the Disabled Living Foundation. This foundation works from their headquarters in 346, Kensington High Street, London, W.14 and provides advisory service both to the disabled and also to their advisors and friends with regard to special amenities, etc.

However, in the past they have always found it difficult to make contact with general practitioners and feel that either the work of the foundation is not generally known to them or that they may not fully appreciate its significance.

The organisation recently held a most interesting conference on the *Importance of Clothing in the Lives of the Disabled*, at which I represented the College.

Should any of your readers wish to have further details, if they write to Lady Hamilton at headquarters or to me at the address given below, I will try and put them in touch with the appropriate representative.

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SIR JOHN PARKINSON

Sir,

Dr Nightingale's reference in his admirable article on migraine (May *Journal*), to fasting as one of the trigger mechanisms in migraine called to mind the experience of Sir John Parkinson, Sir James Mackenzie's distinguished successor as cardiologist to the London Hospital, who has just died at the ripe old age of 91.

Sir John was a victim of the disease, and I recall his telling me how he could postpone, but never prevent, an attack by taking food. Being a conscientious Lancastrian, he hated cancelling patients' appointments. If, therefore, he realised in the morning that an attack was impending, instead of merely having a sandwich for lunch and a cup of tea at tea-time, he would have a full three-course lunch and a full tea. In this way he found he could usually postpone the attack until evening.

By the time the last patient had been seen he was nigh prostrate, and fell into bed in a darkened bedroom, knowing full well that the increased intensity of the headache would be the price he would have to pay for keeping faith with his patients.

If he had to go to the London Hospital the next day, it was easy for his chief assistant to tell at a glance what a miserable night he must have had. But nothing was going to compel him to neglect what he considered to be his duty.

WILLIAM A. R. THOMSON

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London, W.3.

REFERENCE

Nightingale, J. (1976). *Journal of the Royal College of General Practitioners*, **26**, 318–326.

SEEING THE SAME DOCTOR

Sir,

One of the dangers of the community health team and group practice is that the patient feels that no one doctor knows his or her problems in depth, that no one person takes responsibilty, and that no one person takes a particular interest.

These problems can be avoided by having separate lists; patients will not then 'box and cox" from one doctor to another, questioning their probably varying views, which may well precipitate great uncertainty and possibly, therefore, unhealth in the patient.

I am very much in favour of group practices where there is a mutual exchange of information, and for teamwork where various health care personnel can all communicate on one level with each other, but I do think it is in the doctor's and the patient's interest that patients see their own doctor except when he is not available. Admittedly, doctors cannot be all things to all patients and if a patient feels unhappy with his doctor, or a doctor feels unhappy with his patient, then a new relationship should be established with another doctor on whose list that patient should go, whether he be in the same practice or another practice. I would be most interested to hear your readers' views.

V. L. R. TOUQUET

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Kent, ME13 7AJ.

REFERENCE

Aylett, M. S. (1976). *Journal of the Royal College of General Practitioners*, **26**, 47–52.

RESPONSE RATES TO QUESTIONNAIRES

Sir,

Dr L. A. Pike's questionnaire (March *Journal*) emphasises the problem of the poor response obtained when mounting any form of survey in general practice.

Recently our practice needed to evaluate the opinion of patients about entry into a projected health centre. It was decided that the simplest and cheapest method was by hand-out, although it was anticipated that this might produce a lower response rate. Five-hundred duplicated forms, which represented about eight per cent of the practice list, were placed on the reception counter, and the receptionists encouraged the patients to return the completed forms to a sealed box also on the counter.

The questionnaire explained the projected health centre and invited the patient to say whether or not he was in favour of the move. Space was left for comments, and the patient was given the