

would be recorded separately unless they formed aspects of a single diagnosis . . . this has meant that what appears as the number of consultations is in fact the number of times a disease or condition was the subject of a consultation" (OPCS, 1974). Thus, a 'consultation' in the National Morbidity Survey is more akin in North American terms to a 'problem contact' than to a 'direct encounter' (NAPCRG, 1977).

This ambiguity surfaced when comparing Danish 'visits' with NMS2 'consultations' (Krogh-Jensen and Kilpatrick, 1980) at the recent WONCA meeting in New Orleans. Care should be taken in interpreting those tables of the Second National Morbidity Survey headed 'consultations' or 'consulting'. Dr Crombie, who was responsible for planning NMS2, confirms that this effect inflates 'consulting' rates by between eight and nine per cent.

S. JAMES KILPATRICK, JR  
*Professor of Biostatistics and Family Practice*

Medical College of Virginia  
Virginia Commonwealth University  
MCV Station  
Richmond  
Virginia 23298.

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### COMPULSORY TRAINING MAYBE . . . STATUTORY TRAINING NO

Sir,

I note that after 15 February 1980 it will be illegal for me to become a principal in NHS general practice unless I conform to the regulations of the National Health Service Act 1977 (Sections 31 and 32) and thus obtain a certificate of prescribed/equivalent experience from the Joint Committee on Postgraduate Training for General Practice.

I am, however, eligible to become a general practitioner in the Isle of Man, Channel Islands, the Republic of Ireland, Australia, Gibraltar, much of Canada, most of the Third World, the British army and privately in Harley Street. Statute bars experienced British doctors from NHS general practice. Are British doctors such rogues and potential criminals that they need to be regulated by an Act of Parliament?

There is no law which bars me from becoming a surgeon, anaesthetist or obstetrician tomorrow if I so choose. Fellowship examinations and higher professional training are essential for the would-be NHS specialist, but they are not legal requirements. Why have general practitioners, who value their freedom and independence, agreed to the imposition of the above legislation? The 1858 Medical Act introduced compulsory basic qualifications and the General Medical Council and the 1950 Medical Act introduced compulsory pre-registration experience. Surely the

regulation of training should be in the hands of the medical profession rather than the government. We do not need another Act.

Is it really desirable that experienced British doctors should be faced with the risk of prosecution in the Crown Court if they attempt to become principals in NHS general practice?

VINCENT ARGENT

"Highborough"  
Chapel Street  
Ermington  
Ivybridge  
Devon PL21 9NE.

### EUROPEAN EXCHANGES

Sir,

*Allgemeinmedizin International* ("International General Practice") is attempting to establish a register of British doctors who would be interested in changing place with their European counterparts either professionally or for holidays. Any doctor interested in such exchanges should write to me giving the following details: name, address, telephone number, languages spoken, special interests and whether anxious to exchange professionally or for holidays.

It is intended that, subject to numbers, these details will be advertised in the journal in the hope of promoting cultural exchanges.

F. M. HULL  
*UK Editor*

*Allgemeinmedizin International*  
General Practice Teaching and Research Unit  
Medical School  
University of Birmingham  
Edgbaston  
Birmingham B15 2TJ.

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## BOOK REVIEWS

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### THE SLIPPED DISC 3RD EDITION

James Cyriax

Gower Publishing Company  
Farnborough (1980)  
236 pages. Price £9.50

It remains an extraordinary fact that whilst he is accepted throughout the world as being an authority on back pain, James Cyriax's methods have never been fully recognized in the United Kingdom. Indeed, discussion of his techniques among doctors tends to

verge on the religious: "Do you believe in Cyriax?"

Clearly he must have a great deal to offer. Results of his treatments are consistently good, and most doctors who try his techniques enthuse about the outcome. Why, then, do most British orthopaedic specialists usually reject his teaching? Does he pose too great a threat to their own methods, is he tar-nished with irrelevant medical prejudice against osteopathy, or is he just wrong?

*The Slipped Disc* is a guide to the whole confusing subject of backache. It is aimed at both doctors and laymen, but the detailed theory it describes

would be above the heads of most people with no medical training. He deals in detail with causes, treatments that are used and should be used, prevention, diagnosis, and so on, in a total of 19 chapters. There is also a glossary which grades various car seats for their backache potential. In particular, the very clear dermatome maps are the best published anywhere.

It is a well written and stimulating book, but I was nevertheless surprised to read, in a section on gardening, that "no-one should dig". I would like to know how I'll get next year's potatoes in! In another area of prevention he