

ceived an extension of the project to March 1978.

We summarize age-sex registers for each doctor and doctor group on the basis of the Registrar General's classification, in order to identify certain risk groups. One of the attractions of this project is that it will provide the socio-demographic structure of both the area as a whole and the sub-practice districts.

We should like to acknowledge the excellent co-operation we have received from your Birmingham Unit in the bulk supplies of age-sex register cards. Incidentally, the cost of these cards was included in the financial provision made by the Manpower Services Commission.

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Administrator

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PARALDEHYDE

Sir,
It may well be that the modern scientific general practitioner would not dream of using paraldehyde, but for those of us who practise bush medicine it comes in awfully handy at times. Take, for instance, the occasion when a huge Nigerian, naked but for a beautiful native rug, ran amok in an ancient Oxford college. A stout glass syringe, a needle the size of a spear, and paraldehyde delivered from behind made the difference between chaos and orderly peace, for patient and public.

Paraldehyde is self-sterilizing and can, unlike diazepam, safely be given through the clothing.

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DEEP VEIN THROMBOSIS

Sir,
Dr Patricia Santer's letter (July *Journal*, p.440) reporting a case of deep vein thrombosis occurring after prolonged travel prompts me to report yet another similar case.

My patient was an otherwise healthy 57-year-old man who was a senior sales administrator in Post Office Telecommunications. Ten days before the onset of the symptoms of pulmonary embolism he had been on a 15-hour flight from South Africa, during which he

remained seated throughout, with his feet tucked under the seat, and dozed intermittently. Three days after the flight he developed pain and swelling in his left leg and noticed that he was mildly pyrexial. A week later he developed classical symptoms and signs of pulmonary embolism. He made an uneventful recovery on anticoagulants and was extremely fit on recent review.

CATHERINE M. MOLLOY

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WOMEN IN MEDICINE

Sir,
Your reviewer, Dr Jane Richards, comments on the few women who attended the women in medicine conference at Sunningdale (February *Journal*, p. 123).

This conference was by invitation only, and I and many others were unable to obtain an invitation, even after a direct request to Mrs Barbara Castle's personal secretary.

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PROBLEM ORIENTATED RECORDS

Sir,
Dr Bull's paper (September *Journal*, p. 522) suggests a problem orientated record system for general practice which is almost identical to that adopted by me after eight years' experience with POMR. I recommend his system to all general practitioners who have appreciated the value of POMR but have been deterred from implementing it by the apparent complexity of the system.

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BRITISH ASSOCIATION FOR COUNSELLING

Sir,
I am involved with the new British Association for Counselling (BAC) and am hoping to set up a 'counselling in a medical settings division'.

The object of BAC is to promote and provide education and training for counsellors with a view to raising the

standard of counselling and to advance the education of the public, in particular to meet the needs of those members of society whose development and participation in society is impaired by mental, physical, or specific handicap or disability.

It seems that counsellors are beginning to be used in general practice, and indeed the practice nurse has often fulfilled a counselling role. I think that this is an exciting development and hope that as a result there will be a considerable increase in counselling services in practice.

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GOLD MEDAL ESSAY

Sir,
I read and re-read John Stevens' essay in the August *Journal* (p. 455) with considerable interest. It was a work of positively Boycott-like application and the reference list (211) was a big score even by the amazing Geoff's standards, and no doubt contains the pointers to much interesting reading. However, I feel that at least two important, and I hope constructive, criticisms can be made.

The first is how does it help the common general practitioner in the trenches to manage the problems presenting to him in his next surgery? I feel it does not help.

Secondly, and quite crucially, Stevens' baroque structure is hollow in the middle! He fails to grapple with the central problem of the definition of quality. He mentions, for instance, that doctors must be available to their patients and that care must be taken in the use of deputizing services and receptionists, but he does not say what *he* regards as the optimum or the minimum standards, or indeed how he arrives at such standards. This failure stands at the very centre of his essay. If "quality of care" is to be "assessed", at least some parameters within which it exists must be defined and described.

Stevens' essay, like Boycott's batting, is impressive, but lacks the vital inspiration which marks the truly great work, such as Sobers' batting, or in medical writing, my own!

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