for children a united effort by hospital, community and general practitioner services is required, to provide adequate education for those families in most need. Provision by general practitioners of information sheets (Anderson *et al.*, 1980) for parents can only support this aim.

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References

Cooper, N. A. & Lynch, M. A. (1979). Left to follow up: a study of non-attendance at a general paediatric outpatient clinic. *Archives of Disease in Childhood,* **54**, 765-769.

Anderson, J. E., Morrell, D. C., Avery, A. J. & Watkins, C. J. (1980). Evaluation of a patient education manual. *British Medical Journal,* **281**, 924-926.

THE JOURNAL

Sir,

There is no doubt that the editor of the *Journal* has a difficult task in selecting material to satisfy the varied tastes of all members of the College. Dr Sackin (May *Journal,* p. 306) rightly draws attention to this problem. The Dean of Studies of the College took up his argument (September *Journal,* p. 567) and said that there were many complaints about articles in the *Journal* being "dead boring". "Here", he states, "I am afraid Dr Sackin could be right in implying that this unwelcome trend may be associated with the advent of academic general practice." Dr Sackin did not, in fact, make any such pronouncement. Nor, indeed, does the Dean produce any evidence to support this contention. He complains about wading through "pages of dull material merely to discover that a null hypothesis is confirmed", but surely he does not expect his colleagues to accept bald statements of this type without supporting evidence, however boring this may be. He complains of multiple authors. Does he not realize that general practice often needs interdisciplinary studies to unravel complex problems, and does he resent the recognition the main author gives to his colleagues?

I have been led to understand that the College is an academic institution committed to advancing knowledge of general practice. Many of us loved the College best when it was just a 'club'. This happy state could not, however, withstand the external pressures on the College to establish standards and adopt an academic role. I have worked for the College for over 20 years, first as a member in a semi-rural practice, and more recently as a member who happens to run an academic department. I am dismayed to see the Dean of Studies of our College resort to condescension when he states: "One can sympathize with the plight of aspiring academics gloomily pondering the stark message, 'Publish or perish'." With what distress must young men and women who have committed themselves to academic general practice, often at some financial sacrifice, receive this message from the College's own Dean of Studies.

He finally reminds us that "the *Journal* is, after all, the journal of the College, not of university departments." It is sad indeed to read such a divisive comment from our Dean. The university departments have an important role to play in research. If the research they report is deemed worthy of publication, surely their own College *Journal* is the place in which it should appear. If it is "dead boring" and irrelevant, they will accept the verdict of the editor and his advisers.

If the attitude expressed in the letter by the Dean of Studies reflects the attitude of the College Council and the members of academic departments of general practice, then those of us who were inspired by the College to produce these departments must despair. Rather may we hope that the College sees that its academic departments are an expression of its achievements, which should enrich the College, and may it appreciate the efforts of those of its members engaged in this work.

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GERIATRIC SCREENING

Sir,

In 1978 we introduced a postal screening questionnaire into the routine system of geriatric care for patients aged over 70 at Woodside Health Centre, Glasgow. We examined whether this approach was acceptable to elderly patients and tested the usefulness of the questionnaire in identifying those patients in need of assessment. This work has already been reported (Barber *et al.*, 1980).

The questionnaire, in a slightly different form, has now been tested a second time, in a different general practice and with patients aged over 65. After the age/sex register had been 'cleaned', the questionnaire was sent out in batches of 20. Any question answered in the affirmative or the non-return of a questionnaire was taken to mean that the patient concerned was 'at risk' and in need of comprehensive medico-social assessment. Once the questionnaires had been returned, the patients were assessed to decide whether the questionnaire had indicated accurately which of them required assessment. Assessment was thought to have been necessary if we detected previously unknown physical or social problems. This process continued until all the practice patients aged over 65 had been included.

The results were as follows (figures in brackets give the results of the earlier test). The postal approach was acceptable to 85 per cent (86); only four per cent (six) refused the questionnaire. Seventy-one per cent (73) of replies were true positives, i.e. they confirmed that there were problems; seven per cent (seven) of replies were false positives and suggested that problems existed where in fact there were none. We found true negatives in 20 per cent (16) of cases and false negatives in two (four).

We examined the sensitivity, specificity and predictive value of the questionnaire using Kreig's recommendations (Kreig *et al.*, 1975). In each of these indices 100 per cent accuracy would have a value of one. The sensitivity of the letter was 0·97 (0·95), the specificity was 0·73 (0·68) and the predictive value 0·9 (0·91).

It is important that any method introduced into clinical practice should be sufficiently reliable to permit repeated use, or use in different populations with the same degree of accuracy. The similarity, and indeed the improvement, in the results of the second testing of the postal questionnaire, used in a different practice population and a different age group, confirm the reliability of this approach to preventive care. The low cost in terms of both the finance and manpower required seems to make this approach of additional value.

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References

Barber, J. H., Wallace, J. B. & McKeating, E. (1980). *Journal of the Royal College of General Practitioners,* **30**, 49-51.

Kreig, A. F., Gambino, R. & Galen, R. S. (1975). *Journal of the American Medical Association,* **233**, 76-78.