

National Morbidity Survey (1958) which demonstrated that eight per cent of the total patients consulting (p. 67) or 45 per 1,000 population (p. 70) came into this category. The author of this section is not satisfied. In his hands 45 per 1,000 becomes 338 per 1,000 "which is nearly half the total number of patients seen." Not content with playing at statistics, he can't even cope with simple arithmetic. If eight per cent of patients consulting represent 45 per 1,000 of the population, 338 per 1,000 is equivalent to 60 per cent of the patients consulting.

In point of fact, these two paragraphs taken together are of such opacity that it is difficult to see just what has happened. The chapter on 'The consultation' comes off worst from the psychological bias it is given. It tells us (p. 15) and who could disagree?—that "In most cases history-taking from the patient is still the most important diagnostic tool." However, the case histories given in this book are of such poor quality that they should never have been printed in an official college publication.

Page 26 introduces us to "A young woman of 30 . . . seen by a specialist physician . . . he notes that her eyes are full and staring, and that she is tremulous and her hands are sweating." Lower down the page, the same patient seeing her general practitioner is introduced as a "30-year old woman presents her three-year old daughter in the general practitioner's consulting room, etc."

This is in a paragraph labelled Science, Art and Truth. The general practitioner doesn't notice the staring eyes, the sweating or the tremulousness. One is bound to conclude that the general practitioner in contrast to the specialist physician, is as blind as a bat. This wretched anecdote makes no useful point, but raises its ugly head again on p. 31 to poke fun at computer-assisted diagnosis. The computer, let it be said, is a piece of mathematical carpentry and is well known to produce rubbish for those who feed it with rubbish. The thyrotoxic woman reappears once more on p. 39 and the author continues to hypothesise.

A similar unfortunate comparison between the attitude of the consultant and the general practitioner can be found on p. 224 in a discussion of a 36-year-old woman who has angina-like symptoms. The case is used to demonstrate the difference between hospital and general-practitioner teaching. The hospital teaching seemed to me to be entirely what the situation called for, while the general-practitioner's teaching was simply irresponsible.

One wonders to what extent the College is committed to the points of view dogmatically stated in this book.

P. 30 "The behavioural sciences teach him to observe movement as a signal of despair, anxiety, flirtatiousness and so on."

P. 30 "From psychoanalysis and its related theories, the doctor will have learned to see more than one meaning in the word that the patient uses." Does the College through its examination

expect new members to accept "psychoanalysis and its related theories"?

P. 67 "Much emotional suffering is expressed through physical symptoms and it is clear that the morbidity survey scatters psychosomatic disorders and symptoms over seven other groups."

Are intending members of the College expected to believe that "emotional suffering is expressed through physical symptoms" and that psychosomatic is a word which expresses a useful concept about a coherent group of diseases? In my opinion psychosomatic ideas have presented a considerable impediment to the serious study of a number of important diseases.

Characteristic of the psychological and sociological approach throughout this book are tendentious speculations covered by the word "may".

P. 6 "Stress between husband and wife may cause a general increase in the consultation rate of one of them. . . or it might be presented to the doctor by disorders or physical illnesses in the eldest child." On p. 28. "The teenage girl with dysmenorrhoea may mirror her mother's experience." Other similar examples can be found on p. 129 and p. 158.

These sentences are equally true and equally useless if 'may not' is substituted for 'may'. Similar scientific slackness is exhibited on p. 90. "Thus maternal rubella has its most severe effects on the foetus in the early stages of pregnancy. Likewise moving house is a greater disturbance to a woman in the puerperium than in early pregnancy." There is no 'likewise' about it. The statement about rubella is well attested and generally agreed.

The second statement has no such antecedents. Later on (p. 330) we find its true parentage under "Baker says".

I think I have indicated that *The Future General Practitioner* raises serious questions for the College.

Undoubtedly the College requires a syllabus for its examination, and all honour to those who created this book, and who did not intend it to be a syllabus for the College examination. Nevertheless it is liable to be taken to be a syllabus by the uninitiated and more seriously it is liable to influence the examiners. We need to know what the College believes and what it regards as areas for further thought, and whether speculative psychiatric concepts are being oversold to candidates and examiners alike.

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#### REFERENCE

Royal College of General Practitioners (1972).  
*The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

#### MEDICAL EDUCATION AND HUMAN VALUES

Sir,  
Professor Marinker in his William Pickles lecture on Medical Education makes reference to the

problem orientated medical record, but misrepresents the concepts and principles of the system propounded by Laurence Weed. As one who believes that Weed has made a valuable contribution to medical logistics, I feel that this cannot go unchallenged.

He states that the medical teacher has learned from Weed that "the medical record should contain not an undifferentiated mass of information for the construction of a diagnosis, but a list of the patient's problems," and later he states that Weed's disciples are really using a "puzzle-orientated" record.

Taking the first of these points, Marinker's wording presents the reader with a false alternative. Weed certainly exhorts us to construct diagnoses, and also to construct a list of problems.

I would suggest that "undifferentiated mass" must be an invalid description of any medical graduate's recording, or else a reflection of deficient undergraduate and postgraduate education. The "mass" is almost certainly to some extent differentiated, but is rarely an explicit frame of initial enquiry and tests.

From the basic information the patient's problems are to be defined. If we have clear diagnoses these will be problem titles which should be automatically readable as "supported by hard evidence." Weed's plea is that the list of problems be factual rather than judgemental.

The place for hypotheses is in the problem solving plan. This is the second point at issue. The plan related to each problem, be it a diagnosis or not, should be as wide as the clinician's awareness of possibilities indicates, i.e. set in more than one frame of reference. This then is problem solving and not "puzzle solving." We are, however, exhorted not to close prematurely the hypotheses. At the same time we are expected to synthesise whenever we can, as much as understood fact will allow, and to do so continuously throughout the episode of care, moving from the initial problem list to a final set of hard problem definitions.

When the patient presents, Weed would exhort us to "dissect" first by fact finding followed by problem definition, then to "reconstruct" after repairing the weaknesses as far as we need and can. We should record then what parts of the presenting patient remain defective, or need further treatment and maintenance. Only entities which remain unexplained by the stated diagnoses will be left dissected out. The elements of today's conditions may very well re-group to give new disease manifestations or new diseases and, therefore, the problem list and patient profile of the Weed system is a valid context in which the presenting patient can be assessed.

The brief records made in general practice may not allow for the prescribed POMR system which was developed initially in the hospital care setting and works well there according to our local experience.

If Professor Marinker's views stem from the

belief that the full dissection, analysis and synthesis of the POMR system are not practical in general practice, that is an issue which is currently being investigated. In the meantime it seems important not to misrepresent a system with which many readers are now passingly familiar, but not all have full understanding or practical experience.

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