general practitioners—has always been resisted. Our medical philosophy has always been that our hospital practice is merely a logical and desirable extension of our outside practice and that our involvement in both spheres should be as total as is reasonable bearing in mind the particular training and experience of the individual doctors, the facilities and support available within the community hospital, and the results of periodic audit of our activities.

We therefore see the acquisition of doctors with extensive specialist experience during their postgraduate training, and higher qualifications where appropriate, as a logical way of improving the staffing of our community hospital. We regard the regular attendance at neighbouring district general hospitals by our staff members as clinical assistants (or hopefully hospital practitioners), and frequent contact with visiting consultants in our own hospital as the two most important aspects of our continuing education to help us fulfil our hospital role.

Expressed at its simplest, we believe that a man who is used to, say, taking out appendices and to taking the decisions that lead to this action and to seeing the case through will provide safer and better quality care for another surgeon's postoperative cases than a doctor who was last involved with surgical care perhaps long ago and then only in a very junior capacity. It must be admitted that the Thames Valley and Breconshire are such environments that the medical role that a community hospital will have to play will be as different as the two areas are culturally and geographically distinct.

However, I feel it is important to state that the educational needs for doctors working in two such very different types of community hospital will also differ and that attempts to define such needs ought to be made giving due consideration to the scale of practice taking place in the area under consideration.

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REFERENCES

Kyle, D. (1971). *British Medical Journal*, **4**, 348.

Report prepared for the Education Committee of the Royal College of General Practitioners by a working party from the Thames Valley Faculty (1976). *Journal of the Royal College of General Practitioners*, **26**, 461.

MEDICAL RECORDS

Sir,

Dr J. D. Harte of Bedford recently described the whole business of noting the age and sex and identity of each patient in general practice as the "denominator of general research". It is surprising to find that even in selected practices, such as those involved in the 1971 National Morbidity Survey, the best rate of non-match for identity is one per cent and the worst was as high as 20 per cent. That means that, in the worst practices in that study, the identity of the records and the patient, to whom they were supposed to relate, could not be matched accurately in one case in five.

The attention of the profession is being drawn to the problem of orientating medical records. Whether a practice decides to use the present size and style of National Health Service stationery or not, would it not be worth a National Study to define the "denominator in general practice research"? A minimum level of accuracy with which it is being recorded can then be set as a criterion for any doctor to achieve who takes part in a National Study of any sort.

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REFERENCES

Department of Health & Social Security, Office of Population Censuses and Surveys, and the Royal College of General Practitioners (1974). *Morbidity Statistics from General Practice (1970–71)*. London: H.M.S.O.

Harte, J. D. (1976). Personal communication.

Pinsent, R. J. F. H. (1960). *British Medical Journal*, **1** 1496.

USE OF HONEY

Sir,

Dr Eric Bloomfield's suggestion that clinical research might be conducted into the use of honey for varicose ulcers (August *Journal*), was anticipated by the *Therapeutic Papyrus of Thebes* written in 1552 BC, in which using surgical dressings with honey for bruises and ulcers was mentioned. A survey of literature written since then on the same subject was mentioned in the article *A Base of Honey* (*Interface*, 1974).

Since 1971 the treatment room nurses in this health centre have been treating abrasions and ulcers with a mixture of equal parts of honey and providone-Iodine ointment ('Betadine'). They have continued to do so on their own initiative, especially for adrasions, presumably because they find this treatment works well.

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REFERENCES

Lawrence, N. (1974). April. *Interface*.

Bloomfield, E. (1976). *Journal of the Royal College of General Practitioners*, **26**, 576.