giving him too many medicines): and the Tavistock Clinic is well-known to make anyone feel like a patient on walking through its doors!

Dr Maycock's aggressive dismissal only underlines his concern for his own role, his own robustness, sensitivity, and professional detachment, and the need for settings with other disciplines in which we can face the real problems of collaboration. We face, for example, the envy of those without open-ended contracts, on whom impossible and unthought-out demands may be put; of those who may well envy us our power and being so needed; and even those, perhaps, who envy us the insights and support we received in this project.

Could we now have Dr Maycock's and others' comments on Graham and Sher's paper?

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OUT-OF-HOURS WORK

Sir,

With reference to your correspondence (April *Journal*), on out-of-hours work, Dr Barley may be interested to know that a Cooperative Deputising Service was approved by the Leeds Local Medical Committee in 1968 and would have provided a service to more than 500,000 patients and 200 doctors as did, and still does, the existing commercial service.

It was felt that a service whose first consideration was adequate manning would be preferable to one whose prime motive was profit.

Despite the fact that considerable initial finance was subscribed by would-be participants, the service was never launched because of the very doubts that Dr Barley expresses about continued co-operation, which might have led to undesirable competition for suitable spare medical manpower to keep it operational.

I doubt if human nature has changed much since 1968 and must regretfully consider that syndicalism is a non-starter in this field of human activity and the choice is between commercial or departmental monopoly.

I agree with Dr J. C. B. Thomson about the educational value of the concentrated experience to be obtained by working for a deputising service and hope a way will be found of getting all those involved interested, and all those interested involved, be they trainers, trainees, organisers or operators. Every one involved, even patients, would benefit.

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REFERENCE

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PSYCHOTHERAPY IN GENERAL PRACTICE

Sir,

It must be a risky business for someone with a specialist background to address his generalist colleagues in your columns, since he is vulnerable to the charge of trying to teach grandmothers to suck eggs. Dr R. A. Johnson (April *Journal*) does not entirely succeed in avoiding this pitfall. He writes, " I am confident that many general practitioners already use their personality as a major factor in the management of their patients." His confidence is well-founded. A quarter of a century's research by Balint and his co-workers, and a bibliography from general practice, attest to this. Yet your correspondent contrives a fairly long letter on this subject without mentioning Balint once: a notable feat in itself.

Not that Balint said the last word on the subject. But he said the first words that made any sense to us, and he achieved this, like Dr Johnson, by eschewing jargon; and also, unlike Dr Johnson, by disclaiming even " the simplest possible theoretical structure ". In other words, he knew he didn't know, and the new look in general practice was founded, literally on a new looking.

I find that trainees in particular are receptive to this approach, with its absence of cant and peddling of theories. Balint dropped the term " psychotherapy ". His work was really about how we observed patients, how we understood them as people, and how we made ourselves available to them; in short, what was involved in being a proper doctor.

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REFERENCE

Johnson, R. A. (1976). *Journal of the Royal College of General Practitioners*, **26**, 261–262.

DIVERS IN THE NORTH SEA

Sir,

In a recent letter in the *British Medical Journal*, Dr J. W. Taylor of Dyce, Aberdeen, who I presume is in general practice, draws attention to his observations on divers working in the oil fields in the North Sea. He expresses the wish that doctors working in those areas should exchange their medical observations on divers, who represent a new group of patients working below water, using pressurised air for respiration.

Since this is a field where general practitioners are primarily involved, I suggest that the College

undertake to sponsor this study and publish the results in our *Journal*.

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REFERENCE

Taylor, J. W. (1976). *British Medical Journal*, **1**, 960.

INVESTIGATIONS IN GENERAL PRACTICE

Sir,

With Dr Evans letter (April *Journal*) I partly agree, and partly disagree. I omitted the haemoglobinometer and the microscope as being too obvious. They are both in constant use, the former mostly by our own practice nurses, the latter perhaps not so much as it would be if we did not have an excellent laboratory in close proximity with a daily delivery service. I would disagree with the statement that the " situation exists when the satisfaction of fully treating one's own patients is becoming a luxury which few doctors can afford". For instance, if Dr Evans would take down his sigmoidoscope from his cupboard, he would be able to diagnose and treat his own cases of proctitis (not such a very uncommon disease) and monitor their progress. Furthermore, in our area, no case is accepted for barium enema without prior sigmoidoscopy, so that this important investigation would be denied us without a sigmoidoscope, in my view quite correctly.

I think that in these days when most general practitioners have access to an almost full range of diagnostic facilities, no case should be presented to a consultant at outpatients without having first been fully " worked up ". The consultant can then perform his proper function for consultation with all the apparently relevant facts available to him at the time.

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REFERENCE

Evans, J. W. (1976). *Journal of the Royal College of General Practitioners*, **26**, 261.

CONVERTING MEDICAL RECORDS

Sir,

Dr Acheson's clear and concise paper on converting medical records to A4 size in general practice (April *Journal*) is a useful exposition of possible procedures to be used in carrying out this exercise, and the figures which he has collected and the costings he has calculated will undoubtedly be useful to colleagues contemplating a similar venture.

There is obviously no single right or wrong way of approaching the problem of converting records from the conventional envelopes to A4 size folders. In the current economic climate it is regrettably likely that it will be many years before conversion can be undertaken generally, and it is all the more important that those who are in the fortunate position of being able to carry this through should report and discuss the procedures used and difficulties encountered.

In our own practice, where conversion is proceeding at a much slower and *ad hoc* rate and is still far from complete, we depart from Dr Acheson's procedure in one fundamental and rather important way, and that is that we ask the clerical staff to file hospital records and reports in chronological order in the folder and only then does the doctor look through them to " cull " redundant material. This also gives the doctor (if he so wishes) the opportunity to summarise the contents of the record, which in many cases adds immeasurably to its value. This does incidentally mean that the doctor time involved is considerably in excess of that quoted by Acheson. The virtue, it would seem to us, of " culling " after, rather than before, placing the documents in the folder is that once they are in a folder it is so much easier to see the whole story as it develops in order to decide what material is redundant and what should be kept.

It is our view that while the opportunity provided by converting records to collect research data may be important, it is even more important that such an opportunity is taken to extract and summarise data for each individual patient with the hoped-for objective of improving individual patient care.

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REFERENCE

Acheson, H. W. K. (1976). *Journal of the Royal College of General Practitioners*, **26**, 277–281.

OLD REMEDIES

Sir,

Dr Thomson's fascinating article on herbs that heal (May *Journal*), reminds me of the old lady who showed me her healed varicose ulcers last month. All efforts by both doctors and nurses had left her ulcers as large as ever, but after the application of *honeycombs*, successful skin cover was achieved.

Perhaps we have here a subject for clinical research?

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REFERENCE

Thomson, W. A. R. (1976). *Journal of the Royal College of General Practitioners*, **26**, 365–370.

DISABLED LIVING FOUNDATION

Sir,

I would like to remind your readers of the work of