

and the number has been decreasing steadily during the past 20 years.

Salaried assistants

The number of salaried assistants fell to less than 400 in 1978.

Trainees

The number of trainees increased by about 14 per cent to 1,280 in 1978.

Reference

Family Practitioner Services (1979). Number of general medical practitioners. 6, 189.

MUSCULAR DYSTROPHY GROUP OF GREAT BRITAIN

The Muscular Dystrophy Group of Great Britain and the Welsh National School of Medicine are holding a conference on the management of muscular dystrophy at the Welsh National School of Medicine, University Hospital of Wales, Cardiff, on Friday, 21 March 1980. Further details can be obtained from: The Muscular Dystrophy Group, Nattrass House, 35 Macaulay Road, London SW4 0QP (tel: 01-720 8055).

WINNICOTT FUND CONFERENCE

The Winnicott Fund is holding its fifth conference, "Can Human Relationships Survive in Education", on Friday, 21 March 1980, at Bedford College, Regent's Park, London. The chairman of the Conference will be Dr Martin James and speakers will include Mary Waddington, MA, PH.D and Lydia James, PSW.

Further details can be obtained from Mrs Joyce Coles, 1 Anne Mount, 44 Madeley Road, Ealing, London W5 2LU.

INTERNATIONAL MEETING

An international meeting organized by the British Association of Immediate Care Schemes, the Centre for Emergency Medicine, Pittsburgh, and the British Association of Emergency Technicians is to be held in Brighton from 22 to 25 October 1980.

Further information may be obtained

from the British Association of Immediate Care Schemes, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.

EMERGENCIES IN GENERAL PRACTICE

A course on emergencies in general practice is being held at the Post-graduate Medical Centre, Ashton Road, Lancaster, on Saturday and Sunday, 15 and 16 March 1980. Details can be obtained from the Dean of Post-graduate Medical Studies, Gateway House, Piccadilly, Manchester, M60 7LP.

CORRECTION

In the November 1979 issue of the *Journal*, Dr A. J. Mary Chisham was described as Chairman of the London Association of Medical Women's Federation. She should have appeared as Chairman of the Esher and Epsom Sub-group of the London Association of Medical Women's Federation.

LETTERS TO THE EDITOR

DR LINDSEY BATTEN AT 90

Sir,

The first time that the audience at a James Mackenzie Lecture rose to its feet was when Lindsey Batten gave his in 1960. For style it was a *tour de force* which has been rivalled only in very recent years. But it had particular qualities that we are unlikely to witness again. Lindsey has a remarkable knowledge of literature, including Latin and Greek. He has retained his remarkable ability to quote.

It is 17 years since he retired from practice in Hampstead and from being the second Provost of the North London Faculty (Lord Stephen Taylor having been the first). His standards of practice were austere—I suspect that he was nearly always on call. If he has a special interest it is in children; for a long time he practised partly as an assistant physician at the East London Hospital for Children in Shadwell, after being a Chief Assistant in the Department for Diseases of Children at St Bartholomew's Hospital.

Perhaps this note will encourage people to read again not only Lindsey's Mackenzie Lecture (Batten, 1961) but also the lecture called "The Essence of Good Practice" (Batten, 1956) which he gave to medical students at St Barth-

olomew's Hospital; and, of course, to offer our congratulations and good wishes to him and his family.

JOHN HORDER

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

References

Batten, L. W. (1961). The medical adviser. James Mackenzie Lecture 1960. *Journal of the College of General Practitioners*, 4, 5-18.

Batten, L. W. (1956). The essence of good practice. *Lancet*, 2, 365-368.

SCREENING FOR HYPERTENSION

Sir,

Perhaps the most worrying problem in screening for hypertension is that it labels some people as hypertensive and therefore sick. This must inevitably change their whole view of themselves. Haynes and colleagues (1978) have shown that merely labelling people as hypertensive increases their absentee rate considerably. This is the sort of evidence which it is easy to overlook but of which we should be increasingly aware.

P. R. V. TOMSON

The Group Surgery
Vine House

87 High Street
Abbots Langley
Hertfordshire WD5 0AL.

Reference

Haynes, R. B., Sackett, D. L., Taylor, D. W. *et al.* (1978). Increased absenteeism from work after detection and labeling of hypertension. *New England Journal of Medicine*, 299, 741-744.

GENERAL PRACTICE EXPERIENCE FOR HOSPITAL SPECIALISTS

Sir,

The Hertfordshire Local Medical Committee was delighted to hear that at the Annual Meeting of the Royal College of General Practitioners a motion was passed, without any votes against, that the Council of the Royal College should examine ways in which those wishing to become hospital specialists could gain experience in general practice during their postgraduate training.

The Council of the Royal College will be aware that at the Annual Representative Meeting of the British Medical Association in Glasgow in 1977, Hertfordshire LMC proposed the motion that all future specialist training programmes should include six months' experience in general practice under the supervision of a general practitioner,

and that after a full and constructive debate this motion was passed as a reference to the Council of the BMA.

