Your World Organisation WONCA has been formed to co-ordinate our previous sporadic efforts in exchange and has several working parties operating on important aspects such as medical records, teacher training, morbidity classification, general research, assessment and now bibliography library.

I am sure you will agree that an international bibliography library on family/general practice is needed urgently. As mentioned above the *Index Medicus* does not recognise our discipline as an identity and refuses to accept our listing. I believe it is important that we get to know each other better and recognise each other's work and I hope the World Organisation will achieve this in the future. Success depends on support, support depends on recognised value for that support. The sixth World Conference on Family Practice held in Mexico November 4–9 this year will demonstrated that we have that support.

M. O. KENT-HUGHES
President

World Organisation of National Colleges,
Academies, and Academic Associations of
General Practitioners/Family Physicians
254 Albert Street,
East Melbourne,
Victoria, Australia 30020.

POSTGRADUATE COURSES

Sir,

I have recently attended a postgraduate course at the Cardiothoracic Institute and because this course was in my view so relevant to general practice, I wish to counter the impression which may have been left by Drs Salinsky and Stern in your August *Journal* that postgraduate teachers in our teaching hospitals are unaware of the needs of the general practitioner. At no time on this course was I made to feel like a medical student, but the whole approach was one of sharing information.

I think they should be aware that Britain has some 22,000 highly individualistic doctors who, when grouped on any course, have amazingly different needs, and the relevance of any course varies with the individual. It is perhaps of note that the course I attended is heavily oversubscribed and that there is a current waiting list of nearly two years.

We should, I think, be aware of the tremendous responsibility which lies upon course organisers to see that subject matter is both relevant and informative to the audience, and that we should make every effort to assist them with constructive comments.

R. E. TAYLOR

91 London Road,
Benfleet,
Essex SS7 57Q.

CHLOROQUINE FOR ANGINOSE GLANDULAR FEVER

Sir,

During the past few years, we have been treating these cases with a short course of chloroquine, with occasional dramatic apparent cures.

This is not a new treatment, but we feel that it has fallen into disrepute.

One such case showed not only a positive Paul Bunnell test, but also showed a positive Epstein-Barr Viral Capsid Antigen Immunofluorescence Test for specific IgM antibodies.

It is not thought that glandular fever in East Yorkshire is any different to anywhere else in the world. The phrase 'dramatic apparent cure' applies to a patient who is acutely ill in bed with a sore throat and a temperature, who on the following morning is not only quite asymptomatic, but wishes to go to work.

We would be glad to know if any other readers have observed this sort of apparent cure. Further information on references in the literature concerned with this treatment can be obtained from us.

J. G. ALEXANDER,
Consultant Bacteriologist
P. JUNE ALEXANDER

'Appledene'
6, Nunburnholme Avenue,
North Ferriby,
East Yorkshire,
HU14 3AN.

ABORTION

Sir,

In the account of the Symposium '*The Hostile Environment of Man*' (Supplement No. 1, Volume **24**, 1974), Dr J. G. Howells is reported as having said that until 1860 the Catholic Church believed in the termination of pregnancy, and that except for two brief periods in the sixteenth century the Church always taught that abortion was permissible until quickening.

Professor J. Noonan, an international authority on this subject, has demonstrated the falsity of these statements in his book *The morality of Abortion* (Harvard University Press, 1970). In it he states that whatever may be the evidence of biblical texts, it is certain that ever since apostolic times Christianity has taken a very severe stand against abortion equating it with homicide. The Church's teaching against abortion has been logical and consistent in the light of the developing knowledge of embryology and fetology.

In his book *Medical Ethics* (St Paul Publications, 1972) the eminent moral theologian Bernard Haring states that since the first centuries the Church has issued grave sanctions against those Christians who would dare commit such a crime as abortion. Further on Professor Haring states that throughout the centuries theological opinions

have followed closely upon those of scientists and physicians.

With regard to Dr Howells' remarks about Aristotle which followed those quoted above. Had Aristotle possessed present day knowledge of embryology and fetology, it is more than likely that he would have held very different views about abortion than those he did.

J. F. BEATSON-HIRD

97 Hillmeads Road,
Kings Norton,
Birmingham, 30.

AUDITS

Sir,

Thank you for your editorial (September *Journal*). You point out clearly the difficulties involved in auditing diagnoses. Aspects of management, on the other hand, can be much easier to measure and compare. Indeed a standardised management audit for a practice could be devised. A number of variables could be measured reasonably accurately and the results expressed so that they were comparable with those of other practices and also with national figures. The most obvious subjects to start with are:

(1) Prescribing costs.
(2) Sickness absence.
(3) Outpatient referrals.
(4) Hospital discharges.

If data were collected over a pre-arranged period of say six months some quite interesting comparisons might be obtained. A further topical advantage would be that this could be done with very little expense.

Comprehensive diagnostic audits of practice activity will not be possible for a considerable time, but I see no reason why the type of auditing described above should not be done routinely much sooner.

D. T. PRICE

128 Wilmslow Road,
Handforth,
Cheshire SK9 3LQ.

REFERENCE

Journal of the Royal College of General Practitioners (1974). Editorial, **29**, 587–8.

COLOUR TAGGING

Sir,

The college tagging system of notes has been in use in its present form for more than ten years. In that time the only modification has been the addition of a tag for measles. Should the Research Committee up-date the system for the following reasons?

(1). The profession and the public have become increasingly aware of the possible hazards of taking drugs during pregnancy. In order to avoid these risks, the doctor should be continuously aware that he is dealing with a pregnant patient before prescribing. Colour tagging of the notes would make this possible.

(2). A unified and understanding approach should be adopted by all those concerned in the management of patients with malignant disease. Since the introduction of the tagging system, the likelihood has increased that individual patients will be cared for by more and more members of the medical team i.e. inevitable sharing of responsibility amongst doctors working from health centres or group practices; health visitors; practice nurses; and social workers. Therefore the need to label malignant disease can no longer be dismissed.

(3). The necessity for tagging measles seems now to be relatively unimportant and does not fulfil the recommendations initially laid down by the Research Committee. This could well be stopped.

(4). If it is felt that the number of disease groups to be tagged should not be increased then

(a) pregnancy could replace the measle tag.
(b) malignant disease could replace epilepsy, which could in turn be included in the category 'long-term maintenance therapy.'

However, substituting one disease for another could lead to complications and it might be preferable to introduce new colour tage. Whatever the best solution, there clearly is need to bring the system into line with the changes which have taken place since the colour tagging was adopted in its original form. Perhaps the present College Research Committee should now review the system.

PETER BRENT

9 Wrottesly Road,
Willesden,
London, NW10.

REPEAT PRESCRIPTIONS

Sir,

I was interested to see the results of Dr Manasse's survey on repeat prescriptions (March *Journal*), as I have carried out a small survey on similar lines during the past two months. My results, on 239 patients issued with 500 prescription items, concur broadly with those from Dr Manasse: drugs acting on the central nervous system (including analgesics) with psychiatric drugs formed the largest proportion of the prescriptions (32 per cent, compared with 40 per cent in Dr Manasse's survey), and 63 per cent of our patients had been seen within the past three months (compared with 70 per cent).

However, during my survey I also asked patients when they *thought* they had last been seen by a doctor, and of the 103 patients who were included (many requests were received by post) the results were as follows:

(i) No difference between month stated on record card and month given by patient—72 patients.

(ii) Actual time since last consultation greater than suggested by patient—20 patients, with difference in months as shown:

One month—six patients
Two months—four patients
Three months—three patients
More than four—ten patients