

## Patients who Change Practices

Sir,  
It is difficult to discern Dr J. C. Bignall's aim in his reply (October *Journal*, p. 640) to my letter (August *Journal*, p. 516). Certainly it is a curious and inappropriate response. Maybe his apparent disapproval of my suggestion was born of an earnest appreciation of the idiosyncratic Mr Illich's work but this, of itself, is no commendation.

Dr Bignall's imaginative analysis of my motives, implied in his concluding sentence, fails to embrace the true substance of the points at issue. The function of medical audit is to determine the wellbeing or otherwise of the structure, function or outcome of the health care system. The 'desertion' of a client cannot be viewed other than as a failure on the part of the health care functionary—albeit the failure may be that of not being so superplastic a personality as to find ready acceptance by everyone. As such it is a suitable subject for audit if a form could be devised that was sympathetic and diplomatic.

I would not hesitate to recommend a patient to transfer to a colleague if the patient found me less acceptable than another or insufficiently skilful, as then the prospect of there being a constructive exchange between us would be diminished.

The quality of dependence of doctors upon patients (and vice versa), to which I think Dr Bignall alludes, namely that which finds expression in a constructive empathic relationship, is likely to lead to 'wounding' if breached

by either party, and is indispensable in effective whole primary care. Alternatively Dr Bignall may be alluding to economic dependence of doctor upon patient which seems unavoidable given our current arrangements on pay.

S. D. FORD

126 Nottingham Road  
Burton Joyce  
Notts NG14 5AT.

## Lithium Therapy— Side Effects and Hazards

Sir,  
The increasing use of lithium therapy for patients in the community and often principally by general practitioners, necessitates vigilance and awareness of possible complications and prompts us to report a recent case. Side-effects can include neurological changes (including forgetfulness and increased incidence of epilepsy), gastrointestinal upset, subthyroidism, weight gain, ECG changes, exacerbation of psoriasis and renal dysfunction. The wisdom of including serum creatinine assessment is indicated by two recent cases (one diabetic) where beyond-normal creatinine levels were detected while electrolyte and urea levels were within normal limits.

Our patient, now age 31 years, was educationally subnormal, epileptic and slightly spastic from birth. He had marked mood swings and required intermittent hospitalization until lithium therapy was started in 1975. His improvement was dramatic and sustained—his attitude and behaviour

became quieter and more integrated, his mood swings settled, his total medication was reduced and electroconvulsive therapy was required no longer.

Recently, he and other members of his family developed diarrhoea and vomiting. His wellmeaning parents probably furthered a vicious circle by trying to maintain his lithium intake, for he became seriously ill and intensive hospital care probably saved his life. Several days after his last dose of lithium, the serum lithium level was 2.27 mmol per l (desired therapeutic range 0.4 to 0.8 mmol per l), the serum creatinine level was 215 mmol per l (normal range 60 to 120 mmol per l), the plasma urea was 21.2 mmol per l (normal range 2.5 to 7.5 mmol per l) and the sodium, potassium and chloride levels were all below normal. These levels and his physical state took two weeks to return to normal.

Since many patients on long-term lithium therapy have diminished renal responses to antidiuretic hormone and insufficient concentrating ability, this experience indicates that the prompt cessation of lithium therapy and urgent admission to hospital should be considered for illnesses associated with dehydration, or in hotter climes.

M. SEGAL

Consultant in Psychological Medicine

M. MCCOUBRIE

Clinical Assistant in Psychiatry and  
General Practitioner

M. E. ANDERSON

General Practitioner

Halifax General Hospital  
West Yorkshire.

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## POSTGRADUATE EDUCATION

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### Medical Writing and Research

Dr Kevan Thorley of Ashley Heath, Shropshire, has written this account of a three-day course held at the College last October.

**T**HE aim of the course was to give participants an understanding of the design, execution and reporting of research projects in general practice. The teaching took the form of group work followed by plenary sessions. The topics covered were *defining aims and objectives, data collection and analysis* including choice of method and population and *sources of bias*. The final sessions considered *the evaluation of*

*written reports.*

From the beginning, emphasis was placed on the need to define aims and objectives clearly, and this was reiterated throughout the course.

The formal teaching provided us with a very clear basis for designing our own studies. Many of us found the group work equally valuable. Discussion with colleagues and the exchange of constructive criticism is something

every research worker needs. The range of ideas for studies devised by members was remarkable. Each participant presented a protocol for discussion, and these covered many aspects of general practice from the clinical to the epidemiological. Among the many topics were a study of home visiting, a trial of electromagnetic resonance in the treatment of osteoarthritis, and a ten-year prospective study of glue ear.

General practitioners involved in research suffer from the isolation which seems inherent, though perhaps unnecessary, in general practice. Some College faculties appoint research advisers, but it was apparent that most participants had no contact with their local faculty for research purposes, although most were actively involved

in research. Perhaps the College, both centrally and locally, could do more to develop communications between those involved in research in general practice. This would help to reduce isolation and to improve the quality of the work produced.

