

### NATIONAL HEALTH SERVICE EXPENDITURE

Sir,

Concerning the item on page 291 of the April *Journal*, I have ascertained from the Editor of the *Family Practitioner Services* that the figures quoted do *not* relate to *total* National Health Service expenditure per head of population in each of the Health Regions of England because they do *not* include the expenditure by Family Practitioner Committees. This is a common misapprehension at all levels of the reorganised Health Service. In the March 1976 issue of the *Family Practitioner Services* the Department's error is acknowledged.

It is understood that when the accounts of health authorities for 1974/5 have been processed in the Department, they will provide for that year the information relating to Family Practitioner Services, Community Health Services, the Central Department, and other services.

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(See *Learning from patients*—Ed.)

#### REFERENCES

- Journal of the Royal College of General Practitioners*, (1976). Editorial, 26, 291.  
*Family Practitioner Services* (1976). 3, 50–51.

### DR M. P. CARTER'S STUDY OF MANIPULATIVE TREATMENT

Sir,

Dr Carter's unexpected death at the age of 46 interrupted several investigations in which he was then engaged.

Throughout his general-practice career in Lowestoft he had used manipulative treatment, mostly for sacroiliac strain and for fibrositis of the neck, back, and chest wall. He unfortunately left no record of which manipulations he used, but I have no reason to suppose that they were essentially different from those used elsewhere by practitioners of the art. He planned to discover in his own practice the incidence of conditions suitable for manipulation, and to use the results, according to the degree of success he was able to achieve, as a basis for more extended studies. Fate decreed otherwise, and all we have is a preliminary survey of one year's work which was the basis for an address to an international conference on manipulative medicine in Monaco.

From this survey certain findings emerge. He noted that one patient in seven in his practice presented with a condition which he treated with a manipulation, and in a postal follow-up survey ("virtually everyone answered"), 55 per cent of those manipulated were "improved at once, and a further 18 per cent improved in the next two days". It is possible that the 18 per cent who improved in

the next two days would have improved in any case, since many manipulable conditions improve spontaneously. The percentage of patients who improve at once is inversely proportional to how wide the net is thrown. As Dr Carter remarked in his paper, "The temptation to see if it works or not was hard to resist". This is, I think, the experience of most manipulators. If, for example, a patient presents with an apparent fibrositis of the chest wall, it is not unreasonable to apply an easy and safe manipulation as a screening procedure, even though occasional diagnostic or technical failures will inevitably occur.

Taking his "one in seven of the practice population being manipulated annually" with his "55 per cent immediate success rate", we reach a figure of one in 13 of his practice population having an immediately successful manipulation in one year. He notes also that few manipulations are undertaken for patients under ten years of age, or over 80 years of age, and that women were more often manipulated than men and were easier to manipulate. All these observations correspond with my own experience in my own practice.

It is a melancholy fact that although over 100 years have elapsed since Sir James Paget published his paper "Cases that bonesetters cure," and manipulations are widely used by registered as well as unregistered practitioners, these procedures are not regularly taught in the medical schools. It is high time that they were.

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#### REFERENCE

- Paget, J. (1867). *British Medical Journal*, 1, 1.

### WHAT KIND OF COLLEGE?

Sir,

In a short span of just over 20 years the College has earned the prefix "Royal" and has contributed an immense amount to medicine, in the fields of both medical research and medical education in the United Kingdom and indeed in Western Europe.

Perhaps in seeking change and innovation, however, it is hitching its wagon to some rather ambivalent stars. Take, for example, the intention of the College and the *Journal* to oppose the Abortion (Amendment) Act. Have they a mandate to take such an unequivocal stand?

In the October *Journal* Mrs Madeleine Simms' Marie Stopes Memorial Lecture is a revolting piece of pro-abortion propaganda incorporating a vicious attack on the Roman Catholic Church and its leaders whom, because they oppose her views, she refers to as Nazis.

Is the College *Journal* tending to be submerged in a welter of statistics? Many of my older fellow members think so. Each month the *Journal* publishes indigestible articles embellished with