but this is a far cry from being completely unavailable to patients except from nine to five.

C. A. H. WATTS

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Sir,

I was most interested to read your two articles about out-of-hours calls side by side in the January *Journal*.

Two interpretations could be placed on the results. In one article, an experienced family doctor claimed that 50 per cent of calls were genuine emergencies and only seven per cent were totally unnecessary. In the other article, a hospital doctor (Dr Gabriel) working for the emergency call service, claimed that only 14 per cent of calls were medically justifiable.

From these reports, it seems to me that vocational training which turns a 'hospital doctor' into a family doctor is fully justified. In one case, the hospital doctor needed further education as to the meaning of 'emergency calls' with all their implications.

The alternative is that the practices which he was serving were so badly organised that the patients had no training in the proper use of facilities by the principals concerned. In either case, the figures in both studies would have been much more comparable if Dr Gabriel or the principals of the practices using emergency call service had been vocationally trained.

K. J. BOLDEN,
Senior Lecturer

Department of General Practice,
Postgraduate Medical Institute,
Barrack Road,
Exeter EX2 5DW.

Sir,

Your editorial of January 1976 states that " the triple interests of patient, profession, and government are likely to be best served by some variation of the system of extended cover ".

As is often the case when this view is expressed, no evidence is offered to support this. The statement that deputising services are " inevitably often provided by doctors with no experience of general practice " is not evidence, as it is inaccurate. The view that the " service " has no personal knowledge of the patient is irrelevant, as this often applies to the extended cover system.

How long will the College take to remove its blinkers of tradition, and realise that the only rational system in all but the most rural of areas is the deputising service? Then perhaps we can get on with the relevant debate about how (not if), these services should be organised.

If the College continues with its present attitudes it will be in no position to influence the standards of these services and it will alienate a good many of its members and other general practitioners.

It is worth noting that approximately 80 per cent of general practitioners in areas where deputising services exist, use them. Are 80 per cent wrong or uncaring?

R. E. FITZWATER

67 The Avenue,
Aylesford,
Kent, ME20 7LQ.

Editorials in the *Journal* should not be taken to represent the policy of the College unless this is stated.—*Ed.*

Sir,

It was with interest that we read your two articles on emergency night calls one by Dr Lechston and the other by Dr Gabriel (January *Journal*) each of whom reached opposite conclusions from their individual experiences.

We felt that perhaps the general practitioner's involvement with a night visit would be regarded as part of his total care of a family unit, and thus make him more likely to consider a visit as urgent or necessary because of this, rather than a purely clinical view, as might a deputising service doctor who will never be acquainted with the patient again.

Having said this, we would like to compare the experiences of these two doctors with our own. We form part of a large group practice of ten doctors in a mixed urban rural community of 30,000 patients, and at weekends we employ a commercial deputising service.

We have found that the incidence of night calls does not alter from weekdays to weekends, nor does the degree of urgency of the visits requested.

From our records of the weekend visits by the deputising service, we note that of 56 visits over 52 nights, approximately nine were felt to be unnecessary (15 per cent), by us, not the deputising service doctors.

During weekday nights when members of our practice were on duty covering the same six month period, 14 per cent of the calls were deemed totally unnecessary, and of the rest 50 per cent were necessary and 50 per cent urgent.

Finally, we do not feel that a small charge would deter " trivial " night calls, more likely to do this would be the removal of the bedside telephone to a spot down the cold wet road.

DAMODAR B. NEGANDHI
ROGER C. LONGBOTHAM

The Health Centre,
Horse Fair,
Rugely, Staffs.

SEEING OF THE SAME DOCTOR

Sir,

I read Dr Aylett's article (January *Journal*) with great pleasure and interest, and I would like to add a short comment.