home visiting than some of our general practitioner colleagues.

Is it merely concidence that this reported fall in home visiting has coincided with the increasing influence of the College? If it is not, then it is surely high time that we reassembled our priorities with the accent on domiciliary family care. If we do not, then, as Dr Gray points out, the ensuing vacuum will be filled by others—to the detriment of general practice and our patients.

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Reference

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OLFACTORY MIGRAINE

Sir,

The incidence of migraine is high and constitutes a potent cause of distress and absenteeism in industry and in schools. Critchley (1975) found that 6·3 per cent of the population suffered from chronic headaches and in general between five and ten per cent of the population are probably affected at some time in their lives, with a 60 to 70 per cent predominance in the female sex (Bickerstaff, 1974).

The origin of migraine is still mysterious, its effects devastating, and it is responsible for loss of more working hours than most of the major neurological or neurosurgical disorders for which curative treatment is available. Management is bedevilled by inaccuracy of diagnosis: migraine is considered a highly respectable disease, while tension headaches—the common differential error—may suggest some personality inadequacy (Bickerstaff, 1974). In practice, diagnosis is not always straightforward, which is not surprising considering the variants possible: classical migraine (unilateral headache, often preceded by sensory disturbance and commonly accompanied by nausea and vomiting), common migraine (less clear-cut and more often encountered), basilar artery, post-traumatic cervical, hemiplegic and ophthalmoplegic types, and periodic migrainous neuralgia. Of significant frequency are conditions sometimes associated with migraine, such as tension headaches, the periodic syndrome of bilious attacks in childhood, increased incidence linked with epilepsy, and some allergic disorders (Bickerstaff, 1974).

The sufferers may be misunderstood and develop secondary anxiety and possibly depression, fearing an underlying neoplasm, other organic con-

Sir,

I am in wholehearted agreement with almost all the sentiments and hopes expressed in the 1977 James Mackenzie Lecture.

I accept that during the past ten years home visiting has declined in both numbers of visits and in the time allocated to them. However, some published statistics indicating a drop in home visits to less than the equivalent of one home visit per doctor per day are far removed from the average number carried out by doctors north of the border.

Table 1 shows our visiting experience in this practice throughout 1977, and Table 2 shows our consultation rates.

We have three partners and a practice list of about 8,700 patients. The ancillary staff comprise an attached district nurse, one part-time health visitor, and a shared bath attendant. All home visits are carried out by the three partners without the aid of a locum or an emergency call service.

Assuming all three partners work 365 days in the year, the total number of visits (6,368) is equivalent to 17·4 visits per day; on a five-day week this is equivalent to 28·3 visits a day and, allowing 30 days' holiday per doctor, this would be 38 visits per day divided among the three.

I am not trying to extol the virtues of excessive home visiting. However, in reviewing our visiting lists we have discovered few visits which could have been eliminated.

As Dr Pereira Gray pointed out in the lecture, we have knowledge of the family environment and members of the family which I am sure can never be provided by snippets of information from various members of the team.

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Table 1. Home visits during 1977.

Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Totals	
N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R
214	281	229	322	304	416	290	284	220	256	243	296	211	230	240	275	216	301	228	265	211	351	204	281	2,810	3,558
495		551		720		574		476		539		441		515		517		493		562		485		6,368	

N = New visits.
R = Repeat visits.

Table 2. Surgery consultations during 1977.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1,721	2,230	2,076	1,884	2,074	1,643	1,621	2,187	2,202	1,886	1,747	1,798	23,069