

COLLEGE WORKING PARTIES

Sir,

Many thanks for your editorial on college working parties (*March Journal*) to study common clinical problems, of which urinary tract and respiratory infection are perhaps the most important. In these fields (and doubtless in others as well) the climate of opinion in the universities, the hospitals and in general practice, and the funds for research, are related too closely to the drug companies with their drive to sell their profitable products.

For example, there is substantial theoretical and clinical evidence from the UK and the USA that most proven gram-negative urinary infections can be adequately treated with oral Penicillin G (Scowen, Badenoch and Shooter, 1957; Stamey *et al.*, 1965; Hulbert, 1972). Indeed, Stewart (1965) in his book on the penicillins said, "Had Penicillin G been given initially in doses of 1-2 grams like chloramphenicol and tetracycline it might have been considered a broad spectrum antibiotic." None of these leads has been taken up and investigated by any large scale or multi-centre trial in spite of the absence of any published contrary evidence.

The drug companies which are the principal agents in developing new drugs and treatments naturally select those that will be commercially advantageous to themselves. Some countervailing force with no preconceptions and with independent finance is therefore needed and could be supplied by the proposed working parties.

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GENERAL PRACTITIONERS AND
OBSTETRICS

Sir,

I look forward to a lively correspondence on the acceptance by Council of the report of the joint working party of the representatives of the Royal College of Obstetricians and Gynaecologists reported in the summary of Council proceedings (*February Journal*).

"There are at present some doctors who undertake routine antenatal and postnatal supervision of their patients but not intranatal care. The working party were not in favour of this practice if it meant that the doctors had no intranatal experience. Doctors engaged in this type should

have a comparable basic training to that of those who undertake full obstetric care." Quite so.

On 27 December last, a patient of mine returned to me 16 days after she had had a low profile plastic aortic valve inserted. She was fit and well and had been home for four days to enjoy Christmas. Because I have never seen a heart operation let alone inserted a low profile (Bjork) valve am I to be denied the care of this woman?

I took the decision of referral, I cosseted her along during the anxiety of a long wait for the operation and I shall guard her and advise her in future years.

It is time our College Council told the Royal College of Obstetricians and Gynaecologists that we do a different job from them. We are not the technicians to extract babies come whatever difficulty. We are not the technicians to be involved in the most difficult medical problems of pregnancy and the puerperum.

We are the family doctors each of us caring individually with this one woman with her man having their baby. We are the only doctors who try to achieve continuity so sadly lacking in hospital units.

The skill of identifying troubles before they are problems and referring these to the proper technician, the skill of helping mother and father throughout pregnancy and afterwards, these are our skills.

I hope our College Council is able to convince others of the value of the service we family doctors have to offer in this field.

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REFERENCE

- Journal of the Royal College of General Practitioners* (1974). **24**, 122.

WHAT IS COUNSELLING?

Sir,

I read with interest the article by Dr J. S. Norell (*February Journal*). I believe that he and others who have an interest in this topic should read a review of the same topic published in *Occupational Health*, Vol. 25, No. 5, May 1973 entitled "What is Counselling?"

Comparison of the two articles demonstrates the compatibility of view, but contrasts the lack of awareness on the part of most doctors of what is happening in many places of work, and the support offered to so many 'clients' by their lay peers.

Even more important is the reference to the professional jealousy which very often denies help from the National Health Service doctor, to the nurse working alone in a commercial organisation.

As Dr Norell suggests, general practitioners

might learn something from reading the article to which I refer.

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REFERENCE

Morell, J. S. (1974). *Journal of the Royal College of General Practitioners*, **24**, 144-5.

OFF DUTY

Sir,

Regarding the letter from Dr McFarlane (April *Journal*) I hope that the writer does not assume that "any reasonable person" subscribes to his ideas of how a general practitioner should be used (the latter being the operative word.)

I should be interested to know how he thinks a general practitioner should organise his night work and weekend work, or is he so "smug" as to suppose that general practitioners, the god-like and superhuman beings that they are, should totally neglect their families, homes and hobbies (some of us do have them) so as to give "total" care to our patients every hour of the year?

The so-called "smug" doctor who works one in five weekends is simply living like a human being, and in so enriching his own life indirectly gives better care to his patients.

I sincerely hope that the College does not support these misguided patient-power fanatics, who only serve to increase the rift between patients and doctors, which we are all desperately trying to eliminate.

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REFERENCE

McFarlane, G. J. (1974). *Journal of the Royal College of General Practitioners*, **24**, 277-278.

HEALTH CENTRES

Sir,

It was a pity that I was unable to hear Dr Stevens' thoughtful and wise oration for, in reading it, one obviously misses the turn of phrase and mood of the occasion. Nevertheless I feel so strongly about the different types of practice in this country that I must reply.

My A.A. book tells me that Aldeburgh has a population of 3180 and my personal knowledge of the town leads me to believe that it has undergone no recent expansion. It is also a town with a greater proportion of elderly inhabitants. Contrast this with King's Lynn, the population of which has almost doubled in the past 20 years.

This massive increase in population, which has

changed the town from a market town to an industrial conurbation, has brought the following difficulties:

- (1) The number of partners in this practice has nearly doubled.
- (2) The surgeries have had to be enlarged at considerable expense.
- (3) The distances involved in trying to fulfil the obligations of a personal physician have increased with the growth of suburban communities (the total length of the town, bounded as it is by the Great Ouse, is now over seven miles).

Small wonder therefore that our thoughts are turning towards health centres despite Dr Stevens' condemnations. For us a health centre will merely be a modern place in which to work and its merit will be that it will be financed by a local authority which can afford the astronomical land and building prices obtaining in the centre of an expanding town.

Medical services have to be provided and it has been our policy not to refuse patients, for a restrictive practice is a dead practice. Consequently it is better to take advantage of modern buildings and facilities instead of putting up with cramped conditions in a surgery incapable of further enlargement on account of a compulsory purchase order having been placed on the remainder of our land.

May I add a final note on the 'personal physician.' Surely he can only be the single-handed practitioner who has no holidays, who does not visit the far flung corners of the globe, who is the always available and wise counsellor and who, on occasion, makes the most devastating mistakes on account of his professional isolation.

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REFERENCE

Stevens, J. (1974). *Journal of the Royal College of General Practitioners*, **24**, 5-22.

BATTERED CHILDREN

Sir,

I have been asked by the College to prepare a memorandum on general practitioners and battered children. It is hoped that this will help to form college policy on this difficult subject and will help the College's representatives in discussions and negotiations with other organisations.

I would be very grateful for any comments, ideas or papers from any reader of the *Journal*.

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