

him—at a much reduced income—for the stipulated year. Younger practitioners groaning beneath the ossified habits of their seniors will applaud that order of generosity. Only a few weeks before his death, he enquired if those, like himself, retired from active practice could pay a reduced subscription for College membership; even though he was wrongly told that this was not possible, he

did not for a moment suggest that he might cancel his subscription.

General practice and the Royal College of General Practitioners have been built on the backs of doctors like G. V. O'Connor. Let us hope that he and those like him are not forgotten.

SIMON BARLEY

CORRESPONDENCE

TAPE RECORDING CONSULTATIONS

Sir,

Your editorial (October *Journal*) on the use of audiotapes in the surgery was interesting. We have just completed and written a study of 2,500 such consultations provided on audiotape by approximately 100 general practitioners. In each instance, the patient was informed that it was proposed to tape the consultations for research purposes, unless they did not wish this to occur. Very few patients refused permission.

I noticed in Australia recently, where some work was being done involving the same method, that the patient was invited to switch on the tape recorder—a procedure which seemed eminently sensible. We took the advice of the Medical Defence Union first and there seems little problem with audiotape. The requirement is that the patient should give informed consent, i.e. that they appreciate precisely what is being required. Assuming that the research purpose which has been stated is the real purpose of taping, there should then be no difficulty.

In the report of the study which is to be published by Her Majesty's Stationary Office, we devoted a few paragraphs to discussing the effect on the consultation of the method, for we were unable to detect any differences at all, certainly after the first 30 seconds or so.

There is a difference with the use of video tape in the surgery, though relatively few general practitioners will be able to use this method. Again the Medical Defence Union gave advice and in this instance it is much more difficult to follow. They suggest that the patient should be informed verbally and in writing of the fact that it is proposed to videotape the consultation and that the patients should sign a consent form which will also specify the use to which any such recording might be put. It would perhaps be advisable if anyone proposing to use videotape consulted the Medical Defence Union in advance.

P. S. BYRNE

Professor of General Practice

Darbishire House,
Health Centre,
Upper Brook Street,
Manchester, M13 0FW.

Sir,

Your editorial *Tape Recording Consultations* in the October *Journal* is interesting.

It has recently been decided by the Courts that there is nothing to stop anyone photographing another person or group of persons. In other words, there is no such thing as assault by photography.

Precisely the same thing obtains with making tape recordings of consultations with patients.

It is the use to which those recordings may be put which may lead the recording doctor into ethical and indeed other legal troubles. Precisely which purposes are proper are the issues which may have to be decided.

NEVIL SILVERTON
Clinical Tutor

8 Nursery Lane,
Leeds LS17 7RX.

REFERENCE

Journal of the Royal College of General Practitioners (1975). Editorial, 25, 705-707.

VASECTOMY FOLLOW UP

Sir,

Dr Meadows enjoins me to use my reason. It is because my reason was affronted that I was irritated by the nonsense in his letter (March *Journal*). I am further irritated by the repeated nonsense in his second letter (October *Journal*).

I must repeat that I cannot accept that 'increased coital frequency' or 'increased libido' after vasectomy should be interpreted as 'neurotic behaviour'. Why should they be? When contemplating vasectomy a man may consider the effects the operation might have on his sexual prowess. These matters will be discussed with his doctor who will not refer him to a surgeon for operation unless he thinks that the case is a suitable one.

Why *after* vasectomy should a man be subjected to prolonged psychiatric investigation when he feels perfectly happy? Were he not happy he would certainly consult his doctor without being chased by a psychiatrist.

According to my *Oxford English Dictionary* the first definition of mutilation refers to *bodies* (i.e. deprive of limb or organ; cut off, destroy the

use of, limb etc). Vasectomy does neither of these things. The second definition (render imperfect by excision) refers to *books*, etc. I must repeat that vasectomy is not a mutilation since the removal of a portion of the vas cannot be regarded as the removal of, or rendering imperfect, an organ. The vas is not an organ.

L. N. JACKSON
Hon. Director, The Crediton Project

West Longsight,
Crediton.
Devon.

PRE-RETIREMENT ASSOCIATION

Sir,

The Pre-Retirement Association maintains a list of speakers on retirement planning. Some deal with general aspects and others are experts on particular subjects.

The Association is building up a national list so that a comprehensive service can be provided for colleges, companies and organisations running courses or holding meetings about preparation for retirement, and requiring speakers.

The PRA Medical Advisory Panel welcomes enquiries from suitably qualified people wishing to be included in the list as speakers on health as an aspect of preparation for retirement. Please write to Information Officer, The Pre-Retirement Association of Great Britain and Northern

Ireland at Greenfield House, 69-73 Manor Road, Wallington, Surrey, SM6 0DQ.

B. W. BUTTLE
General Secretary

The Pre-Retirement Association,
Greenfield House,
69-73 Manor Road,
Wallington,
Surrey, SM6 0DQ.

OMITTED ACKNOWLEDGEMENT

Sir,

Among the acknowledgements at the end of my recently published article on the telephone messages received in seven general practices in Aylesbury, I inadvertently omitted to mention my source of funding for this project. May I amend this by saying now how grateful I am to the Nuffield Medical Centre for Combined Research at Stoke Mandeville for the grant that was made and other material help given in carrying out the research.

B. L. E. C. REEDY
*Senior Lecturer in the Organisation
of Medical Care*

21 Claremont Place,
The University,
Newcastle Upon Tyne, NE2 4AA.

REFERENCE

Reedy, B. L. E. C. (1975). *Journal of the Royal College of General Practitioners*, 25, 916-23.