exercise, while failing to mention such minor details as stillbirths and neonatal deaths.

J. M. HAYWARD

The Surgery
Thatcham
Newbury RG13 4AG.

Sir,
It is somewhat sobering that an article describing a successful experiment integrating the primary and secondary health care services should provoke the obvious antagonism and anger shown in Mr Vass's letter (November *Journal*, p. 700) and I should like to reply to some of the specific points he raises.

The statement that the average district general hospital is just as accessible as a health centre is clearly unjustified whether accessibility is measured in terms of distance or the provision of consulting hours.

Length of waiting time is a generally recognized problem even if in Mr Vass's own clinic this difficulty has evidently been overcome—although he provides no factual information for comparison.

The possible number of different doctors seen by the patient clearly relates to the size of an obstetric team, but no evidence is provided for the *ex gratia* statement that there is a surfeit of staff at St Thomas' Hospital.

We regret that Mr Vass resents the incontrovertible suggestion that his responsibility for the general care for the pregnant patient differs from that of the general practitioner. Who does he consider is most appropriate to treat the expectant mother when she suffers from bronchitis, or depression, or when her child is presenting behaviour problems at the prospect of a newcomer in the home? Mr Vass states that he undertakes integrated care and if he defines this term by using the same criteria as we do, it is difficult to follow his overwhelming objections. The results given clearly relate just to our own experimental findings but it would be interesting to see how they compared with the results of similar studies in other situations.

Dr Bahrami (November *Journal*, p. 700) rightly stressed the prime importance of safety. Our findings showed that the differences in outcome between the two groups were not statistically significant, but perhaps we were amiss not to state that both patients who had stillbirths had received full antenatal care. The cause of death in one case was multiple abnormalities and the other followed premature rupture of the membranes at 32 weeks.

It was never stated or intended that this form of management was relevant or appropriate for all situations but rather that it had been found to be feasible, in the case of not just one, but a number of practices concerned with the provision of care in an inner city area. It is important to remember that the majority of the population live in large urban conurbations and it is here that some of the major problems facing the delivery of medical care, including the difficulty of establishing satisfactory contact between the general practitioner and his specialist colleagues, exist.

L. I. ZANDER

General Practice Teaching and
Research Unit
St Thomas' Hospital Medical School
80 Kennington Road
London SE11 4TH.

TREATMENT OF MINOR RESPIRATORY ILLNESSES IN GROUP PRACTICE

Sir,
Dr Brennig James' letter (June *Journal*, p. 372) on the treatment of minor respiratory illnesses deserves comment.

The situation he describes is that of a (presumably) basically healthy individual with a dry nocturnal cough due to a viral infection. It will eventually get better on its own, but meanwhile the patient (not to mention his/her spouse) has a job to do and needs a night's sleep.

How to treat it? The prodigal use of antibiotics is certainly to be deplored. The use of "an electric kettle or some similar device" to increase humidity seems to me to be impractical and unsafe:

1. Most electric kettles boil a lot faster than the stated requirement of 70 ml/hour; getting up to switch on and off, and refill the kettle, hardly seems conducive to a good rest.

2. Falling asleep with the kettle left on would be a good way of blowing the fuse (with luck) or starting a fire if the wiring is faulty.

3. Many older houses do not have electric points in the bedroom; running a kettle off the lighting circuit would be a fire officer's nightmare.

4. What is a "similar device"? Slow-boiling electric heaters are not commonly available; the use of other fuels would present an even greater fire hazard.

5. Steam ruins bedroom furnishings; this is not likely to be regarded as trivial.

There are many different 'cough bottles' available, which on the whole stop coughs; the use of a *British National Formulary* one is likely to be cheaper but a proprietary one may tactfully reinforce the idea that these illnesses can be treated by going straight to the chemist in the first place. The amount of sputum they suppress in a healthy adult is not likely to be a hazard, and once they are found to work the demand for the 'magic' of antibiotics will die down.

What happens if nothing is prescribed? The patient who wants medicine will on the whole get it, and one of the functions of a prescription is to discourage the use of anything else. The more sensible patient will buy a bottle over the counter for about the same as the cost of a prescription charge. Others unfortunately borrow something "to do my cough good", which might mean a couple of days of antibiotics, digoxin, diuretics, or even antimitotics! In this part of the world truly amazing 'native' medicines may be obtained, and even in the UK this may be worth remembering among immigrant communities and the more eccentric members of fringe society.

In solving this common problem a scientific approach is, regrettably, in direct conflict with safety, economics, and common kindness. It is up to the general practitioner to find a balanced answer.

LESLEY BACON
Medical Officer

University Hospital
Legon
Ghana.

GENERAL PRACTICE IN MEDICAL LIBRARIES

Sir,
Your editorial on "General Practice in Medical Libraries" (July, *Journal* p.387) was well timed and, as far as it went, made plain that the general impression that general practitioners are infrequent users of medical libraries is correct but has a multiple and complex aetiology. As well as the reasons given in the editorial, others are also important: for instance, many general practitioners are quite unaware of the services that today's medical libraries can offer; whilst, equally, most medical librarians do not know what it is that general practitioners require. Current research will, one hopes, help to throw light on this subject: in the meantime the majority of general practitioners will no doubt go on assuming that a medical librarian exists almost solely to

lend medical books!

