

Lambert, P. M. & Birch, D. (1975). Comparison of the first and second national morbidity surveys. *Journal of the Royal College of General Practitioners*, 25, 874-878.

COMMUNITY MEDICINE AND GENERAL PRACTITIONER SERVICES

Sir,
The Faculty of Community Medicine and the Royal College of General Practitioners have set up a Working Party to promote effective co-operation between general practice and community medicine by a study of ways and means of developing information systems useful to general practice with emphasis on practical applications.

We wish to start with a review of existing models of co-operation and through the courtesy of your *Journal* I would request any readers who know from their own area of examples of co-ordination between community medicine and general practitioner services to let me have a brief written summary of such schemes.

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GENERAL PRACTITIONER OBSTETRICS

Sir,
Mrs M. Tew's interpretation of the Oxford General Practitioner Obstetric Unit figures (August *Journal*, p. 502) is original to say the least! Her implication that we should have done better had we transferred fewer patients to consultant care in pregnancy during the last triennium seems to be a complete non sequitur. The facts, comparing the first and last triennia, are these:

1. The overall perinatal mortality fell from 15.3 to 9.1 per 1,000.
2. The perinatal mortality for patients transferred to consultant care in pregnancy fell from 54.9 to 28.6 per 1,000.
3. The perinatal mortality for patients not transferred in pregnancy (but including those transferred in labour) fell from 3.4 to 2.0 per 1,000.

In her second main paragraph she seems (conveniently perhaps) to have excluded perinatal deaths from patients transferred in labour. Thus, the variations in perinatal mortality rates for the two triennia for those transferred in pregnancy and those not transferred are represented by factors of 16 and 14

respectively, not 30 and 40 as she maintains, that is there was some improvement, not 25 per cent deterioration.

I maintain, therefore, that re-examination of our figures by comparing the first and last triennia reveals an improvement in performance of 40 per cent over the 10-year period and is, I believe, further justification of our style of general practitioner obstetric practice which combines teamwork and collaboration with specialists with continuing education and audit.

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THE JOURNAL

Sir,
Dr Sackin's outcry was perhaps a trifle excessive but he does raise an important point (May *Journal*, p. 306). Articles published in the *Journal* often carry the germ of an idea or suggest a promising line of thought, but why have they to be blown up into 'originals'? Is there no place nowadays for the humble 'medical memorandum', or the modest 'communication', or even simply a letter through which to transmit our thoughts and findings?

I constantly hear complaints about *Journal* articles being dead boring, and it does seem rather pointless to wade through pages and pages of dull, but no doubt impeccable, material merely to discover the null hypothesis confirmed, or some such. That sort of exercise surely serves nobody's interests—except possibly perhaps the authors'.

Here, I am afraid Dr Sackin could be right in implying that this unwelcome trend may be associated with the advent of academic general practice and the consequent need for career advancement. General practice has so far been spared the more pernicious effects of a hierarchical career structure, but this could change. Nowadays one comes across quite slight articles bearing the names of four authors, among them the professor and his reader; and I remember an article in the *Journal* boasting no fewer than seven authors. I ask you, Sir, how can seven individuals write one paper? Is it that important to be numbered amongst the 'et al.'?

One can sympathize with the plight of aspiring academics, gloomily pondering the stark message, 'Publish or perish!': the higher the reputation of the *Journal*, the greater the incentive to be seen in it. Keeping a proper balance between articles of equal merit must be an editorial headache, but the *Journal* is after all the journal of the College, not of the university departments.

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WOMEN GENERAL PRACTITIONERS

Sir,
I was interested to read the latest somewhat coy instalment of your long-running "woman claws woman" saga (May *Journal*, p. 305).

Dr Hayden suggests several reasons why male partners are preferred—women may 'have more time off', 'have been unreliable partners', or be 'less clinically competent'. Such charges are serious. However, she does not produce any evidence to back these assertions, nor indeed discuss how the reliability or clinical competence of general practitioners might be measured. It is therefore impossible to judge whether her hypotheses are valid.

Moreover, even if it were found that, as a group, women did have more time off work because of their family commitments (perhaps the most plausible of Dr Hayden's theories), this would hardly be surprising. It is nowadays a commonplace that married women enter the job-market with one hand polishing the furniture, if not actually tied behind the back. Those with children are required to be mothers, housekeepers and home nurses as well as paid employees. Although many men now participate in domestic duties, these are rarely as arduous or as sustained as the tasks undertaken by women.

