REFERENCE
Journal of the Royal College of General Practitioners (1973). Editorial, **23**, 749–50

BEING A GOOD DOCTOR

Sir,

Since becoming a foundation member of the College (as it then was) I have been reading its publications, and about its activities, with an ever-increasing sense of bewilderment and frustration and I have hitherto assumed it was a case of " everyone being out-of-step " but me.

Today however, I read (and re-read) the article in the October *Journal* by Dr S. G. Jeffs on *Being a good doctor*.

I can only say that I feel my faith in The College has not been in vain.

Dr Jeffs' sensitive, modest and provoking article went a very long way to restoring my faith in the medical profession and The College.

Osler *was* right.

A. E. DE LA T. MALLETT

Turf Croft,
Burley,
Ringwood,
Hampshire.

REFERENCE
Jeffs, S. G. (1973). *Journal of the Royal College of General Practitioners*, **23**, 683–690.

OUTDOOR ACCIDENTS—PRIMARY CARE

Sir,

I read this report (October *Journal*) with great interest and I was particularly interested in comments made by Dr Alan Booth on page 721 about the " semi-prone position ".

It is perhaps a pity that the term used by the first-aid societies was not used which is now " the recovery position ". I would prefer the term " clear airway " or " drainage position " as being more concise.

However, I am particularly concerned about the statement regarding spinal injuries being the exception to placing the casualty in this position. This is also referred to in the combined first-aid handbook.

From a first-aid point of view, if the casualty is in a coma or in such a state that the airway cannot be kept open in any other way, then the diagnosis of a spinal injury is very unlikely unless the cause is obvious, i.e. hit in the back, or there is discernible deformity which is rare. If the airway is in jeopardy surely the " calculated risk " to take is to move the casualty into the recovery position carefully and in " one piece " which should not aggravate the spinal injury. Some doctors very experienced in casualty work have stated that apart from neck injuries very little further damage results from " bad handling " as a dislocation etc. almost always occurs at the time of the accident and not later.

If the recovery position is " life saving " as stated in the article, surely this had priority even over a spinal injury at least as a first-aid measure. Only at hospital level can these priorities be reversed in that the airway can normally be kept patent no matter what the position of the casualty by intubation, etc.

I feel that unfortunately hospital procedures have wrongly influenced the first-aid textbooks in that first-aiders and ambulancemen are continually warned about the dire results of mishandling a possible spinal injury instead of keeping a patient's airway open and that many casualties will be left on their backs to choke to death.

B. S. BAKER
Regional Medical Officer
South Eastern Region of the Post Office

300 Dyke Road,
Brighton, BN1 5BB.

REFERENCE
Wink, C. A. S. (1973). *Journal of the Royal College of General Practitioners*, **23**, 717–722.

RECORDS IN GENERAL PRACTICE

Sir,

I am carrying out a survey of clinical records in general practice, particularly the layout and structure of clinical notes and the forms or cards on which notes are kept.

May I, through the courtesy of the *Journal*, appeal to any general practitioner who may have developed his own method of recording clinical information, including summary data and screening data, to send me details of his system and samples of the stationery that he uses?

Information about individually designed repeat prescription cards, personal medicine records and any other special record forms or instructions for the use of patients will also be most valuable.

H. W. K. ACHESON

Darbishire House Health Centre,
Upper Brook Street,
Manchester, M13 0FW.

DIABETES IN CHILDREN

Sir,

I would like to collect as much information as I can about this problem as seen from the point of view of general practitioners, and would welcome any comments that individual general practitioners have about patients they have looked after:

(1) If possible, how many cases have your recorders looked after of diabetes diagnosed in a child aged 14 or less? (Nil returns would be equally useful.)

(2) It would help me to know a brief description of the presenting features, in particular, the length of history before a diagnosis was first made.

(3) Was the presenting symptom coma, or was the diagnosis made before the child went into a coma?

(4) Have your readers any record of any child

in your practice, or in that of a colleague, who has had diabetes not requiring treatment with insulin?

STUART CARNE

The Grove Health Centre,
Goldhawk Road,
London, W12 8EJ.