H. K. Ford

Group Surgery
Poplar Avenue
Heacham
King's Lynn
Norfolk PE31 7EA.

MEDICAL JOURNALISM

Sir,
The quality of medical journalism needs to be improved. Doctors and journalists need to understand each other. That is why there are general practitioners who focus on such matters by being involved with faculty publications. However, newcomers still have to start from scratch, and new faculties like Essex, or Beds and Herts, have no guide as to what the College considers to be a minimum standard with respect to size, distribution, style, or cost of producing newsletters and sending them to local members. Issues are not often timed to coincide with hot news from board meetings, or general or open meetings. There is little liaison with calendars from medical centres in the region. Inefficient use is made of free postage available for less urgent mailings of general interest to general practitioners from the faculties to their own area—through the family practitioner committee 'bundle'.

Your *Journal* has only a limited amount of space for College matters, and must accommodate articles and news from a wider catchment than members only. But you also have an opportunity to co-ordinate the processes and tasks of communication within the College itself, whether for the benefit of members or outsiders.

The medical journalist is a fairly new breed of doctor and a new European Association is about to be formed through the initiative of Mr Ronnie Bedford, Science Editor of the *Daily Mirror,* and Mr Jerry Cowhig, Editor of *General Practitioner.* If our College is setting standards for the profession on medical matters, it must also keep abreast of developments in standards of communication in medicine: doctor-to-doctor, doctor-to-journalist, doctor-to-patient, journalist-to-patient, patient-to-patient . . . A conference of news-sheet editors might well study this without losing their independence; on your initiative.

Michael Jameson

Beds and Herts Faculty News
21 Upper Lattimore Road
St Albans AL1 3UD.

MRCGP EXAMINATION

Sir,
I have been uneasy for many years about the lack of a 'clinical' in the MRCGP examination. Examining skills are as important in general practice as in hospital medicine, surgery, paediatrics, or any other discipline, and the present examination encourages the idea that we practise a less clinical type of medicine.

For the past week I have been examining in the DCH which has reinforced my belief that the 'long' case in the clinical examination is the most sensitive indication of a candidate's ability to relate to a patient and, for example, to extract information which would enable him to assess and manage a chronic illness. The candidate was also shown three to five short cases so he could demonstrate his skill in eliciting abnormal physical signs. This is as important in general practice as hospital medicine—more so perhaps as the patient has usually to rely on one doctor discovering what is amiss whilst in hospital practice usually several doctors examine each patient.

There are enormous difficulties in reorganizing the examination in this way. The patients would have to come from practices within a few miles of the examination centres, transport would have to be arranged, and presumably patients would come mainly from the practices of the examiners.

Perhaps the time has come to debate this thorny problem once again.

Michael Modell

Kentish Town Health Centre
2 Bartholomew Road
London NW5 2AJ.

WHAT KIND OF COLLEGE?

Sir,
Dr A. T. H. Glanville's letter (September *Journal,* p.571) raises two points of interest:

1. He states that many doctors have given up community commitments, such as the St John's Ambulance and the British Red Cross Society.

A glance at Appendix 3, page 27 of the Twenty-sixth Annual Report 1978, under the heading "College Representatives on other Organizations and Committees", shows that the College is not represented on either of these organizations. Perhaps Council should consider those community commitments which involve general practitioners, and make haste to plug this gap.

2. He suggests that some aspects of the College seem to be run "by a selected hierarchy who have little touch with general practice".

I do not feel this is true, but perhaps members of Council and those holding important office in the College should be expected to undertake a certain minimal amount of hours of consultation sessions in general practice during the week.

Ronald Law

9 Wrottesley Road
Willesden
London NW10 5UY.

LEARNING FROM OUR PRESCRIBING

Sir,
Dr Norell's report of the symposium held jointly by the College and the *Drug and Therapeutics Bulletin* (September *Journal,* p.574) occupied only half a page. This is barely room for an adequate summary or itemizing of points.

In the condensation I detect a four-and-a-half line sentence devoted to my contribution and a further unnecessary innuendo of " . . . therapeutic nihilism and stinginess . . .". My prescribing might be characterized parsimonious, but I think 'economic' or 'relevant' are preferable.

Semantics aside, I *have* obtained the staggering results to which Dr Norell refers, but not, as he suggests, by "substitution from the chemists shop". I did say that the local chemist, my patient for 20 years, initially did 'substitution business' because of my inexperience, but this is largely history for I am now better able to get a concept over to a patient. (Do other doctors' patients never visit a chemist shop?) Furthermore, my patients very rarely change their doctor, nor do they play my partner against me; and should they get extra incentive to visit the off-licence as Dr Norell, no doubt whimsically, suggests, the patients' spouses, consorts, family, or neighbours have yet to bring this to my notice. Understanding a patient, though a skill slowly acquired, is not a limited talent.

I have a postulate: "A doctor's prescribing costs are reciprocal to his grasp of the problem and his understanding of the patient". My approach reflects this. Am I wrong?

David Ryde

56 Anerley Park
London SE20 8NB.