Meanwhile, it was unanimously agreed that the course had been both enjoyable and stimulating. Future courses should be equally popular. The thanks of all participants are due to the course organizers John Wright and John Webster of the Department of

General Practice, University of Leeds, and to Simon Barley of the Department of General Practice, University of Sheffield. We would also wish to thank Mrs Elizabeth Monk and the staff of the College for helping to make this a most enjoyable time.

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## DATES FOR YOUR DIARY

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### Courses for Preparation for the MRCGP Examination

*3 and 4 March 1983.* Contact Mrs Barbara Hutton, Ilford Postgraduate Medical Centre, King George Hospital, Ilford, Essex IG2 7RL.

*21–24 March 1983.* Contact Dr R. M. Berrington, East Anglian Committee for Postgraduate Medical and Dental Education, The East Anglian RHA, Union Lane, Chesterton, Cambridge CB4 1RF.

*29 March 1983.* Contact Dr Theo Schofield, The Medical School Offices, John Radcliffe Hospital, Headington, Oxford OX3 9DU.

*16 and 17 April 1983; 16 and 17 October 1983.* Contact Mrs Vera Hill, Southampton Postgraduate Medical Centre, Southampton General Hospital, Southampton SO9 4XY.

The Education Division receives many enquiries from doctors seeking places on MRCGP courses. Organizers of these courses are asked to inform Elizabeth Monk, at College Headquarters, of dates and venues.

### MRCGP Examinations

The dates for the next MRCGP examinations are as follows:

#### *May/July 1983*

Written papers: Tuesday, 17 May 1983.  
Orals: In Edinburgh during the week ending 2 July, and in London during the week ending 9 July 1983.  
Closing date: Thursday, 17 March 1983.

#### *October/December 1983*

Written papers: Tuesday, 1 November 1983.  
Orals: In Edinburgh and London during the week ending 17 December 1983.  
Closing date: 8 September 1983.

The written papers will be held in London, Birmingham, Leeds, Manchester, Exeter, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres, maximum) number of candidates.

It may be necessary to limit the total numbers, and candidates are therefore advised to apply well in advance of the closing dates. The application fee is as follows:

	1983
Application fee	£140.00
Re-application fee	£105.00

Candidates withdrawing from the examination after the closing date for applications forfeit 40 per cent of the full fee.

Candidates are advised that since October 1982, the number of questions in the Multiple Choice paper has been reduced to 60. Application forms and further information may be obtained from the Examination Administrator at the College.

### The MRCGP Examination Study Day

The North and West London Faculty is again organizing a study day for overseas-trained doctors on Saturday 26 February 1983, at College Headquarters. Educational and transcultural problems encountered while preparing for the MRCGP examination will be considered by some current examiners and Faculty members. Doctors with non-British qualifications will find this course especially valuable and are welcome to attend. The day has been approved under Section 63.

For application forms and enquiries please contact Miss Elizabeth Monk at the Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. (Telephone 01-581 3232)

### 10th WONCA International World Conference 1983

The Conference, whose theme will be "The Family Practitioner in a Changing World", will be held in Singapore from 20–24 May. There will be a large programme of scientific papers and symposia on many subjects of interest to

general practitioners. Further information about the programme is available from Rosamund Hunter Smart at the College, or from Dr Alfred Loh, College of General Practitioners of Singapore, 4A College Road, Singapore 0316. The College has appointed VIP Travel (International Conference Services) Ltd., 42, North Audley Street, London W1A 4PY, to whom requests about travel and details of tours available should be directed.

### Seminar on Psychosomatic Disorders

A seminar on the practical aspects of psychological management and psychotherapy of various psychosomatic disorders will be held between 6 and 9 June 1983. It will be restricted to 35 participants staying at the conference centre at Wivenhoe Park, Colchester. It will be directed in particular to the needs of physicians and general practitioners interested in this field, but will also be appropriate for psychiatrists and psychotherapists directly involved in clinical management of psychosomatic disorders. For further details write to one of the organizers—Dr A. Cameron Macdonald, 9 Redlands Road, Glasgow G12 0SJ; Dr J. W. Paulley, 51 Anglesea Road, Ipswich, Suffolk; or Dr H. E. Pelsler, Velasquezstraat 13, Amsterdam Z, Netherlands.

### Reminders

28–31 March. Pharmacological treatments for alcoholism. See *December Journal*.

6–8 April. Research in rehabilitation. See *November Journal*.

17–20 April. Towards better general practice. See *October Journal*.

21 and 22 April. Contemporary issues in mental health. See *October Journal*.

8–11 September. Malaysia—Singapore Congress of Medicine. See *December Journal*.