

Journal of the Royal College of General Practitioners, August 1972.

This can be obtained from the Longman Group, 43-45 Annandale Street, Edinburgh EH7 4AT, price 75p.

HAMPSHIRE POSTGRADUATE MEDICAL CENTRE

General-practitioner refresher courses will be held on 16-17 November 1974 and 30 November-1 December 1974. Applications should be made to The Secretary, Postgraduate Medical Centre, Royal Hampshire County Hospital, Romsey Road, Winchester, Hampshire.

CORRECTIONS

In the April issue of the *Journal* the list of new members read: Marcham, P. H. L., Abingdon, Berkshire and should have read: Tate, P. H. L., Marcham, nr Abingdon, Berkshire.

Figure three on page 343 of the May *Journal* contains a transposition error. Patients numbered 323, 330, 350, 356, 371, 374 and 380 should have been included in the group where effective health deteriorated.

REFERENCE

Williams, E. I. (1974). *Journal of the Royal College of General Practitioners*, 24, 341-346.

CORRESPONDENCE

THE HANDEDNESS OF KERRS

Sir,

Do the authors on the paper on left-handedness in the Kerr family (June *Journal*) wish to make statements about the Kerr family, or the methods that they used for investigating left-handedness in the Kerr family? Any conclusions that they make about left-handedness in the Kerr family must be made knowing that there is likely to have been a large bias introduced by the method of the survey. This was clearly stated in the paper.

Until evidence can be produced that the group of the Kerr family that responded by providing information is similar to the rest of the Kerr family that did not, the only reasonable conclusions that can be drawn from the material available is that there is an excess of left-handed Kerrs among those who responded to the appeal for information about left handedness in the Kerr family.

If the authors are to undertake further studies of this nature they must surely realise that they must make some effort to check on the bias that their sampling method introduces.

G. KEELE

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

REFERENCE

Journal of the Royal College of General Practitioners (1974). 24, 437-9.

ANCILLARY STAFF

Sir,

I have read, with much interest, the report by Dr Ronald Mulroy (May *Journal*) on *Ancillary staff in general practice*, and I suggest that the facts revealed by the Wakefield symposium questionnaire do not reflect much credit on the average

general practitioner—either as a manager of his own affairs or as a humanitarian employer.

The ever-increasing clinical workload of the general practitioner makes it of paramount importance that all non-clinical work should be delegated to properly-trained staff—with the emphasis on 'properly-trained.'

The Association of Medical Secretaries has as its two basic objects the establishment and maintenance of a high standard among medical secretaries and the provision of educational facilities for those employed in, or about to take up, medical secretarial work. A full-time course for school-leavers has been run for several years at colleges all over the United Kingdom—over 70 colleges now mount this course—and anyone fortunate enough to employ one of the Association's diplomates will agree that the standards set, and achieved, are remarkably high.

On the recommendation of its Education Committee and its Advisory Board (the former consisting of representatives of the Departments of Education and Science and of Health and Social Security, with principals and college tutors as well as members of the Association's Council and the latter of representatives from all the Royal Colleges) the Association also now offers a range of other courses—post 'A' level, part-time, day-release and evening classes—to cater for the needs of the majority of interested persons, whether student or in post.

Training is, therefore, available but many general practitioners complacently continue to employ untrained persons—ignoring the benefits which could accrue to their practices were these same employees offered the opportunity to train (for example, more than the 40% in the sample would be complying with the law by having contracts of employment!).

In conjunction with the Royal College of General Practitioners, the Association mounted a pilot

course for practice administrators as long ago as 1971. The course was proved to be excellent but it was expensive and, because of the 'independent contractor' status of the general practitioner, the Department has, so far, refused to make an allowance towards its cost (apart from the pilot course, which was attended by some general practitioners and was allowed under Section 63), despite the efforts of the GMSC to persuade it otherwise. This course is, therefore, not yet available.

So much for the professional aspect of Dr Mulroy's report. Regarding the other aspect—remuneration and working conditions—the Guild of Medical Secretaries produced, several years ago (and has since up-dated on several occasions) recommended salary scales for the various grades of staff in general practice. These scales have the approval of the B.M.A. and are accepted by family practitioner committees for reimbursement purposes.

It is recognised that most general practitioners have heavy outgoings and comparatively meagre incomes during their early years in practice and that thrift, therefore, must be practised—but it would seem that the habit persists with many of them for an unnecessarily long time and to an inordinate degree! When 70 per cent of staff salaries is reimbursed by the Department and the balance is allowable for tax relief, I suggest that there can only be two possible reasons for payment

of low salaries—either the staff members are not worth any more, in which case they should be replaced, or the employer is too miserly to pay a reasonable rate.

We hear a good deal about the practice team—and rightly so. The medical secretary is a member of the team and should be treated as such by ensuring that she is not only given the opportunity, but actively encouraged, to receive proper training and also by ensuring that her value is recognised by payment of a realistic salary.

Details of courses may be obtained from: The General Secretary, Association of Medical Secretaries, Tavistock House South, London WC1H 9LN.

Details of recommended salary scales may be obtained from the B.M.A. or from The Secretary, Guild of Medical Secretaries, 19 Croft Road, Clehonger, Hereford HR2 9ST.

ALBERT WESTOBY
Chairman of Council

Association of Medical Secretaries,
Tavistock House South,
Tavistock Square,
London WC1H 9LN.

REFERENCE

Mulroy, R. (1974). *Journal of the Royal College of General Practitioners*, **24**, 358–361.

BOOK REVIEWS

Textbook of Paediatrics. (1973). Ed. Forfar, John G. and Arneill, Gavin C. Pp. 2115. Edinburgh, London: Churchill Livingstone. Price £19.50.

An alternative title for this work could well have been the *Complete Children's Doctor*. *Complete Paediatrician* would have been a misnomer, for this book has been written (and I quote from the editors' preface) for all doctors who are concerned with the health of children, . . . paediatricians, . . . junior hospital doctors, . . . general practitioners and doctors (dealing with) paediatrics in the community.

In addition to the usual chapters covering all the major disease groups, there are chapters covering practically every other aspect of child health, including history taking and physical examination, prenatal and developmental paediatrics, social aspects, preventive measures and practical procedures, therapy, genetics, and epidemiology.

The editors and publishers set themselves a mammoth task when they planned this book, even though it is not, as the publishers state in their blurb, the first major postgraduate textbook of paediatrics from Britain. Garrod, Batten &

Thussfield's book surely holds that place in history. Perhaps the publishers meant to say that it is the first major Scottish work in this field; both editors and almost every one of the nearly 75 authors is from, or in practice in, Scotland.

Obviously such a book can never totally satisfy every reader. The problems to which answers will be sought by different groups will vary considerably. General practitioners, for example, will not wish to be directly concerned with the diagnosis of a rare condition, but they will want to know enough about it to be able to answer the questions posed by the family.

While it is not usually productive for a general practitioner to devote too much time to learning about pathology he is unlikely to meet, what he will want is an authoritative reference book to which he can turn when a rare case arises in his practice. This is such a book. It is well written; it is clear and it is practical.

In the section "Recurrent abdominal pain", for example, the reader is left in no doubt that the majority of children with tummy ache are suffering from some emotional trauma, but they are also told what organic problems they should be thinking about and how they should set about making