between the philosophy of self and modern neurobiology and Popper develops his ideas about three worlds. The third world is defined as "the world of contents of thought and, indeed, of the products of the human mind". Ironically, Popper gives "new synthetic medicines" as an example of a third world object. I do not understand Dr Wood's preoccupation with myths or his equation of them with psychoanalytic theory.

Of course Sowerby's publication was reactionary and counterproductive; the analagous proposition, many years ago, would have been that it is impossible to describe scientifically the behaviour of particles in Brownian motion. On the other hand, the espousal of general system theory and its ghastly jargon seems unlikely to enable us to help our patients more.

Although I disagree with Sowerby's contention that there is nothing unique about the doctor/patient relationship—the confession comes closest but the priest does not prescribe dangerous drugs—I take his point. For all the behavioural theory in the world, everything turns on interaction between two human beings and Balint seminars *ad infinitum* will not enable the physician to "comfort always, relieve often, and cure occasionally" if such abilities do not already exist.

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References

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A4 RECORDS

Sir,

Dr Acheson (October *Journal,* p. 622) calls for comments from general practitioners who use medical record envelopes and receive A4 records from another practice.

These do, of course, cause considerable problems to those of us who try to keep our medical record envelopes neatly. I spend a lot of time reducing hospital discharge summaries to a size that will fold precisely in two to avoid a bulky envelope. I also try to put down a minimum amount of information in a clear, concise way.

When an A4 record arrives with a new patient, a considerable amount of work is required to reduce the bulky sheets folded in four and I often find voluminous notes on the continuation sheets, which also need to be pruned.

Having looked very seriously at A4 records a few years ago, we have decided in our practice to await developments in either computer or microfilm systems.

W. EADE

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Sir,

Dr Acheson (October *Journal,* p. 622) requests a little information, which I offer willingly. Many of his patients have removed to, or been rehoused in, our area and we are very conscious of the arrival of his ex-patients' records.

First, all his pathology and x-ray reports are neatly stuck on to pieces of A4-sized card which have to be folded twice to get them into the envelope. Secondly, all the notes which he makes on A4 notepaper are folded twice to get them into the envelope. Then all FP7 and FP8 forms from previous doctors and all his letters from hospital are also inserted.

So much space has been taken up that his notes will not go into the original envelope which has been retained, so that too is folded once to get it into the new gussetted envelope.

The net result is that, with the best will in the world, all the neatness, tidyness and organization which Dr Acheson has introduced into the records and which he described so economically in his letter, is lost, and we actually get built-in thick notes which we have to re-examine and comb through to dispose of redundant paper and card in order to reduce this volume to a manageable level.

In fact, this problem was known some time ago, when it was realized that conversion from envelope to the A4 record system involved an increase of shelf space by a factor of two and a half. In reverse we have the same problem—we have to try and shrink the notes by a factor of two and a half, to reconvert from the A4 system to the envelope format again.

I trust that this short note adequately answers the problem posed by Dr Acheson in his question, "Does its presence create any difficulties?".

S. L. GOODMAN

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Sir,

Proof that better records lead to better clinical care is, indeed, difficult to establish. Using the old Lloyd George envelopes, we in our practice have designed flow sheets for hypertension and diabetes which we are convinced has improved our management of these two conditions.

I think Dr Acheson (October *Journal,* p. 622) confuses structure of records with their size. There is no reason why the present size of records should not be structured equally as well as the newly designed A4 records. In the main we use Ian Tait's system of modified problem-orientated records. Moreover, the cards do have some advantages in that they are 'card' and less liable to wear and tear. They do constrain the writer a little and they are easy to take out in the car on domiciliary visits. The great problem with our envelopes is not the bits of cardboard that we write on, which are quite easy to arrange logically, but folding the letters, and it is therefore quite feasible to use an A4 envelope in which the letters can be laid flat and to retain the existing cards.

P. R. V. TOMSON

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WHAT KIND OF COLLEGE?

Sir,

Last year saw the great debate about the future of the College. I am not clear what conclusions were reached, but the ordinary member seems to be out in the cold and likely to remain there. He is becoming increasingly apathetic and disinterested despite the excellent work done by the College in the corridors of power. I would guess that well over 50 per cent of the College membership take no active part in College activities. Only a few can serve on Council and central committees; not many can sit on faculty boards. Faculty annual general meetings attract 10 per cent or less of faculty members, the College Annual General Meeting an even smaller proportion. Symposia organized by the College compete with a plethora of meetings organized by others.

