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

(iii) Supposed time since last consultation greater than actual time—11 patients, with difference in months as shown:

One month—five patients
Two months—one patient
Three months—three patients
More than four—two patients

Thus it seems that about 20 per cent of patients believed they had been seen more recently by their doctor than in fact was the case, while about ten per cent believed the contrary. These results ,although obviously on too small a sample to bear rigorous analysis, suggest that the majority of our patients asking for repeat prescriptions have an accurate idea of the date of their last consultation, although as we might expect a few of our patients sver-emphasise our attentions, while again a few underrate our attentiveness.

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REFERENCE

Manasse, A. P. (1974). *Journal of the Royal College of General Practitioners*, **24**, 203–7.

BOOK REVIEW

The saccharine disease (1974). CLEAVE, T. L. Pp. 200. Bristol: John Wright. Price: £1·75.

There are those who have contributed to the advance of scientific knowledge by observing variations in apparently similar phenomena. Gilbert White, of Selborne, differentiated varieties of warbler in a group of small brown birds which, to a less acute observer, looked pretty much alike. The contribution by others is the synthesis of phenomena, the observation that a single cause may have many observable effects so different in nature that their common source is not recognised. It is as a synthesiser that we recognise Surgeon Captain Cleave—recognition that is regrettably belated.

Not for the first time medicine has been slow to recognise evidence which a research worker has patiently and persistently laid before it. This may well happen when a case is made which brings together aspects of medicine which have become specialties and subspecialties in their own right, in which specialists have carved for themselves steep-sided grooves beyond which they seldom see. In *The saccharine disease* the surgeon, the gastroenterologist, the physician whose interests lie in cardiology or metabolic disease, and the dental surgeon are offered common ground, with the nutritionist at hand to lead them to explore it. Specialist and specialoid alike are invited to do something unusual, to take a generalist view of their subject—almost the viewpoint of a general practitioner.

What is the evidence that we have failed to comprehend? It is that much human illness can arise from consumption of refined and processed foods, particularly carbohydrates. By altering our food we in ' civilised ' countries disturb our rate of absorption of nutrients and hence their metabolism in the body. Because food technology is relatively new and ever changing, biological adaptation of our species has not yet been achieved and now certain areas of illness can be recognised as those in which adaptive failure is manifest.

It is a simple story, almost an obvious one and yet conviction has come slowly. First, there was the reaction " this can't be so, it is too facile, too all-embracing ". Then came the phase of " well, this could be right, but . . .", and we waited while Cleave accumulated more clinical and epidemiological information to be incorporated into the present volume. Some will say of this " well, of course, it had to be so, we knew it all along." Certainly the case now made for the impeachment of a refined carbohydrate diet has passed the threshold of credibility and, no doubt with much argument still to come, is on its way to complete acceptance.

The more we learn of the problems of biological adaption of a species to its environment the more amazing it seems that the liberties man has taken with his nutrition have not had far more direful consequences. Could other diseases than those which Cleave has pinpointed themselves be relatable to a single, perhaps simple, nutritional cause? We consume refined sugar with our meals. With them and between them we ingest synthetic dyes, tastes, colourants and heavy-metal impurities to which we must also adapt. Maybe there is a principle here which we ignore at our peril.

Not everyone who identifies a problem goes on to propose a plausible solution. The dietary routines recommended in this book would to some extent at least restore balance to an average diet by replacing its lost bulk with natural vegetable fibre. Suitable materials exist in plenty and their introduction into everyday use through the contemporary cookery cult should not be difficult. Good use indeed might be made of both the bookstalls, and the colour supplement. Meanwhile one reader of *The saccharine disease* who acknowledges some scepticism in the past, is now prepared to eat humble pie—provided there is plenty of bran in the crust.

R. J. F. H. PINSENT