CORONARY ARTERY DISEASE

Sir,

Dr Yellowlees' letter (April *Journal*) discussed the recognition of coronary artery disease in the twentieth century.

The work of Dr Frank Mort, in general practice in Middlesbrough from about 1900 to 1929, may be of interest in this connection. His partner, Dr W. B. Levie, who retired recently, recalls Dr Mort's interest in cardiology. Although he never met Sir James Mackenzie, Mort was stimulated by his writings, and in the 1920s travelled widely in this country and on the continent to cardiological clinics, such as Vienna. He used the polygraph and purchased a table model of a cardiograph. Painstakingly, he developed the cardiograms to study the traditional three leads. Dr Levie remembers his tracings of arhythmias—fibrillation, flutter, and block.

Frank Mort was familiar with angina pectoris, but more revolutionary, he disseminated the idea that coronary artery disease was a cause of sudden death—a concept few general practitioners of that time held. Mort's opinion on cardiac cases was valued throughout Cleveland *British Medical Journal* (1929) **1**, 275—Obituary Notice). Indeed he was an outstanding, provincial general practitioner. It would be interesting to know the dates of introduction to hospital practice of the cardiograph.

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STATISTICAL INTERPRETATION

Sir,

Mr I. T. Russell's comments on my paper on *Assessment of Appointment Systems* in the March 1975 *Journal*, calls for a reply as there is not a single valid criticism contained in his letter.

With regard to the choice of questions, it is suggested that there is some standard form of question which produces better results. This is nonsense. Asking different questions *may* secure different results and unless Mr Russell has taken the trouble to conduct an exercise of this kind, asking a different question, he is not in a position to comment. The nature of the questions is substantially irrelevant so long as the question asked is related to the answers received, and this was done in the paper. The same criticism of question 2 is also rejected.

The number of questionnaires returned represented about 60 per cent of the attenders at surgery and not Mr Russell's conjectural 30 per cent. It would be interesting to know how he would identify non-responders in a situation where the questionnaire is clearly stated to be anonymous, i.e. " The patients were not required to identify themselves or their doctor, on the questionnaire."

The follow-up of non-responders is an entirely different study and did not form part of this one and was never intended. The particular study which I undertook was intended to be very simple and to identify possible other areas of enquiry. That Mr Russell has identified some of these areas is not to imply that I have not also made similar identification and this in no way reduces the value of the primary study.

The use of the chi-squared test is also criticised and I do not agree with Mr Russell. He has made the assumption that patients' answers to one part of question 2 were dependent on their answers to the other part. This was not so and the fact that the same patients have answered both parts of the question does not mean that the answers are dependent. This is a point which Mr Russell recognises in connection with the second table but apparently cannot recognise for the first table. The chi-squared test is fairly well recognised and the results are indicated. At no time in my paper did I express an interpretation of the statistical evaluation, but referred to the tables themselves.

That Mr Russell can find a different statistical test to produce a different result is not surprising, as this is commonly the wont of statisticians.

In conclusion I would say that had I consulted him before embarking on this elementary study, I would have ended up with a complicated procedure which would undoubtedly have confused the patients, but not necessarily have produced results that are either different or better.

I would encourage general practitioners to the view that a preliminary study, as this was clearly indicated to be, should be as simple as possible, tailored to a general practitioner's point of view and not to statistical innuendo. In this way, identification of further areas of study is much easier. A great deal of time was spent in planning this study and the objectives set out were fully achieved. What Mr Russell does not appreciate is that there might be a difference between what he regards as ' careful planning ' and what somebody else might, and that plans which he does not share are no less valid for that.

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