

'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