association of some jokes with groups or races and I am moved to wonder if, in some circumstances, the underlying insights possessed by these people may be more profound than the author has recognized. The wry humour of the Jews can be traced almost to the earliest days of the tribe with the arrival of the patriarch Isaac. His very name is derived from the Hebrew word for laughter. Abraham's wife Sarah had been barren until, in her old age, she conceived her child and Abraham recorded his fierce joy at the birth of his son by naming him in the likeness of mirth. Perhaps the underlying psychology of this story is an intuitive recognition of the value of laughter in human relationships — a recorded discovery in Semitic tribal folklore several thousand years prior to the advent of the Royal College of General Practitioners and Elliott-Binns' timely reminders on the subject.

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Variations in the night visiting rate

Sir,

We read with interest the paper by Dr Usherwood and colleagues on variations in the night visiting rate (August *Journal,* p.395). Going out at 03.00 hours on a cold and rainy night is an unpleasant experience; hence, we suspect, the repeated studies undertaken on night visiting.

Dr Usherwood's conclusion that variations in night visiting rates between the practices that he studied were due to doctor/patient factors is probably correct, and it would be churlish to criticize the various assumptions made in reaching that conclusion. Variations in the patients' and the doctors' perceived need for a night visit ultimately determine that event.

We conducted an analysis of night contacts (that is to say, telephone calls and/or night visits) over a 12-month period in our practice of approximately 16 000 patients, seven partners and two trainees, and several interesting points emerged.

1. As our practice offers obstetric care, the number of night contacts is higher than in other practices — this is not surprising.
2. The percentage of night contacts dealt with by telephone alone varied enormously between doctors — the lowest was 9% and the highest was 75%.
3. Doctors were asked whether they felt that the contact was justified (the doctors' perceived need?). One doctor considered that 92% of the contacts were justified (the highest) and another considered that 15% were justified (the lowest).
4. About 15% of the contacts were admitted to hospital, were requested to reattend surgery or were told that they would be visited again at home at some later stage. This may be an indication of the actual need in strictly medical terms.
5. The further the practitioner lived from the contact, the more likely it was that the contact would be dealt with by telephone alone.
6. The younger the practitioner, the fewer were the contacts that he considered to be justified.

In conclusion, we feel that to be meaningful, all night contacts (telephone calls and visits) must be studied. There are wide variations between doctors in visiting rates and for a variety of reasons (age, travelling time and so on). The patients' perceived need and the doctors' perceived need are often widely disparate and measurements, where possible, of actual need tend to suggest that many contacts do not need a visit in strictly medical terms.

Although not conclusive, our study seems to indicate that the considerable differences in doctors' attitudes and habits are probably more important than the patients' expectations. In studying night visits, it is therefore important that all telephone contacts should also be considered. In addition it is important that the role of the general practitioner in general practice obstetrics is clearly stated.

Finally, as in the paper by Dr Usherwood and colleagues where different practices on a shared rota system were studied, it is important that the individual practitioner's contribution to that rota is taken into account when considering differences between practices.

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Sir,

Dr Usherwood and colleagues conclude in their paper on night visiting rate variations between practices (August *Journal,* p.395), that some facet of the doctor–patient relationship may be the key. I would suggest that it is more likely to be some facet of the receptionist–patient relationship that matters most. While the individual practice's policy for appointments and visits may appear to reflect the wishes of the doctors concerned, the patient's first contact with the doctor is through a receptionist and the importance of her manner and approach to patients should not be underestimated.

My own impression is that the single most important factor is likely to be the flexibility of an appointment system which, of course, is largely governed by the receptionists.

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Sir,

I was interested to read the article by Dr Usherwood and colleagues (August *Journal,* p.395). Our study considered the apparent differences in visiting rate between two practices operating from the same health centre in London.[1] On be basis of analysis of individual doctors' responses to requests for night calls, we concluded that the difference in visiting rates is related to the difference in the doctor's attitude and response towards minor symptoms. Both practices in our study had a similar number of calls for serious symptoms but the practice which responded to apparently minor symptoms with a visit and which considered that minor symptoms were due to non-specific organic disease rather than to over-reaction or over-anxiety or unreasonable demands, had a higher rate of demand.

Although our conclusions were suggestive rather than definitive, we believe that they are part of the answer to Dr Usherwood's question.

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Reference

1. Cubitt T, Tobias G. Out of hours calls in general practice: does the doctor's attitude alter patient demands? *Br Med J* 1983; **287:** 28-30.

Sir,

The article by Dr Usherwood and colleagues on the wide variation in night visiting rates (August *Journal,* p.395) concludes that further research into this subject would be fruitful. One of the aims of setting up a doctors cooperative, such as ours in Leeds, was to encourage such research. As all the clinical work is carried out by general practitioner principals covering each others' practices it is an ideal arrangement for studying comparative visiting rates and patient