

chooses to ignore many of the ideas put forward by the Scottish Home and Health Department, and has seen fit to adopt a defensive posture when there is genuine recognition among planners that reorganisation of the Health Service is required.

Within the document *Towards an Integrated Child Health Service* there is no statement implying that the general practitioner's important function as doctor of first and continuing contact be eroded, and we can only suggest that the above report be re-read carefully and the full and rewarding prospects for child health in an integrated health service will become more evident.

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REFERENCES

- Journal of the Royal College of General Practitioners* (1975). 25, 79-81.
Scottish Home and Health Department (1973). *Towards an integrated child health service*. Edinburgh: H.M.S.O.

Sir,
Where were Scotland's family doctors when the Scottish Home and Health Department were collecting evidence for *Towards an Integrated Child Health Service*? Were they aware of the preparation of an influential document spelling out the annihilation of family doctoring—for a household without its children is hardly a "family". I suspect that like me, they were so busy getting on with the job, that they knew little about Scotland's equivalent of England's Court Committee.

Having just heard of the Court Committee, I have been moved to write to it (Room D 1514, Alexander Fleming House, Elephant and Castle, London, SE1).

I should be most interested to know what the Royal College of General Practitioners is doing, apart from writing editorials, to influence Professor Court's committee.

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DEPUTISING SERVICES

Sir,
I must take issue with your editorial on *General Medical Services* in the January *Journal*.

In this leader you state "there is no doubt that a partner or a member of a small rota group provides the most desirable cover for off-duty time".

If you consider the five-man rota as the most popular small rota, you are left with a situation where a principal will work a full normal week during the day-time hours of ten sessions, and of

the order of 40 hours, and in addition to this you will have on average 20 hours on call, during which he will have two attendances.

These 20 hours creates a tension state, even in those who are not aware of it, which creates and contributes to fatigue. Fatigue, in turn, creates a situation where faulty decision-making may arise.

It does not seem to me ideal that every principal should spend 20 hours on standby to see two patients, and be fatigued on the following day, putting maybe sixty to ninety patients at risk.

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REFERENCE

- Journal of the Royal College of General Practitioners* (1975). Editorial, 25, 2-4.

RULE OF RECEPTIONISTS

Sir,
I was interested in page 192 of the March *Journal*, as I had been given an Upjohn Award to study this problem. At the outset I had started with two of the assumptions made in the article, namely that the receptionist's role was to support the patient rather than the doctor—and in this way her activities differ from those of a doctor's secretary. Secondly, I had felt that the quality of the transaction between receptionist and patient at the outset influenced, for good or evil, the final consultation with the doctor.

My investigations along this line were quite inconclusive. Admittedly to go round with a tape recorder in the year of Watergate was likely to be an unrewarding experience, but my conclusions, for what they were worth, tended to show that there was no relationship between the quality of the patient/receptionist transaction and the subsequent consultation with the doctor. In fact there was almost an inverse relationship in many cases that I recorded, as if the patient had a certain quantum of aggression to get rid of and discharged it either at the receptionist or at the doctor. In short I was unable to support my original contention by the observations I made during my Upjohn journeys.

There is still a great deal to be learned about the dynamics of the work of a receptionist.

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REFERENCE

- Journal of the Royal College of General Practitioners* (1975), 25, 192.

SIR JAMES MACKENZIE

Sir,
I am one of the three Trustees of a bequest made in her will by the late Dorothy Mackenzie, daughter of Sir James Mackenzie. Our work as Trustees is practically over and we are at the final stages of winding up.