

- three anti-diarrhoeals in acute diarrhoea in general practice. *Journal of International Medical Research*, **1**, 226-230.
- MORGAN, D. (1973). The general-practitioner hospital. *Practitioner*, **210**, 739-742.
- MULROY, R. (1973). Iatrogenic disease in general practice; its incidence and effects. *British Medical Journal*, **2**, 407-410.
- NORELL, J. S. (1973). Preparing for a health centre; organisation of clinical work. *Update*, **6**, 1513-1518.
- PORTER, A. M. W. (1973). Medical ethics and and minors. *British Medical Journal*, **2**, 403.
- RATOFF, L., COOPER, B. & ROCKETT, D. (1973). Seebohm and the NHS: a survey of medicosocial liaison. *British Medical Journal*, **2**, Suppl. 51-53.
- ROWE, I. L. (1973). Prescriptions of psychotropic drugs by general practitioners: antidepressants. *Medical Journal of Australia*, **1**, 642-644.
- SMITH, J. WESTON, O'DONOVAN, J. B., HOYLE, G., CLEGG, D. F. G. & KHALID, T. (1973). Comparative study of district and community hospitals. *British Medical Journal*, **2**, 471-474.
- STEPHENS, M. D. B. (1973). Mycoplasma pneumoniae infections in general practice. *Practitioner*, **210**, 805-810.
- STONE, M. C. (1972). The role of diet in the management of hyperlipoproteinaemias. *Proceedings of the Nutrition Society*, **31**, 311-316.
- THORN, P. A. & RUSSELL, R. G. (1973). Diabetic clinics today and tomorrow: mini-clinics in general practice. *British Medical Journal*, **2**, 534-536.
- WELLS, F. O. (1973). The general practitioner in the accident department. *Practitioner*, **210**, 769-773.
- WHEATLEY, D. (1973). *Psychopharmacology in family practice*. London: Heinemann.
- WHITE, T. G. E. (1973). Family-health team. The midwife. *Update*, **6**, 1453-1456.
- WHITFIELD, M. J. (1973). The general practitioner and x-ray facilities. *Practitioner*, **210**, 780-783.
- WILSON, M. A. (1973). The general practitioner and orthopaedics. *Practitioner*, **210**, 774-779.

General-practitioner authors are printed in capitals.

Correspondence

PROBLEM ORIENTATED RECORDS

Sir,

Congratulations on the May *Journal*, a most valuable product. I would like to comment on the excellent paper by Ian Tait and John Stevens.

The earliest reference I can find to the use of Weed's work in this country is in a paper which I gave at a college symposium in Swansea on 6 September, 1969. The proceedings of this symposium were published in Supplement No. 1, Vol. 20 (No. 98) to the *College Journal* in September, 1970.

We have been using Weed's methods—adapted to our own needs—continuously since June 1969. We have found them to be of significant value in teaching undergraduates, trainees and in the post-graduate centres, in addition to its acknowledged value as a tool for self-audit by the general practitioner. A paper is in production assessing the results of the four years of use.

It was H. W. K. Acheson who fashioned the mnemonic SOAP in September 1969, a simple change from Weed's earlier—'subjective, objective, impression and plan'. This was described in the *Journal of the Royal College of General Practitioners* in 1970.

It must be remembered, however, that Weed designed his method for hospital work. Although as your editorial states it is the concept which is important, nevertheless as Tait and Stevens recognise there is an apparent difficulty in adopting the method for general-practice use.

The International Classification of Disease provides a specific taxonomy for organic disease, but we have not available anything comparable for the large group of psychosocial ills from which our patients suffer. We may realise however that symptoms such as 'chest pain, breathlessness' quoted by Tait and Stevens, are at the same low level of precision as are 'anxiety and marital conflict'. Where the first two symptoms may

become refined to 'small anterior myocardial infarct' or 'Ca Lung' the latter cannot be so refined without the use of many more words. Moreover, these words could well not be the same when used by different recorders.

However, in practice this does not seem to matter much for there is always the cross reference to the clinical record for greater clarity of meaning.

It is most important to realise as your editorial states (May *Journal*) that it is the problem as defined or perceived by the doctor which is the problem to be recorded. At the same time, the doctor will do well to recognise that the problem presented by the patient and representing the latter's perception of the situation may also be the problem with which the patient requires him to deal.

The method is beginning to be used in hospital departments so that the exchange of problem sheets may become a useful and more comprehensive means of communication.

However the chief difficulty of developing the method for general practice seems to be in the

construction of the 'data base'. What to leave out is a hard decision. Although various working parties are considering the whole question of POMRs much individual experiment and description is required. It seems likely that in the practical situation individual variations must always be expected. We can look forward in due course to reading more widely of actual experience in use of this seminal concept.

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REFERENCES

- Acheson, H. W. K. (1970). *Journal of the Royal College of General Practitioners*, **20**, 223-227.
Byrne, P. S. (1970). *Journal of the Royal College of General Practitioners*, **20**, Supplement No. 1.
Journal of the Royal College of General Practitioners (1973). Editorial, 301-302.
Tait, I. & Stevens, J. (1973). *Journal of the Royal College of General Practitioners*, **23**, 311-315.

Book reviews

Books received

- A laboratory guide to clinical diagnosis** (1973). Third edition. EASTHAM, R. D. Pp. 280. Bristol: John Wright and Sons. Price: £1.75.
Advice to the expectant mother (1973). Fourteenth edition. MCCLURE BROWN, J. C. Pp. 62. Edinburgh and London: Churchill Livingstone. Price: 15p.
Ninth symposium on advanced medicine (1973). Ed. WALKER, GEOFFREY. Pp. 452. London: Pitman Medical for Royal College of Physicians. Price: £4.00.
Electronics for medical personnel (1973). BUCKSTEIN, EDWARD J. Pp. 144. Slough: Foulsham Sams. Price: £1.90.

Book review

Death, dice and diesel (1972). ALLAN CHATELIER. Pp. 47. London: Johnson. Price: 50p.

A muddled account of a muddled hypothesis. The hypothesis starts from the premise that the work of Richard Doll and Bradford Hill on smoking and lung cancer in doctors was "elegant yes, but as irrelevant to the facts of life as those

exquisite little works of the mid-nineteenth century literary cult in France. . . ."

We are next treated to a short selection of other people's views about "statistics and/or truth" and the multifactorial view. Then comes "the indictment", namely: "To draw from a highly selective professional group conclusions about the population as a whole, as Doll has done, is contrary to the tenets of the founder of modern probability theory. . . ."

At this stage one is left wondering whether the author believes there is indeed any connection between cigarettes and lung cancer. Then comes the question: "What is a cigarette?", followed by pages of information in praise of Polish and Soviet methods of drying tobacco so that these have "less carcinogenic agents". Back to square one?

Then comes the second hypothesis. Our epidemic of lung cancer (not denied) is caused not by cigarettes alone but by a synergy of two factors, namely, improperly cured tobacco and 'Derv'. He never reaches the point, however, of showing conclusively what was wrong with Doll and Hill's original conclusion that the fewer cigarettes you smoke, the lower the risk of your developing lung cancer.

IAN WATSON