For the past two years the College tutor in our district has organized small-group meetings on a monthly basis, which have been highly successful. Two thirds of local College members attend regularly, and the meetings are enjoyable, educational, and stimulating. They also lead to improved relationships between different practices.

In my opinion, it should be compulsory for the College tutor to organize small-group meetings in his area. Without these, or similar activities organized locally, our members will drift

and become increasingly disinclined to pay their constantly increasing subscriptions. We must hold the enthusiasm of our members, especially the increasing number of young doctors who have just completed their vocational training. Small local groups seem to be the most likely way to involve and keep our members.

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Sir,

I could not help feeling very disturbed by the letter from Dr E. W. Sturton (November *Journal,* p. 682) full of waspish adjectives and peppery parentheses, attacking our College. What self-interest could persuade a man who, to use his own words, "having spent years fuming at this absurd innovation", decided that it was a question of "If you can't beat 'em join 'em"? His letter suggests that having joined us, then he could beat us! Furthermore, he claims that passing the examination at his first attempt exonerates him from being accused of 'sour grapes'! I should like to tell him that he can be accused of much more: he has not joined us, but infiltrated us, out of self-interest.

I joined the College at its inception in 1953 as an associate. I had high ideals, like many younger doctors. Apart from the College, there was nothing to guide or inspire us, and the times were daunting indeed. I deeply resent any young doctor today boasting that he has passed the examination at first attempt when voices have cried in the wilderness and made the way straight for him. Why has Dr Sturton not been to the organization room at the College headquarters and learned how to monitor his performance, for this is the way to dispel the drudgery and issuing of sick notes which are his great complaint? How dare he say the College is "supposedly working for the improvement of standards", or that lecturers were "conjuring spurious erudition out of what is really only common sense" and that "he quickly tired of being told" by people who were "supposed to be experts"? He pontificates that "general practice is largely an art which can be learnt but not taught". Those who think that delude themselves.

The strength of the College lies in the support it gives to its members and the contribution they make to it. Dr Sturton's contribution is at present purely negative, his letter being full of the same "incredible arrogance" he detects in the College hierarchy. The College can do without this kind of abuse: it welcomes constructive criticism.

Finally, let me tell Dr Sturton that the examination is not, as he supposes, condemned as a valid test of competence by the fact that many excellent established family doctors have failed. I know 'excellent' doctors who have failed; but when I have talked to them they have been fair enough to admit that they were perhaps not quite so excellent as they imagined. The list of qualities Dr Sturton listed as desirable in a good practitioner did not include humility. I would place it high on my own list, and that is the sharp point of my disagreement with him.

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WHY NOT WRITE ENGLISH?

Sir,

I am grateful to Drs Miles and Harris for correcting my English (November *Journal,* p. 683). Good English has much in common with good general practice; neither is easy and in each it is impossible to please all men all the time. Such difficulty, however, must not be allowed to prevent the attempt.

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WOMEN GENERAL PRACTITIONERS

Sir,

I would just like to point out to Dr Susan Brown (November *Journal,* p. 683) that:

1. I don't run a home—my bedsit is always chaotic and covered in files.
2. I haven't yet reproduced and I don't think I will—personally I couldn't handle the pressures on me to be a full-time general practitioner as I want, and have children (because there are not adequate facilities for women general practitoners to cope physically and mentally with small children and a job unless they are *exceptional* women).
3. I don't have any children to rear, nor do I intend to.

I am sorry if I gave the impression that I feel "superior to my male counterparts". I don't. I am trying my best to be anti-sexist in working for a better society for both women and men but it *is* difficult.

KATY GARDNER
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ETHNIC MINORITY GROUPS

Sir,

We are trying to compile a list of surveys and research related in any way to the health care needs and difficulties of ethnic minority groups in Britain.

We feel that much useful work related to ethnic minorities is being done at present all over the country but that many of the results are never publicized.

We would, therefore, like to compile a list of relevant projects which have been completed or are being undertaken now, so that people working on connected subjects can contact each other and share ideas, information, and skill. The list would include both small and large projects, informal surveys run by people working in the field as well as those which may be more formal and based in universities and other institutions, work with local as well as national relevance, and practical projects as well as academic research.

We should be very grateful if anyone who is doing any kind of research and would like to share their results would send us his/her name and address, and a short outline of the project, its aims, and the group(s) it deals with, as soon as possible.

If enough appropriate information is received it will then be collated and made available at small cost from the King's Fund Centre.

Replies should be addressed to Colette Taylor at the address given below.

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