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.

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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.

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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.

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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