

message. A stamped addressed envelope was enclosed for the reply.

Results

There were 84 replies out of 150 forms sent out (56 per cent), 17 knew the colour and the message of the poster (11.3 per cent) whereas 67 did not (44.66 per cent); 66 (44 per cent) did not reply.

Discussion

Few visitors to the waiting room noticed the poster which was topical and colourful. Whether the 11 per cent of those who noticed it were influenced by it is problematical.

It is doubtful whether much is achieved by display posters in doctors' waiting rooms. It is hoped that organisations such as the Health Education Council will not waste valuable resources in producing such posters, but will concentrate on more fundamental problems of doctor/patient communication and evaluation of the usefulness of other methods of community health education such as leaflets, films and television.

The cost to the practice of assessing the usefulness of this poster (postage and duplicating) was £21.50 which demonstrates the difficulty of carrying out even simple research in health education in general practice.

Acknowledgements

The co-operation of Mrs Rollason, practice secretary, and Mrs Smith, practice Health Visitor is gratefully acknowledged.

L. A. PIKE

145 Birchfield Road,
Handsworth,
Birmingham, B19 1LJ.

REFERENCE;

Pike, L. A. (1973). Health education in general practice. *Community Health*, 4, 179.

USE OF COMPUTERS IN RETAIL PHARMACY

Sir,

I am pleased to report a satisfactory result from a feasibility trial of computer support for the retail pharmacist, which was first described in your *Journal* in 1974. The trial took place in an Exeter pharmacy and used prototype equipment which logged the dispensing transactions and kept track of stock which needed to be re-ordered.

The nature of the drug preparation dispensed was mechanically read from a printed code on the container via a sensor. The signal created was recorded on to magnetic tape side by side with the number of units counted. The units were counted automatically by a machine preset from a keyboard to the number required on the prescription. Each day's transactions were transmitted by telephone to a computer which printed out re-order lists for the pharmacist.

This trial has shown that marked improvement can be obtained in the accuracy of the lists of goods which need to be re-ordered from the wholesaler for the retailer and provided strict control of the total stock levels and trends in demand. The automatic tablet counter equipment produced a significant saving in the pharmacist's time and relieved him of an irksome task. The combined machine proved acceptable in use to the pharmacists even though they were asked to maintain dual systems for the purposes of comparison.

This type of equipment in future could reduce drug processing and clerical work, abolish the procedure for re-ordering by telephone, and could improve profitability in many ways.

If in addition pharmacists were prepared to share their recorded data, then most of the wholesaler's clerical activities could be automated, the drug manufacturer's clerical tasks could be greatly helped, and pricing bureau activities and prescribing statistics could be fully automated.

Further proposals would be the formation of a computer-based central national register for dangerous drugs, a monitoring service for the side-effects of drugs linked with the data banked in the computer's memory from prescriptions.

The expense of introducing a system of this kind would be no greater than that involved in analogous systems currently being developed in other forms of retailing. Further design work will be required to produce a machine suitable for general pharmaceutical use.

J. F. PREECE

378 Pinhoe Road,
Exeter.

REFERENCE

Preece, J. F. (1974). *Journal of the Royal College of General Practitioners*, 24, 209-212.

X-RAYS FOR WOMEN PATIENTS

Sir,

The Council of the Royal College of Radiologists would like their recommendations about the implementation of the 'Ten-day Rule' to be more widely known and would like to draw them to the attention of the Fellows, Members, and Associates of your College.

The general recommendations incorporated in this leaflet have been approved by the medical defence organisations.

The *Code of Practice for the Protection of Persons against Ionizing Radiations Arising from Medical and Dental Use* should be accepted as a basis for reasonable practice. It states that in *all* female patients of reproductive capacity in order to reduce the likelihood of irradiation of a pregnancy:

(a) The clinician requesting the examination should consider the possibility of an early stage of pregnancy (para. 7.3.1).

