The Association appreciates the interest which the Royal College of General Practitioners takes in the award of prizes to general practitioners. The Sir Charles Hastings and Charles Oliver Hawthorne Prizes are available for recognition of research in general practice, but general practitioners are of course eligible to apply for the two BMA research fellowships and the BMA research awards. The advertisement of these fellowships and awards has not been suspended; indeed, those available for 1973 were advertised earlier this year.

It may be of interest to note that the first recipient of a T. V. James Fellowship for research into the nature, causation, prevention or treatment of bronchial asthma was a general practitioner—Dr Henry Blair of London. The value of the fellowship is £1,000 in the first year and £2,000 in the second.

Moreover, over the last four years, six miscellaneous research awards (usually to the value of £300) have been awarded to general practitioners.

ALAN GILMOUR Secretary

Board of Science and Education

BMA House, Tavistock Square, London WC1H 9JR

REFERENCE

Journal of the Royal College of General Practitioners (1973). Editorial, 23, 79-80.

Problem-orientated medical records

Sir,

The article by Drs Tait and Stevens and your editorial (May *Journal*) touch on two separate and difficult areas.

First, general-practice medical notes must differ from those required in hospital as they have a somewhat different purpose. The student is taught the hospital method of recording, but as yet no formal pattern of record keeping in general practice has been agreed upon, nor taught to trainee practitioners. This is a gap which needs filling.

Secondly, the problem-orientated record—this is a matter for further experiment and debate, but there can be no doubt that a 'data base' which can be regularly updated, is central to any systematised medical record keeping.

Enclosed is a copy of the one used in our practice and any recommendations for improvements would be welcomed.

The 'male' form is used for both sexes as the blue female summary card is used by the health visitor to distinguish her records which are kept in the patient's medical record envelopes. The use of the summary card is relatively self explanatory.

I cannot agree with the suggestion of Drs Tait and Stevens that such information "could be obtained through a suitable (and tactful) questionnaire completed by the patient, with, or without the help of a member of the practice team." When the doctor takes the history himself he feels the

patient's life material running through his hands, and can sense areas of tension or even apply health education as various matters are discussed. The time given at this initial interview builds the

Male	Summary of	Freatment Card
Surname		Forename(s)
Address	3	
N.H.S. Number		Date of Birth
Date	Cl	inical Notes
	Medical and Obstetric History	
	(including mar	ked psycho/social stress)
	<u> </u>	to the state of th
Urine		
B.P.		
C.X.R.		

Figure 1.

The form is an overprinted E.C.9a.

Date	Clinical Notes		
Origin			
	,		
 Marital	State		
	Children		
Work	Pt/Father		
	Spouse/Mother		
Accom	modation		
Family	History. Fa.		
	Mo.		
	Sibs. (No.		
Smokes	: Alcohol:		
Birth C	ontrol		
Drug A	llergy		

Figure 2

relationship with the patient, and a sensing of the non-verbal communications may enable the doctor to help the patient unburden himself for the first time of confidences and fears which lie very deep.

I should mention that the patient gives his

presenting story before we go into the full details of the summary card.

RONALD LAW

REFERENCES

Journal of the Royal College of General Practitioners (1973). Editorial. 23, 301-2.

Tait, I. & Stevens, J. (1973). Journal of the Royal College of General Practitioners, 23, 311-315.

Scabies

Sir,

Those of us who remember the large epidemic of scabies coincident with the last war will also recall the remarkable efficacy of local treatment with benzoyl benzoate lotion. This treatment has remained effective for the sporadic cases which have arisen since then.

However during the past 12 months scabies in this area has once again reached epidemic proportions with the one difference from the previous epidemic, that they no longer seem to respond to benzoyl benzoate, though they are readily treatable with local application of gamma benzene hydrochloride.

Has the present epidemic arisen because of the emergence of a strain of mite which is resistant to benzoyl benzoate?

F. A. LODGE

Whitehill House, Illingworth, Halifax.

Social work in general practice

Sir.

A meeting was held in Manchester on 4 April for all social workers involved or especially interested in working with general practitioners. Originally intended to be a small group, it expanded to 55 people out of a total of about 85 who were eligible.

For all those there it was a most interesting meeting because nobody had realised how many other people shared their experience and problems. The speakers covered a wide range from those planning projects to those with many years of involvement in the field.

A wide divergence of attitude emerged. One speaker anticipates having a partner type of relationship with his general practitioners and using his local authority as a general practitioner uses a hospital.

Another saw social work in general practice as medical social work where general practitioner and social worker treat problems that involve working together, other sorts of social problems being referred.

It was clear that there would have to be another meeting to distil the ideas and knowledge of those present into some sort of document. This would be principally directed to those just entering the field and would try to describe the problems of working in general practice so that these can be recognised and discussed before projects are set up.

MARY MARSHALL