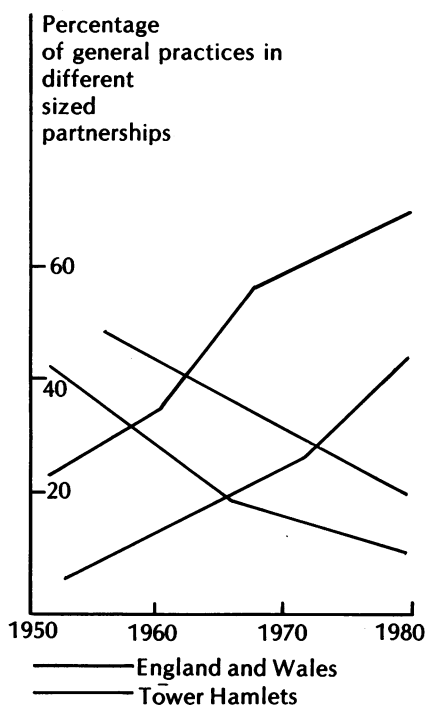


The General Practitioner in The Inner City

Sir,
The paper by Drs Heath and Sims (April *Journal*, p.199) surveying general practice in Tower Hamlets confirms much of what has previously been reported on the state of inner city primary care.^{1,2} In particular they stress poor premises, lack of functioning teams, little emphasis on prevention and inappropriate postgraduate education.

We have recently completed a survey of changes in general practice in the east end of London over the past 40 years.³ Using past executive council records we have been able to plot the changing size of partnerships in Tower Hamlets compared to those in England and Wales. (Figure 1.)

Figure 1. General practitioners in single-handed practices and in partnerships of more than 3.



These figures demonstrate that the development of general practice in Tower Hamlets, as measured by partnership size, is lagging behind that of the country as a whole by about fifteen years.

Some of the factors contributing to this are:

1. The continuing environmental blight following war damage and redevelopment.
2. The difficulty of improving premises. High site values and the administrative and financial obstacles

associated with building and converting in London are problems which are not solved by the cost rent scheme. Moreover, the GLC and local authority, owners of much local land, do not consider providing sites for doctors' surgeries as a priority.

3. The lack of a coherent plan for general practice services, compounded by the absence of a fixed retirement age. In an area of social deprivation and unusual need this lack of planning becomes clearer.

However, changes are occurring. Since the inception of the vocational training scheme in 1979 almost 50 per cent of trainees have settled in this area. These form part of a corps of younger doctors who expect to work in teams and to have relevant postgraduate education organized by general practitioners. The recently founded department of general practice is an encouraging development, but its success in promoting change will be related to funding.

Innovative schemes, such as attaching young principals to elderly general practitioners with a commitment to retire, could harness a shift towards anticipatory care whilst retaining local knowledge and maintaining continuity of care. These will need extra finance, as will developing primary care teams by increasing the very low level of attached staff in Tower Hamlets. Staffing levels need to be increased as hospital cutbacks take effect and early discharge continues. Indeed, any proffered solutions will need money. There has been official recognition of the problems for some years now, but a reluctance to implement changes which may be costly.

General practice services are both cost effective and potentially adaptive to their populations. At present there is a pressing need for investment in premises, practice organization, teamwork and appropriate education in order to allow general practice in Tower Hamlets to develop.

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References

1. London Health Care Planning Consortium. Primary Health Care in Inner London (Acheson report) *London LHPC*, 1981.
2. Jarman B. A survey of primary care in London. Occasional paper 16. *RCGP*, 1981.
3. Unpublished report. Presented at the General Practice section of The Royal Society of Medicine 1984.

Protection against Tetanus

Sir,

I was interested to read H. R. Guly's letter (April *Journal*, p.246) on protection against tetanus. I would like to add the following:

Normally a booster dose after a tetanus-prone wound need not be given within five years of a previous booster dose in persons who have had the full course of immunization.

Tetanus vaccine became available for use with Armed Forces personnel in 1938. Male patients who were in the British Forces and fought during the Second World War were fully immunized. A considerable number of male teenagers would have received tetanus immunization during their period of conscription in the immediate years following the war.

While many health authorities had provided tetanus vaccination previously, it was not until 1961 that childhood immunization against tetanus was recommended nationally by the DHSS. Tetanus vaccination was also offered to members of groups who were at particular risk, for example farm workers.

Administration of tetanus toxoid during the first year after a booster is contra-indicated. If a patient who has not been in the Armed Forces and was born before 1961 cannot recall whether or not he/she had a full antitetanus course, one may consider performing yearly vaccinations for three years (full course).¹ This is something the casualty officers should have in mind. On many occasions patients attending casualty departments are given indiscriminately a tetanus course or a letter for their general practitioner with instructions to complete the tetanus course.

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Reference

1. Kassianos GC. When not to immunize: a check list of precautions. *Modern Medicine*, October, 1983.

Demands Made on General Practice by Women Before and After an Abortion

Sir,

Normally I find your *Journal* lucid and illuminating, and it was therefore with dismay that I read this article (*June Journal*, p.310). Several points were unclear and/or inaccurate.