To date the Council of the BMA have not made any further public comment, but I feel confident that they have discussed this motion and presumably will be acting on it in due course. I am equally sure that they will probably welcome the help and co-operation of the Council of the College in making the recommendation about this provision. This seems an admirable opportunity for the two Councils to get together and produce a joint recommendation.

If this policy were to be implemented, it would ensure that future consultants would be wiser doctors, that the co-operation and unity of the medical profession would be enhanced, and that patients would receive a better service. Consequently this surely must be the policy of both bodies.

I will be interested to see what response comes from the other Royal Colleges if this matter is raised by the President of the Royal College of General Practitioners. This policy was recommended amongst the educational provisions suggested by the Merrison Committee (1976).

MICHAEL ROPE
Chairman of Hertfordshire
Local Medical Committee

Colne House
99 Uxbridge Road
Rickmansworth.

Reference

Committee of Inquiry into the Regulation of the Medical Profession (1975). Merrison Report. Cmnd 6018. London: HMSO.

THE DENOMINATOR PROBLEM

Sir,
Reliable methods for estimating non-attenders are necessary both for epidemiological research and for information and planning in situations where health services with populations registered for health care do not yet exist.

At a recent meeting sponsored by the Rockefeller Foundation, a group of interested statisticians, epidemiologists, and general practitioners considered this problem. The group would be interested to know of any others who have done work in this field and I should be grateful if anyone interested in the denominator problem would write to me in the first place.

D. L. CROMBIE
Director,
General Practice Research Unit
Royal College of General Practitioners
Lordwood House
54 Lordwood Road
Harborne
Birmingham B17 9DB.

SPLINTERS

Sir,

Recently I attended a patient who had a subcutaneous whitlow which arose after the removal of a splinter with a sterile needle. A better method of removing splinters is with a flexible safety razor blade. Nearly all splinters break off in the epidermis and therefore if thin shavings of skin are shaved off with a razor blade at right angles to the splinter, it will eventually be caught on the razor blade and lifted out. The procedure is bloodless and establishes adequate drainage.

If a splinter lies under a fingernail, the nail can be whittled away until the whole splinter is exposed and can be lifted out leaving a well drained track. Drainage of these small wounds by shaving away the epidermis is especially important in puncture wounds of the sole of the foot, even if the splinter or other foreign body has come out, in order to prevent the development of a subcuticular abscess.

N. B. EASTWOOD

71 Victoria Road
Oulton Broad
Lowestoft.

HEALTH CENTRE COMMISSIONING

Sir,

There seems to be little published information on the commissioning stage of health centres, yet as so many health centres have now been designed, opened, and used there must be a wealth of experience of this important stage, from which a useful check list could be derived.

I would be very grateful if anyone with experience of moving into a new health centre, from whatever discipline, who feels he/she has useful experience to pass on, could write to me. Any help given will be gratefully acknowledged.

R. A. YORKE

162 Liverpool Road South
Maghull
Nr Liverpool L31 7AJ.

CONSENSUS AND STANDARDS OF CARE

Sir,

The papers you published on the management of hypertension (October *Journal*) are very welcome, dealing as they do with the most common serious chronic disease in general practice. I believe, however, that your accompanying editorial makes a dangerous and misleading muddle of the two words consensus and standards, treating them

as though they were interchangeable. It is true that in undertaking a formal exercise to decide on standards of care doctors will indeed produce a consensus, but it is manifestly untrue to say that the consensus of what a large group of doctors is found to be doing (without the formal exercise) is necessarily a desirable standard of care. Consensus is also a misleading word in as much as it implies a single behaviour—"all chronic bronchitics with purulent sputum should have antibiotics for seven days"—when what you are seeking is a form of words which describes a minimum acceptable set of standards of care.

There is no reason to quarrel with your statement that general practitioners should get together and begin to agree standards of care: this is what the College, its faculties, and its members are for. But it is very much to be hoped that the consensus when a group finishes work will be different—and of a higher standard—from that when it started.

S. L. BARLEY

30 Endcliffe Crescent
Sheffield S10 3ED.

Dr Barley is of course right: 'consensus' does not equate with 'standards'—a consensus is an agreement of opinion, standards a measure of quality. However, the actual words of the editorial were: "The article identifies the absence of a consensus and hence underlines the need for research and education" and "Only when general practitioners get together and collaborate with experts . . . can they begin to agree rational standards of good care." The words were intentional and do not appear to be interchangeable in these sentences—Ed.

BALINT REASSESSED

Sir,

Dr D. R. Wood's article (October *Journal*, p. 608), responding to Sowerby (1977) on Balint (1957) is as ill conceived and amateurish a flirtation with pseudo-science and armchair philosophy as the material to which it is addressed. To seize upon Karl Popper and (heaven help us!) von Bertalanffy as immutable chunks of wisdom and then to thunder forth on the basis of a necessarily incomplete précis of their ideas serves only to devalue other, thoughtful writing on the problems of general practice.

I find Dr Wood's brief outline of Popper's thought insulting—to Popper and to his readers. In particular he is clearly unaware of the publication of *The Self and Its Brain* by Popper and Eccles (1977) in which two powerful and receptive intellects grapple with the links