THE COLLEGE—ITS PAST AND FUTURE

Sir,

The January 1973 *Journal* reached Burma in September and I found it most interesting and stimulating. In particular Dr John Hunt's James Mackenzie Lecture was an important narrative describing a comprehensive picture of events and incidents in the history of the College. While it enlivens and comforts because of the encouraging achievements so far attained, it also inspires confidence in the future.

As a founder member I well remember the day I signed my application with wholehearted support, and appreciate the heroic efforts of Dr Hunt and his equally enthusiastic colleagues.

Now that the College has a Royal President and a Royal Charter trust in the future is even greater. The retiring President, Dr G. I. Watson, echoed the feelings of us all in his speech.

I was particularly delighted to read the Royal Presidential Address outlining the new dimensions of general practice.

Finally, I would like to suggest that all the foundation members of the College who are still alive and continuing their support should be made fellows in recognition of their continuing support from the earliest days of the College.

R. L. SONI

The Soni Building,
C Road,
Mandalay, Burma.

AN ACCURATE PRACTICE REGISTER

Sir,

An accuracy of 0·05 per cent for non-match for identity has been maintained for two years using a card index rather than a ledger.

This compares with a range of between one per cent and 22 per cent non-matches in the Office of Population Censuses and Surveys current study, with the College and the Department of Health.

A conversion table for dates was used (fig. 1) and an extensive trial of more complex tables showed that two decimal places (accurate to half a week) was sufficient in any study of more than 30 patients.

A convention for recording "Mr, Mrs, Miss" has proved that all the members on the list in any such category of age, sex, marital status and relationship to other patients on the list can be studied for many, consecutive, three-month periods. It remains for one practice to be compared with another over a similar period.

The cards and fuller details are available.

M. J. JAMESON

21 Upper Lattimore Road,
St Albans,
Herttordshire.

DECIMAL DATE TABLES 1973

Day	Month J	F	M	A	M	J	J	A	S	O	N	D
	1	2	3	4	5	6	7	8	9	10	11	12
1	.0	09	17	25	33	42	5	59	67	75	84	92
2	01	09	17	25	34	42	5	59	67	75	84	92
3	01	09	17	26	34	42	51	59	68	76	84	92
4	01	1	17	26	34	43	51	59	68	76	85	93
5	01	1	18	26	34	43	51	6	68	76	85	93
6	02	1	18	26	35	43	51	6	68	77	85	93
7	02	1	18	27	35	43	52	6	69	77	85	94
8	02	11	19	27	35	44	52	6	69	77	86	94
9	03	11	19	27	36	44	52	61	69	77	86	94
10	03	11	19	28	36	44	52	61	69	78	86	94
11	03	12	19	28	36	45	53	61	7	78	86	95
12	03	12	2	28	36	45	53	62	7	78	87	95
13	04	12	2	28	37	45	53	62	7	79	87	95
14	04	12	2	29	37	45	54	62	71	79	87	95
15	04	13	2	29	37	46	54	62	71	79	88	96
16	04	13	21	29	37	46	54	63	71	79	88	96
17	05	13	21	3	38	46	54	63	71	8	88	96
18	05	13	21	3	38	46	55	63	72	8	88	97
19	05	14	22	3	38	47	55	63	72	8	89	97
20	06	14	22	3	39	47	55	64	72	81	89	97
21	06	14	22	31	39	47	56	64	72	81	89	97
22	06	15	22	31	39	48	56	64	73	81	89	98
23	06	15	23	31	39	48	56	65	73	82	9	98
24	07	15	23	31	4	48	56	65	73	82	9	98
25	07	15	23	32	4	48	57	65	74	82	9	98
26	07	16	23	32	4	49	57	65	74	82	91	99
27	08	16	24	32	4	49	57	66	74	83	91	99
28	08	16	24	33	41	49	57	66	74	83	91	99
29	08	16	24	33	41	49	58	66	75	83	91	1.
30	08		25	33	41	5	58	66	75	83	92	1.
31	09		25		42		58	67		84		1.

Examples: (a) 34·81=22·10·34
38·15=22·2·38
3·34 years difference.
(b) Patients born 61·26, 62·66, 63·73, 65·12 and 70·04 have a mean age of 9·19 on 30·9·73 (73·75).