have one particular source of double think: if we isolate *Trichomonas vaginalis* we congratulate ourselves instead of increasing our search for gonorrhoea, since gonorrhoea and trichomonas are known to be associated.

We need Drs Wright and Palmer to repeat their experiment using the gonococcus. How long will it live in transport? Is 'Transgrow' a better medium than Stuarts? If we can get an answer to these questions we need a survey in general practice to find the incidence, so that we can make decisions on investigation and management of all patients. Meanwhile, should we at least be aware of the problem and attempt to diagnose gonorrhoea?

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References

Morton, R. S. (1970). Male/female ratios in the VD clinics of England and Wales. British Journal of Venereal Diseases, **46**, 103-105.

Raphael, M. & Levy, B. (1977). The value of vaginal cultures in general practice. *Journal of the Royal College of General Practitioners*, **27**, 349-351.

CORONARY DISEASE, HYPERTENSION, STROKE, AND DIABETES

Sir,

A subgroup of the College Working Party on Prevention has been set up to study prevention and anticipatory care of coronary disease, hypertension, stroke, and diabetes, and we are at present trying to draw up a working document that will review present evidence on what can be done, what general practitioners are doing now, what in fairly practical terms they might do in the future, and the new resources that would be required for this.

Although we know that much innovatory work is going on here and there all over Britain, little of it has been published, and there has not been much public discussion of the real problems encountered and opportunities revealed.

It would be extremely helpful if any doctors who have run or attempted to run their own hypertension or diabetes clinics, or who have organized or attempted to organize various forms of screening activity, patient education, smoking control, or any other forms of active outreach to the public at risk, could write to me outlining the main lessons they think they have learned from this. I cannot undertake to do more than acknowledge these, but our working group at present feels very ignorant of what our colleagues are doing.

It is all too clear what we are *not* doing, but if anyone wants to write about any outstanding experiences of this negative kind, that might be useful too.

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ACCESSIBILITY OF PRIMARY CARE

Sir,

A number of local general practitioners have commented on the article by Dr P. L. Knox on 'The accessibility of primary care to urban patients: a geographical analysis' (March *Journal*, p. 160). We wish to bring the following points to your attention:

1. There are no health centres as indicated in Figure 2. These are long established 'local authority' clinics, where certain general practitioners hold branch surgeries.
2. In 1950 general practitioners' surgeries were mainly in their own homes, whereas by 1973 many doctors rented premises in a locality which suited their practice.
3. The time taken to travel one mile in Aberdeen must vary considerably between the central area and some of the peripheral council estates.
4. Kincorth is the area of Aberdeen with the most compact practice. The surgery facilities provide a high standard of team care. If patients from Kincorth choose to go to another practice, that is their choice.
5. The paper by Richardson and Dingwall-Fordyce (1968) which is quoted, counters the argument that a few practitioners have "an excessive load of long-distance visiting". Indeed the criticism that might be made of general practices in Aberdeen is the lack of zoning. The same study was used to gauge "the effectiveness of alternative locations for new resources" when the decision was made on the building of Denburn and Foresterhill health centres.
6. There seems to be a lack of knowledge of the pattern of general practice in Aberdeen, and it seems odd that Dr Knox apparently did not discuss his method or conclusions with any of the authors of previously published papers on practice geography in Aberdeen.
7. Dr Knox appears to have given insufficient consideration to the fact that general practitioners cannot realistically be expected to build premises in anticipation of their having a use in new housing schemes. These could never be economical unless initial practice allowances were available, and Dr Knox will realize that this would not be the case in Aberdeen where the average list size is so favourable to the patient.

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Reference

Richardson, J. M. & Dingwall-Fordyce, J. (1968). Patient geography in general practice. *Lancet*, **2**, 1290-1293.

Sir,

It may have taken an 'outsider' like Dr P. Knox to show in his article (March *Journal*, p. 160) that we may not be readily accessible to the patients who need us most.

Many patients are prepared to travel long distances to attend their general practitioners but these tend to be the ones who are coping with life satisfactorily: the more deprived members of society must have readily available surgeries.

The problem is most acute in the peripheral housing estates where there may be many problem families who, along with problems such as vandalism to surgery buildings, make these areas less attractive to general practitioners.

Branch surgeries in the peripheral areas are not satisfactory, as general practitioners remain emotionally committed to their central premises, and zoning is not popular with doctors or some patients. However, scattered surgeries create many problems for attached staff working in patients' homes and prevent integration of the practice with the local community.

