'aid' to get closer to Mrs A and allow her to express her feelings of guilt. The success of this does not validate the psychotherapeutic interpretation of Mrs A's subconscious thought processes. After all, there are other ways of arriving at the same successful result. On the evidence available, Mrs A with her previously stable personality might have had a true depressive illness, something perhaps which her husband could not tolerate, and which made her irritable and troublesome with her children and her lodger, and caused pathological guilt. The article does not say whether or not tricyclic antidepressants were prescribed.

Graham and Sher's main summary emphasises the difficult (not "undisclosed") tensions present between the two professions. Surely any tensions are unlikely to be eased by such statements as "... the social worker would act as consultant to the general practitioner ...". This relationship seems to persist through much of their article and introduces ideas of status and hierarchy which are entirely artificial, if not condescending.

Dr Smith comments on my "aggressive dismissal", when I think he really means my rude dismissal. In a short letter encompassing many ideas, I am afraid this impression is easily, if unwittingly, conveyed. The rest of his highly speculative penultimate paragraph is obviously difficult for me to answer objectively. But it does point to the dangers of the techniques which we are discussing, in that your contributor's ways of thinking can lead to almost automatic, mechanical conclusions which at the very least require scientific verification.

C. H. MAYCOCK

55 High Street,
Crediton,
Devon, EX17 3JY.

REFERENCES

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CONVERTING MEDICAL RECORDS

Sir,

I agree with Dr Cormack that letters in the medical records should be arranged in chronological order before being thinned out (August *Journal*).

In January 1970 I decided to go through the medical records of the 4,500 patients who are looked after by my wife and me, thinning out repetitive letters, discarding pathology reports which were no longer of value, and case notes which were illegible. This exercise took me two years in my spare time. Two main advantages were that the information contained in the records was much more readily available and that the storage space for the records was reduced by about 20 per cent.

Since then I have continued to thin out the records for new patients as they come in, and a side benefit has been that one does not miss significant information about a new patient.

Using this method I find the present envelopes very convenient and I am not in favour of changing to the large A4 folders.

ANDREW MILLAR

Benson,
Oxford.

REFERENCE

Cormack, J. (1976). *Royal College of General Practitioners*, **26**, 576.

UGANDA FACULTY

Sir,

As the Founder Secretary of the Uganda Faculty, and having been as well secretary for nearly seven years, and provost for one, I hope you will allow me to comment on Dr M. J. Aylett's letter (August *Journal*).

Like Dr Aylett, I also hope that one day the Uganda Faculty will form again, although I have very serious doubts about this ever happening during the next decade. Almost all the expatriate members are now settled outside Uganda. I have been in contact with some of the members who are now settled in this country, and none has so far indicated his desire to go back. So the only possibility is that the local African doctors may in future become members of the College and form a Faculty.

We all are very grateful to Dr E. R. Gibbons for the excellent service he has rendered to the Faculty. We admire the way in which he has sent out the gifts from the remaining funds in Uganda. I am sure that, but for his efforts, these funds would have been frozen by the Amin Government.

DAMODAR B. NEGANDHI

Health Centre,
Horse Fair,
Rugeley, Staffs.

REFERENCES

Aylett, M. J. (1976). *Journal of the Royal College of General Practitioners*, **26**, 574.

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PAYMENT FOR PASSING THE M.R.C.G.P. EXAMINATION

Sir,

Within the next few weeks I am entering a partnership in general practice in the south-east area of London and find that although I have managed to pass the examination to become a Member of the College, this is in no way recognised in terms of additional remuneration by the government.

If I had been vocationally trained and undertaken a year as a trainee assistant, I would be entitled to a considerable annual emolument.

Does this mean that the government considers my qualifications as meaningless, or at best inferior to those of a person having undertaken vocational training?

I consider this to be a slur on the reputation of our College and would be grateful for comments.

RICHARD L. SIMMONS
Clinical Research Division,
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Beckenham, Kent, BR3 3BS.

DISABLED LIVING FOUNDATION

Sir,

Dr L. T. Newman states in her letter on the Disabled Living Foundation (August *Journal*): "In the past they (the D.L.F.) 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."

In association with the Disabled Living Foundation the Medical Recording Service Foundation has produced audio-tape programmes entitled *Incontinence Protective Garments, Clothing for the Disabled, Sticks, Crutches, Commodes,* and *Wheelchairs;* and these programmes have been mentioned in the *Journal of the Royal College of General Practitioners* and other medical media. Details have also been sent to about 4,500 general practitioners on our mailing list.

From the requests received for these audiotapes we can assure Dr Newman that general practitioners' knowledge of the Disabled Living Foundation is not as meagre as is suggested.

However, if there is a doctor reading this letter who is unaware of the audiotapes produced by the Medical Recording Service Foundation—an educational activity of the Royal College of General Practitioners—he is invited to write for our free catalogue.

PATRICK BROWNING
Medical Press Information Officer,
Medical Recording Service Foundation,
P.O. Box 99,
Chelmsford, CM1 5HL.

REFERENCE

Newman, L. T. (1976). *Journal of the Royal College of General Practitioners,* **26,** 576.

INVESTIGATION IN GENERAL PRACTICE

Sir,

May I hasten to apologise to Dr Hooper (August *Journal*) for daring even to think that his practice might not be using both microscope and haemoglobinometer regularly.

With regard to sigmoidoscopy, at least we clearly agree on the general principle that one does not know how much one is missing until one has 'had a look.' The late Dr Geoffrey Evans taught me that sigmoidoscopy (as demonstrated at the bedside on a ward round) was virtually obligatory before barium studies. I will confess that one of the last things I saw and diagnosed with absolute confidence was a huge mass of threadworms.

I entirely agree with Dr Hooper's principle that our patient's illness should be fully worked-up—by which I understand investigated as far as possible and fully written-up—before we ask for a consultant opinion.

Finally, I would remind your readers that my comment about the luxury of fully treating one's patients was written in 1953 and there have been some important changes since then. I still suspect that most general practitioners will be waiting for many more important changes before they can enjoy handling quite so much do-it-yourself investigation.

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St. Mary Bourne,
Andover, Hampshire SP11 6BS.

REFERENCE

Hooper, P. D. (1976). *Journal of the Royal College of General Practitioners,* **26,** 576.

VOCATIONAL TRAINING FOR GENERAL PRACTICE

Sir,

At last, the living proof! Vocational training really works! I was amazed and amused by Freeman and Byrne's methods and conclusions in their report on assessment of three-year vocational training schemes (June *Journal*), and your bland, totally uncritical editorial on the subject.

Firstly, their whole study revolved around a "job definition of the general practitioner which we created." Is this valid? It would take a brave practising general practitioner to define his job—definitions being created only to suit the narrow horizons and purposes of the researcher.

The assessment tests themselves astounded me. Was there anywhere any mention of the actual non-paper, non-simulated patient? And why were no patients, as consumers of the service, asked for their assessments? I can think of no other business purporting to study quality of service without asking the customers. The statement that "keeping good clinical records is an excellent way of assessing progress" seems to find accord with only a small minority of practising general practitioners (Sheldon, 1976).

Amazing results were forthcoming: after three years of postregistration training, knowledge and skills improved. Dare I say that I should darned well hope so? What is more insidious is that the poorest 15 trainees were said to have undergone "striking and marked personality change" to approximate to the authors' approved pattern, and that uniformity