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
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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
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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
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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.

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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