The abbreviation TOP and the con-

cept of 'birthday reactions' were both explained after they were first used—not necessarily even on the same page. The term 'amenorrhoea' was misused. The definition stipulates that the interval since the last menstrual period must be twice the normal cycle length. (The article's use of the term implies that every normal woman has persistently recurring amenorrhoea of four weeks' duration!)

Figure 2's age distribution contradicts the statements in the first paragraph on page 314 and makes it impossible to interpret the first paragraph in the section 'Differences between surgeries' on page 313.

On a different note, I would have liked to have seen more constructive, practical comments in the discussion. Women from surgery B having terminations had a higher rate than the con-

trols, for all consultations and for consultations about psychological problems, before their unwanted pregnancy. Shouldn't these encounters have been used for opportunistic health promotion—including education about the relative risks and benefits of each method of contraception (to counteract the effects of the media's 'shock horror' reports on side effects) and monitoring of contraceptive use?

Why did women at surgery A consult less frequently than the controls before their unwanted pregnancy? Does the surgery appear most hostile to the patients at most risk?

Comparing figures 1 and 2, again for surgery A, a woman of social class IV or V was more likely to have an unwanted pregnancy than patients in the other social classes (25 per cent of the

unwanted pregnancies, amongst 15 per cent of the practice population); whereas at surgery B there is an excess risk for class III women but not for women of classes I/II or IV/V. Might these observations be significant? If so, could they be used to help the two surgeries to improve their images and standard of care?

I doubt whether I was the only reader who found this article baffling, turgid and irritating. I sincerely hope that your standards will return to their normal high level. A *Journal* of good quality is vital to the improvement of general practice in terms of the care being offered and the academic reputation of our profession.

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DATES FOR YOUR DIARY

MRCGP Courses

For further details of the MRCGP Courses listed here please apply to the names and addresses that are given. Mrs Sue Smith of the Education Division at College Headquarters, 14 Princes Gate, Hyde Park, London SW7 1PU (Tel: 01-581 3232) is endeavouring to keep an up-to-date list of these events. Course organizers are requested to send her details when planning new MRCGP Courses.

West London—8 August for up to 18 weeks—advanced course
Dr James Scobie, 1 Glebe Road, Barnes, London SW1E 0DR.

Salisbury—28 and 29 September
Miss Daphne Rudd, Postgraduate Medical Centre, Salisbury General Infirmary, Salisbury, Wilts SP2 7SX.

North and West London—1-4 October—established general practitioners
Mrs Sue Smith, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

South West Thames—21, 22 September—study days
Dr S. G. Bartlett, The Health Centre, Wharf Road, Ash Vale, Aldershot, GU12 5BA.

International Scientific Meeting—Malaysia

The Second International Combined Scientific Meeting organized by the College of General Practitioners of Ma-

laysia together with the College of Physicians of Malaysia and the College of Surgeons of Malaysia will be held at the Ming Court Hotel, Kuala Lumpur from 12–15 September 1984. Invited speakers include from the United Kingdom Dr R. H. Hardy, Casualty Consultant at Hertford and Dr J. I. S. Robertson, Consultant Physician in Glasgow.

Detailed programmes and registration forms are available from Mrs Janet Smith at the RCGP, 14 Princes Gate, London SW7 1PU.

Wessex Faculty—George Swift Lecture

The fourth George Swift Lecture will be given by Dr Julian Tudor Hart at the Postgraduate Centre Bath, at 8 pm on Friday 19 October. It will be entitled 'The World Turned Upside Down—Proposals for a Community Based Undergraduate Medical School'.

Application to attend should be sent to Dr G. C. Purnell, Postgraduate Medical Centre, Royal Bath Hospital, Bath.

La Leche League

La Leche League is an international charitable organization that provides information and support to women who want to breastfeed their babies.

La Leche League of Great Britain National Conference will be held at York University from 29–30 September 1984. Speakers will include Dr Hugh Jolly on 'The Hospital Care of Newborn

Babies and Children in 1984' and Chloe Fisher SRN SCM MTD—'Starting Right—Positioning Baby at the Breast'. A health professionals' seminar will discuss 'How to Establish Successful Breastfeeding Locally'. Workshop topics include 'Breastfeeding the Baby with Special Problems', 'Birth Experiences and their Effect on the Self-Image of the Mother' and 'Nutrition Before and During Pregnancy'.

For further details send a SAE to Amanda McCall, 27 Cotswold Close, Lambton, Washington, Tyne and Wear before 17 August.

Over 65? Whose Concern?

This conference will be held on 28 and 29 September 1984, at the Cliff Tops Hotel, Shanklin, Isle of Wight. Its purpose is to bring together general practitioners and consultants to address themselves to the organization of the care of the elderly within district health authorities. It is not the intention to question the system of care in universities or regional centres of excellence. It is hoped that the deliberations of this conference will be utilized in the formulation of future national policy.

This year's conference, which is restricted to medical practitioners, is to be followed by a multidisciplinary meeting in 1985.

For further information contact Miss Paula Strong, Conference Secretary, St Mary's Hospital, Newport, Isle of Wight. Telephone 0983-524081 Ext 406.