The second patient, some of the details of whose case have only come to light recently, was an elderly man with congestive cardiac failure well controlled on 0·0625 mg. of digoxin as 'Lanoxin' daily. His pulse rate of 52/minute had also been a feature for many years. One of the investigators decided that this was one of the cases of digoxin toxicity and the dose was reduced to alternate days. Within a few days, the patient was finding difficulty in climbing stairs and in walking any distance. When he also developed ankle swelling, the patient's daughter, an ex-nursing sister, realised what was going wrong and put him back on his original dose of 'lanoxin' with rapid improvement.

We give these clinical details for we find it surprising that the authors forbore to mention that on critical clinical review, there was no evidence of adverse effects attributable to the practitioner's prescribing. However, if they had, perhaps there would have been no basis for a paper.

The authors did not mention that the partners had introduced a manual monitoring and surveillance system which allows *selective* recall at the practitioner's discretion every six or twelve months of patients receiving repeat prescriptions. The automated system on which the authors' data were based incidentally does not include all consultations with patients and excludes casual but important contacts with patients when they return for repeat prescriptions.

I believe that the flexibility in the manual system is compatible with effective care and have found no reason to change it since reading this paper. The present repeat prescription monitoring system in use in the practice was the direct result of a previous reported audit of repeat prescribing by the partners carried out in 1970.

I believe that all forms of audit, self-assessment and critical reappraisal of clinical and operational performance where they are relevant must be an essential part of modern general practice. I also believe that service general practitioners need the help of their academic colleagues in developing this rationally. I am not convinced that the over-zealous and misguided approach demonstrated in this paper will achieve these ends.

The points made in this letter, along with many other similar criticisms were published in the *British Medical Journal* two weeks after the publication of the original paper. The fact that a summary without qualification can appear in the *College Journal* and a reference can be included in the College library list as a reference in the section on the aged in the *New Reading for General Practitioners* No. 2 January–March, 1976, also without qualification, raises an important point of principle. It would not be apparent to anyone simply reading the original paper or the summary in the *College Journal* that the conclusions drawn by the authors (which could have considerable significance for general practice) are based on inaccurate data nor that the true findings lead logically to contrary conclusions.

Is there a recognised procedure to correct this potentially dangerous misrepresentation?

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REFERENCE

Journal of the Royal College of General Practitioners (1976). **26**, 506.

GENERALISTS

Sir,

I was alarmed to note that in your July editorial you refer to general practitioners as 'generalists'. New words are of value only when they express a meaning better than the word they replace. Generalist does not.

It is sad that the jargon so much in vogue nowadays brings the College into disrepute, causing either resentment or laughter. I recently attended a meeting (? module) where there was so much repetitive jargon that a colleague of mine amused himself by creating a vocabulary for what your editorial describes as "the new generation of generalists." Few words were of the slightest value.

I wish to state firmly that I am a general practitioner and am proud to be a member of the Royal College of General Practitioners. I appeal to you to use the title adopted by your own college until such a time as it becomes the Royal College of Generalists.

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REFERENCE

Journal of the Royal College of General Practitioners (1976). Editorial, **26**, 471.

JARGON

Sir,

I believe that many of your readers would support Dr E. Adey (June *Journal*) who suggests that the length of almost every article in the *Journal* could usefully be cut.

The results of the careful research which has preceded these articles could be more effectively communicated if you, sir, as Editor, revised and shortened the obscure verbiage which spoils some of the papers. Examples of these literary lapses occur in almost every monthly issue, even from your most eminent contributors.

The following paragraph is from the pen of the President of the College, on page 13 of a *Report on the Assessment of Vocational*

Training which merited a separately bound supplement (*Reports from General Practice* No. 17) to the June *Journal*.

"Our finding was that measures of intellectual processes form the bridge or catalyst between recent (and world-wide) research into the psychology of problem-solving and the operational process of diagnosis and patient management under investigation."

Re-reading these words repeatedly one searches in despair for the meaning of this modern educational jargon and wonders why it could not be expressed more clearly.

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REFERENCE

Adey, E. (1976). *Royal College General Practitioners*, **26**, 455.

Freeman, J. L., Byrne, P. S. (1976). *Reports from General Practice No. 17*. p. 13.

THE M.R.C.G.P. EXAMINATION

Sir,

Dr Halle knows that no examination will answer his questions when even a year's partnership may not suffice. Why then should one take the MRCGP?

Medicine is not going to have an easy time over the next few years. We seem likely to have doctors and patients implacably entrenched in self-pity, with the doctors feeling exploited and the patients feeling neglected. The independent standards of the Royal Colleges will then be more important than ever. One should take the examination as witness to a commitment to good general practice.

Once perhaps there were two good reasons for not taking the examination. First, it might be held that the examination was brought in prematurely, unhappily isolating the College as an exclusive minority body. I held this view myself, but now the College's achievements are undeniable, the examination is firmly established, and one must accept these facts.

The second reason for not taking the examination is that experienced practitioners might fail in an academic and irrelevant exercise and no-one gains from a pointless humiliation. My experience shows this is not necessarily true.

Perhaps I should have been disguised: but I was too busy in the lunch-hour to cope with burnt cork or a hump-back. And in any case Professors of General Practice are fair game for any real general practitioner—including examiners!

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REFERENCE

Wilkes, E. (1976. *Journal of the Royal College of General Practitioners*, **26**, 217–218.

Sir,

The article *Taking the M.R.C.G.P.* (March *Journal*) makes interesting reading. I cannot understand why Professor Wilkes found it "almost impossible to persuade people to take the examination", though he may be referring to doctors from other countries, as in my opinion, the M.R.C.G.P. is designed solely for doctors practising in the United Kingdom. To pass this examination, it is not enough if the candidate is competent in his work and thorough in his theory; he also has to have a firm knowledge of the National Health Service, social organisations, welfare departments, local authority services, etc., of the United Kingdom, of which foreign practitioners are ignorant.

I had cherished the ambition of taking this examination for many years. As the system of medical practice here differed from that in the U.K., I had to clear several technical hurdles before the Board of Censors would permit me to take it. They also overlooked the medical audit and log diary for the same reason.

Thus, a few years ago, I made my first trip to the U.K. (probably my last too) and to Queens Square. The questions were straightforward, though there were many which only candidates practising in the U.K. could answer. The examiners in *viva* were very considerate to the 'foreigner' but the modified essay paper was difficult because it was based on the 13-week certificate, which I had never heard of. I returned to my country soon after, contented with an Associate Membership of the College.

I agree with Professor Wilkes that "the examination needs overhaul rather than the candidate", and until such time as this is done, there is no point in doctors from other countries taking the M.R.C.G.P. examination. When it is, it would be helpful if the *vivas* followed soon after the written papers, so that busy practitioners were not forced to stay on in the U.K. longer than necessary.

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REFERENCE

Wilkes, E. (1976). *Journal of the Royal College of General Practitioners*, **26**, 217–218.

NOMINATIONS FOR FELLOWSHIP

Sir,

One only has to read the medical obituary columns to find part of the evidence that there must be many members of the College who, according to the present criteria, are well worthy of fellowship but are not receiving this honour. It can be assumed that the reason for this is that too few nominations are being made. It therefore seems strange that another obstruction is being put in the way.