Female medical students are at least as academically able as their male counterparts. When the opportunities, in the form of part-time training and career posts, are available, women are able to fulfil their potential, even when their success is measured on the traditional parameters—the attainment of hospital consultant or general practitioner principal posts and the achievement of post-graduate qualifications. However, it is not enough merely to ensure that women can avail themselves of these opportunities for part-time work. All those who wish to see women treated equally, and one must assume that Dr Hayden is among these, should press for future changes which ensure that men are able to play a fuller role in the domestic round.

Dr Hayden's suggestion that, by protesting, women have "frightened" their male colleagues, seems rather naïve. Without the efforts of such women, she would not have been able to reach her present position, and it ill becomes her to attack them. It may be tempting to

'soften defences' and play sexists at their own game, but this can only be a temporary and partial answer—in the longer term it is selfish and self-defeating. Women want to be treated as colleagues, no more, no less.

Finally, as an aside, one must question the allegation that all general practitioners run their practices as "a business"—really?

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WORKLOAD

Sir,
Dr Carney's article (*May Journal*, p. 271) on recorded workload variation by general practice partners, with its implications for patient care, is timely; so is his comment on the lack of similar results published in the 1970s. In earlier studies (for example, Eimerl, 1960a, 1960b) the absence of studies on general practitioner variation were stressed.

Before touching on Dr Carney's statement that there is still no information on partner differences in recorded workload and morbidity in this country, I should mention that the E Book and its function were designed to uncover easily what the general practitioner did, and missed, as a help to better patient care (Eimerl, 1958, 1960c, 1961). In the handbook mentioned by Dr Carney (Eimerl and Laidlaw, 1969) fuller details of practical advantages of the E Book, with some examples, were given. I am thus surprised he did not mention the individual doctor variation found when recording the six commonest conditions noted in a study of four principals' work over a 12-month period. Table 16 showed as much as a one to four times variation between principals, with some one to three times variations: the difficulties and interpretations such

variations cause are mentioned in the text.

This letter does not comment on Dr Carney's results. Its purpose is to remind people of the proven usefulness of the E Book: in the past 20 years many publications of results gained by its use, by doctors in many countries, continue to affirm the positive advantages of its simplicity in use and instant accessibility to the interested doctor seeking feedback on what he is doing—and missing. The handbook includes descriptions of ways in which the maintained E Book can be used easily by the general practitioner and the team to improve patient care: I find it interesting to note that, still, not all of the ways mentioned have been applied by others and their results published in our *Journal*.

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SECTION 63 COURSES

Sir,
May I, through your column, ask other

general practitioners what they understand by a postgraduate course being accepted under Section 63 of the National Health Act? If like me, they expect the course fee, travelling and subsistence to be reimbursed, they may be mistaken. Apparently full approval of courses can be granted but, if partial, then some expenses may not be reimbursed.

My experience has been of paying my own course fee for a hypnosis symposium, but have received travelling and overnight subsistence for a course advertised as accepted under Section 63. I believe psychosexual courses are also similarly regarded.

Until a more enlightened attitude can prevail, perhaps I could ask course organizers to state clearly on their literature which expenses will not be reimbursed under Section 63.

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TRAINEE GENERAL PRACTITIONER

Sir,
Sharing Dr Noble's unease at the term 'trainee' (*May Journal*, p. 308), with all the derogatory implications that the word implies, might I suggest the adoption of the term 'associate'?

Our dental colleagues are familiar with the use of the word to mean a fully qualified practitioner who is not a partner. Surely a trainee is just that?

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BOOK REVIEWS

ASTHMA: THE FACTS

Donald J. Lane and Anthony Storr

Oxford University Press
Oxford (1979)

160 pages. Price £4.50

The patient who wheezes represents one of the greatest challenges in family medicine today. One in 20 patients on

the average general practitioner's list will suffer from asthma at some time during his or her life.

It is becoming clear that asthma is assuming greater importance as a clinical problem. The prevalence appears to be rising. The mortality is disturbingly high and may even be increasing in children.

There is no doubt that there is room

for education of doctors and patients alike. Donald Lane and Anthony Storr aim at both in their readable account of asthma and its management. The book opens with Anthony Storr's own vivid account of the effect of asthma upon his life. The definition and description of asthma and its variations are described, with a clear account of the physiological mechanisms involved. There follows a