Doctors must be attracted to these areas by high quality premises and adequate attached staff. 'Drafting' will only perpetuate a second class service.

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HOME VISITING

Sir,

Congratulations to Dr Bailey and his colleagues on their article "Home

visiting—the part played by the intermediary" (March *Journal,* p. 137). They have illuminated another small, but unique aspect of general practice. The role of the 'intermediary' as described by the seminar is instantly recognizable to all general practitioners, and as the authors point out, "Once the intermediary's role is highlighted it seems so obvious".

What fascinated me was the apparent fact that despite the insights gained by the seminar, the doctors do not appear to have been able to modify their behaviour as a result, and turned their attentions to the barely disguised needs of the intermediary.

Perhaps I am being unfair to the group, but it would be interesting to know if as a result of their observations the seminar members were in fact able to modify their management of this classic situation.

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WHAT KIND OF COLLEGE?

Sir,
Following last year's major debate on the future of the College, The Trent Faculty decided to investigate the demand for devolution of some of its functions to divisions. In March, members from South Yorkshire met to discuss this and the whole question of the College's future role. But, despite the obvious importance of these issues, only 15 per cent of the invited membership attended. Amongst those present there was no doubt that there is a continuing need for the College at national level but members were convinced that its major contribution should be in continuing education and self-evaluation at local level.

Continuing education must reflect the local needs of general practitioners. It must take account of local patterns of disease, the availability of services, the resources available to general practitioners, their ages, and their previous training. Successful programmes consequently depend on a strong general practice voice at postgraduate medical centres. Yet experience shows that the participation of general practitioners in the planning of local postgraduate activities is incredibly protean. The South Yorkshire membership had no doubt that the development of robust local activity based on a College presence is a prerequisite for the future development of our discipline.

Self-evaluation (process analysis or outcome evaluation) should similarly be strongly linked to both the local possibilities. Any imposition of national norms in primary care would be ridiculous in a health service chiefly characterized by variability in both supply and demand.

The membership were certain that the informal devolution of College activities to local organizers is timely and that this could be merely the first step in developing cells of active members, each cell pursuing its own programme of educational and evaluative effort, in every neighbourhood throughout the land. It was not felt that changing the existing structure of the College would have any impact on these aims.

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JOINT COMMITTEE ON CONTRACEPTION

Sir,
I should like to stress to your readers that for doctors wishing to undertake training for the purpose of obtaining the certificate of the Joint Committee on Contraception some skill in gynaecological assessment is a preliminary requirement.

Some doctors testify to their own proficiency even though they have not held a house job in gynaecology and a few cases have been reported where individuals are over-optimistic concerning their ability! Confidence in pelvic assessment must be acquired before embarking on family planning training.

We are always pleased to hear from any doctor who has any problems or queries connected with his or her certification.

BARBARA LAW
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Joint Committee on Contraception
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COMMUNITY CLINICS

Sir,
I share the hope of Dr M. J. Whitfield in his article on community clinics (April *Journal,* p. 240) that in the long term all general practitioners will be offering a full preventive service. However, it is wrong to pretend that this will come about in the near future. Many practices do offer special clinics such as screening, but many general practitioners are unable or unwilling to do this, especially in the urban areas where the need is greatest, even with the encouragement of the area health authorities.

If all patients could move to practices offering a complete service, community health clinics might become redundant, but this is not possible nor always desired by the patients who may like his or her general practitioner and be quite happy to attend separate clinics. We must not adopt a 'dog in the manger' attitude to community health clinics filling the gaps in our service.

It is doubtful if general practitioners will ever have a total monopoly of primary health care and we must not let professional squabbles prevent us working together with our colleagues in the community health services and voluntary organizations for the benefit of our patients.

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COMMUNITY PSYCHIATRIC NURSING

Sir,
As the RCGP member of a working party on Community Psychiatric Nursing convened by the Social and Community Psychiatry Group of the Royal College of Psychiatrists, I shall be grateful if any of your readers with first-hand experience of working arrangements with community psychiatric nurses would send me brief details as soon as possible, as I am anxious to present a representative opinion.

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INCREASING RESOURCES FOR THE NHS

Sir,
It is not surprising that Sir George Godber, former Chief Medical Officer at the Department of Health and Social Security should try and bolster up the NHS for which he was in part personally responsible for over 10 years (April *Journal,* p. 216). It is sad too that at the end of those years of compromise between needs and resources we should end up the lowest paid medical profession in Europe and that, too, as a consequence of treating our patients well. I am afraid that it is because of