

papers, shows that the author is widely read and it obviously impressed the examiners if it did not baffle them, but I am left with a feeling that Dr Stevens is to medicine what Tippett is to music and *avant-garde* to art.

If he wishes to convince other people of the truth of his philosophy, he must learn to explain his ideas in terms which ordinary people can understand. "I were fair flummoxed", to use a Lancashire expression, so will someone please explain in a few simple paragraphs what Dr Stevens really means?

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Sir,

I approached the Butterworth Gold Medal Essay (August *Journal*, p. 455) with considerable interest, combined with respectful curiosity, about what goes into the making of an essay worthy of such distinction. However, to my dismay, what I found was that passages of otherwise lucid and interesting writing erupted at intervals into such a rash of little numbers that for me the words became unreadable and the narrative sense completely lost.

As on those occasions when, listening to a lecturer or preacher with an unfortunate manner of speech, one may begin to count the repetitions instead of concentrating on the material, so I found myself compulsively adding up the number of references relative to the number of words in the sentence. There are instances where the ratio exceeds 1:2. For example. "there is an extensive relevant literature: on creativity 38, 46, 47, 48, perceptions, 49 memory, 50 the concept of mind 51, 52, systems thinking 6, 53 mechanisms of reasoning 54 and decision theory 55." Indeed, it even reaches 1:1—"Other studies have since been reported 71, 78, 79, 80, 81, 82". Altogether over 260 references are made to the 211 listed sources; the text fills 94 pages, the reference list, 24.

I appreciate that such a list must be submitted to the judges of the competition, but I do wonder whether its inclusion in the *Journal* with all the numerical indices is really necessary. The general reader may be suitably impressed (and some potential contenders for the medal possibly deterred) by the awesome evidence of the author's diligent preparation. But might there be a case for dividing the references into two groups—a short list of major references for those interested in pursuing the subject, printed with the essay, and a detailed list available on application, giving chapter and verse for all

the quotations and supporting evidence? This would release two pages of the *Journal* for other material. Alternatively, could some less obtrusive method be used to relate acknowledgement to source?

In raising this matter it is not my intention to detract from the scholarship, industry, or achievement of the author. On the contrary, my fear is that his valuable contribution to "the current ferment of ideas", as he puts it, and especially his central "Concept 5" on setting clinical standards, may fail to achieve its full impact because of the intrusion of the reference indices between the reader and the text.

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MEDICINE IN THE EEC

Sir,

I should like to comment on the article by J. W. Tanner, "Prolonged Study Leave in Hamburg and Vienna" (*July Journal*, p. 436).

On page 436 the author writes: "Finance is through several private insurance companies or *Krankenkassen*. Membership of a *Krankenkasse* is compulsory below a certain income level".

In the Federal Republic of Germany we have indeed very few private *Krankenkassen*, because the majority of employers and employees have access to the government health insurance bodies and very nearly 100 per cent of our citizens belong to a government health insurance scheme. We have the so-called RVO and *Ersatzkrankenkassen*.

On page 437 the author writes: "The *Krankenkassen* were responsible for all items of service and paid the doctor who actually did the work." This is incorrect. No *Krankenkasse* pays a doctor; actually the doctor is under no obligation whatsoever to deal with a *Krankenkasse*. He has his *Kassenärztliche Vereinigung*, who is in charge of all administrative and financial matters for all licensed doctors in its district. The Federal Republic has 18 such bodies. This organization is responsible for all agreements regarding fees for the doctor and his licensing, and examines his *Krankenscheine* (sickness certificates which he in turn receives from his patient). This examination takes place every quarter year and the doctor receives payment from the *Kassenärztliche Vereinigung*, not from any *Krankenkasse*. The former then sends all sickness certificates to the various *Krankenkassen* and receives reimbursement. Membership of a *Kassenärztliche Vereinigung* is compulsory for all licensed

doctors, that is, doctors working under the Governmental Health Scheme.

I should also like to stress the point that it is by no means typical for a German general practitioner to have a staff of six. The typical German general practitioner employs a receptionist and a laboratory technician, and he survives!

It would be interesting to know with whom Dr Tanner spoke in Hamburg, because the very last sentence of his report regarding German conditions is rather misleading. Illnesses are not being "spun out" on account of the item-per-service payment. If this statement is being made it should be substantiated by strict statistical evaluations. Otherwise German doctors could appear in a very "dim" light.

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PRE-SCHOOL DEVELOPMENT SCREENING

Sir,

As a general-practitioner member of the Health Care Planning Team (Child Health), Rochdale, I have been trying hard during the past two years to put forward a plan for general practitioners to run their own pre-school developmental clinics, and I strongly support Court, who also recommends general-practitioner clinics.

I wish Dr Freer (*July Journal*, p. 428) had read my article in *Update*. Dr Freer did not say in his article what assessments were being carried out on the pre-school children and whether the doctors who were doing the assessments had any training in developmental assessment. Mothers will bring their children to a clinic if they feel they are getting a good service, and they must be told what the doctor is looking for in this age group, because it is natural for mothers to assume that their children need no further supervision once they are walking and talking.

I can show from my figures that attendances at the clinics are nearer to 100 per cent than 40 per cent and that there are many conditions which can be detected in pre-school children if they are looked for: conduction deafness, squint, inco-ordination, dyslexia, and orthodontic problems.

I sincerely hope Dr Freer's article will not discourage general practitioners from running their own comprehensive