services. Thus, whilst laboratory facilities and chest radiology are freely available universally, Northern Ireland fares badly when considering skeletal x-rays (45 per cent access in Northern Ireland compared with 83 per cent in England and Wales) and contrast-media studies (21 per cent and 58 per cent respectively), the last finding supporting data reported elsewhere from Northern Ireland.⁴ ECG access, on the other hand, is more freely available in the six counties (57 per cent) than in England and Wales (40 per cent).

Although most tabulations include an analysis by the number of years as a principal in general practice, it is a pity that no breakdown by age is available, since it is known that this is a crucial determinant in a number of important characteristics.

In summary, here is a useful report which should furnish practitioners in Northern Ireland with plenty of ammunition in seeking to make good certain deficiencies in their support services. Moreover, it is bound to be valuable in forward planning. The Department of Health and Social Security in Northern Ireland is to be congratulated on its initiative.


REFERENCES


- 1 Irvine, D. H. & Jefferys, Margot (1971). B.M.A. Planning Unit Survey of General Practice 1969, *British Medical Journal*, 4, 535-543.
- 2 Oxford Regional Hospital Board (1969). The General Practitioner and the Hospital Service in the 1970s. O.R.H.B.
- 3 Maybin, R. P. (1972). *Journal of the Royal College of General Practitioners*, 22, 365.
- 4 Irvine, D. H. (1972). *Teaching Practices*. Report from General Practice No. 15. London: *Journal of the Royal College of General Practitioners*.

MATERNAL DEATHS

The four commonest causes of maternal death in England and Wales are now, in descending order of incidence:

1. abortion
2. pulmonary embolism
3. toxæmia
4. haemorrhage.


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 that nearly every doctor
 in practice today
 has read or referred to
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