(b) The date of the last menstrual period should be entered on the request form and it is the responsibility of the clinician requesting the examination to ask for this (para. 7.3.1).

(c) Examination of the lower abdomen should, if practicable, be carried out within the 10 days following the first day of the menstrual cycle (para. 7.3.1).

(d) If there is any doubt about the advisability of carrying out an investigation or the nature of the investigation required, the matter should be resolved by consultation between the medical officers responsible respectively for the clinical and radiological care of the patient (para. 7.2.3).

J. W. LAWS
Registrar

The Royal College of Radiologists,
28 Portland Place,
London W14 4DE.

REFERENCE

Royal College of Radiologists (1974). *Implementation of the Ten-day Rule*. London: R.C.R.

THE TEAM BEFORE 1966

In their article *Clinical and Administrative Review in General Practice* (December *Journal*), Drs Stott and Dawes perpetuate a fallacy which is in danger of becoming holy writ, namely, that before the invention of the "Primary Health Care Team" it was usual for general practitioners to work "without the assistance of nurses and ancillary staff" (first paragraph Introduction).

The district nursing service has been established throughout the county for many years. My predecessor in single-handed practice was not alone in working in close co-operation with the district nurse and midwife.

Then, as now, the extent of co-operation and 'feed-back' depended on the character and attitudes of the individual doctor and nurse. This basic fact has not been changed by calling them, with others, a team.

R. V. H. JONES

1 Major Terrace,
Seaton,
Devon EX12 2RG

REFERENCE

Stott, N. C. H. & Daws, R. A. (1975). *Journal of the Royal College of General Practitioners*, 25, 888-96.

HEALTH-CENTRE AND PRACTICE ADMINISTRATORS

Sir,

Ideas are no use if people keep them to themselves, problems are hard to solve if you have no-one with similar experiences to consult. A sympathetic ear is valuable when difficulties seem insurmountable.

This is what health centre and practice administrators have found when they have been able to meet together and it is why we have now formed ourselves into the Association of Health Centre and Practice Administrators.

Our objectives are to promote the general interests of the administrators, to arrange specialised courses, and to press for the organisation

of more courses in colleges of further education, properly aimed at the needs of administrators.

We have representatives in every region and look forward to extending our membership among administrators everywhere. Those interested should contact me at the above address.

A. C. REDDY
Secretary

Association of Health-Centre and Practice Administrators

Francis House,
Kings Head Yard,
Borough High Street,
London, SE1 1NA.

Sir

I read in your November *Journal* a letter about contraception records. I have designed one and we find it most useful in coping with the increased workload.

We are prepared to supply the cards by post and a sample will be sent on receipt of a stamped addressed envelope.

D. LIPP

Killamarsh,
Sheffield S31 8AL.

RECORDS IN GENERAL PRACTICE

Sir,

Might I add a few suggestions to Dr Walford's excellent article (November *Journal*).

Important data stand out even better if they are in a different coloured ink as well as being boxed. I like to make a vertical column down the right-hand side of the card in which I write the diagnoses in red ink. Also in this column data like urine tests, blood-pressure, pathology tests etc can be recorded, in red ink, and drugs etc. in another colour. Admittedly this cuts down space on the rest of the card for notes, but this is not necessarily a disadvantage. Notes should be notes and not an essay!

It also helps if important information is always written in block capitals. This is a great help to one's partners and other doctors, who may have to read one's notes. Block capitals are usually legible even in the worst handwriting.

It is going to be essential in the next few years to get all general-practitioner records in brief tabulated form, or when we come to programming them for computers we are going to have an impossible task.

A final plea. Could not *all* hospital letters be of standard size that will fit into the record envelopes without bulging them out like a suitcase that has been searched by a customs officer?

DAVID HOOKER

27 Lemon Street,
Truro, Cornwall.

REFERENCE

Walford, P. A. (1975). *Journal of the Royal College of General Practitioners* 25, 855.