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 fof 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.

R. MACG. AITKEN

The Surgery,
Church Street,
Spalding,
Lincs. PE11 2PB.

(*See Learning from patients*—Ed.)

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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.

N. B. EASTWOOD

71 Victoria Road,
Oulton Broad,
Lowestoft, NR33 9LW.

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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

tables, graphs, elaborate diagrams, and terrifyingly complicated mathematical formulae. To the statisticians these may be fascinating, but many of us would prefer simpler fare. There are lies, damned lies, and statistics.

Finally, in the field of education, Professor P. S. Byrne, our worthy President, launches some startling theories in his Marsden Lecture in the November *Journal*.

The emphasis throughout is on change and innovation, but I must take issue with him. The concept of the basic doctor is all very well in theory, but the end product rolling off Professor Byrne's production lines smacks to some extent of the robot—a combination of a perfectionist and barefoot doctor who has the answer to every clinical problem; the paragon who can make his own decisions in the semi or council flat, or the detached villa, without calling out his consultant colleagues from their beds or their armchairs after hours. Is consultation at the bedside to disappear?

The whole crux of the proposed discussion hinges on the question of whether the extra years of tuition and apprenticeship will produce better doctors; whether doing away with conventional examinations in the clinical disciplines is a sound move or merely a gesture to the winds of change; whether scrapping scientific subjects is permissible. Surely anatomy, physiology, and pharmacology are the essential foundations of clinical medicine?

Finally, the Professor states again and again that his end product is to be groomed for the National Health Service, with the blessing of the General Medical Services Committee and the Department of Health and Social Security. What of students and graduates who propose to enter private practice, occupational medicine, or the armed forces? Is the New Jerusalem to be a closed shop for conformists?

The College must be forward in its outlook, but flexible and tolerant to those whose careers it is privileged to mould. Above all, it must eschew political dogma from whatever source.

T. J. BURKE

169 Blackpool Road,
Ansdell,
Lytham-St-Annes,
Lancashire, FY8 4AA.

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OUT-OF-HOURS WORK

Sir,

I doubt if doctors using deputising services are either lazy or uninterested in what happens to their patients; it is more likely that they are obliged to see one patient per five minutes and 70 or more patients in a single day, at the end of which it is hardly surprising if they then feel it best to be " off-duty ".

Dr Barley's suggestion (of having one doctor on for one week per year for night visits for an area of say 50 doctors) is useful.

I have myself circulated a questionnaire to doctors in our Health District (West Surrey and North-east Hants) to discover what support there might be for a deputising service here. Of 120 doctors written to, 69 replied; 25 were in favour and 41 against. Half the district is built up and the other half less so. Most of the replies in favour were from doctors in the more built up areas.

Further surveys might be useful in determining attitudes and progress towards the use of deputising services.

R. K. MACKENZIE-ROSS

The Coppice,
Rowhills,
Heath End,
Farnham,
Surrey.

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Sir,

I found the results of the two studies relating to night calls (January *Journal*) very interesting, and believe that they reflect the different attitudes held by general practitioners and hospital doctors.

The general practitioners regarded only seven per cent of calls as irresponsible, and 48 per cent as genuine emergencies, while the deputising doctor regarded 14 per cent as medically essential, and 56 per cent as having either trivial symptoms or no symptoms at all. These are diametrically opposed results, which might be explained in several ways. There may be differences in the extent to which the practice populations have been educated in proper use of medical services at night, and perhaps patients are more willing to call a deputising doctor (who they may believe to be working on a shift system) rather than call their own doctor from his bed). I suspect, however, that the general practitioners placed a higher proportion of calls into the " justifiable " category because they understood the psychology of the patient more fully than the clinically orientated hospital doctor, and appreciated that a situation may be anxiety provoking and therefore justifying a call, in the eyes of a patient, while having little clinical content in the eyes of the doctor.

P. D. SEARLE

78 Warwick Road,
Carlisle, CA1 1DU.

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