They are distinct and important aspects of life. But, if one or both of these words represents the additional meaning implied by 'spiritual', are doctors to be asked to consider a patient's health in sacred or moral terms? What would either imply for practice?

They could imply paying attention to what a patient holds sacred or being aware of a moral dilemma or choice in a patient's life. On the other hand the three more familiar aspects of health are ones to which doctors not only pay attention but which they sometimes influence and change by their active intervention. Would it be right for a doctor to seek to influence the 'spiritual' in either of these senses of the word?

If the College were to endorse this additional term, it must first define it and weigh carefully the possible consequences of its introduction.

JOHN HORDER

98 Regents Park Road
London NW1

Sir,

I was most interested to read Dr Martin's editorial (January *Journal,* p3). This is a complex subject with refusal to admit evidence of the supernatural on the one hand and excessive credulity on the other. Dr Martin's assessment is helpful in pointing out some of the problems.

I believe that God's healing power is not restricted to supernatural means. Christians have long recognized natural healing processes as a demonstration of God's power. For example Ambroise Paré, the sixteenth century French surgeon, said 'I dressed his wound; God healed him'.

Could I bring to the attention of the working party of the College which is looking into this subject a set of cassette tapes of talks by the late Dr Martyn Lloyd-Jones entitled 'Medicine and the supernatural'? The album of four tapes comes with a book by Dr Lloyd Jones, *The doctor himself and the human condition*.

The album is available from The Martyn Lloyd Jones Recording Trust, Crink House, Barcombe Mills, Nr Lewes, East Sussex BN8 5BJ at £14.50 inclusive of postage and packing. It should be of particular interest to Christian doctors but others could also learn much from it.

STEPHEN BROWNE

178 Pineapple Road
Stirchley
Birmingham B30 2TY

Prevalence of disability in an Oxfordshire practice

Sir,

Drs Sullivan and Murray have criticized the absence of a validated measure of disability in my paper (August *Journal,* pp.368-370). I did not set out to make an objective measurement of the prevalence of disability in my own practice and this is made quite clear in the first paragraph of the paper. The limited objective involved was to see how much disability I identified in the course of routine patient care on known data. Surely this makes it clear that I did not set out to screen patients for disability and to scale the level of disability. I regard my paper as modest, although it was the first that I could trace by a doctor keeping a disability register in general practice.

My own view is that disability and handicap registers will ultimately prove even more valuable than chronic disease registers about which a great deal has already been written. After all, patients consult doctors because they want to be relieved of pain or the disabling effects of a particular disorder and I feel that we are inclined to be too interested in the disease itself and too ready to ignore its social consequences. These are all too often left to others — the occupational therapist, physiotherapist or physician in rehabilitation medicine. The result is a lack of integration of patient care with no one taking overall responsibility except when the patient is severely disabled and even then it is not the general practitioner who is in charge as a rule. Thus I feel that disability in general practice is a neglected field and one which I would like to see greatly developed. I hope to do a study of the prevalence of disability in patients over 75 years of age, which will require me to produce exactly the type of objective measurement to which my critics were referring.

A.J. TULLOCH

The Health Centre
Coker Close
Bicester
Oxon OX6 7AT

Out-of-hours visits to children

Sir,

I read with interest Dr Walker's paper on out-of-hours visits to children (September *Journal,* pp. 427-428) and noted his comment on the dearth of direct data on the level of out-of-hours work involving children, especially during the trainee year. While a trainee in a single-handed practice in a semi-rural area I recorded all out-of-hours visits at nights and weekends. The on-call rota involved three single-handed practices with a total population of 6500. Of 169 visits, 36 were for patients in the up to five years age group (21%) and 12 were for patients in the six to 15 years age group (7%).

In the up to five years age group the morbidity pattern was: respiratory 44%, accidents 22%, abdominal (including gastroenteritis) 20%, exanthemata and unspecified fever 11% and genitourinary 3%. None of these cases required hospital admission. In the six to 15 years age group the pattern was: respiratory 57%, accidents 17%, genitourinary 17% and abdominal 9%. Two of these cases required hospital admission.

The figures involved are small, but the morbidity pattern is not dissimilar to the figures from Leicestershire quoted by Dr Walker in his discussion. It might be that more useful information could be obtained by a larger, collaborative study involving all the trainees in one area over a training year. Comparison would then be possible with inpatient statistics from local hospital paediatric units.

M.J. LAGGAN

47 Main Street
Crossford
Fife KY12 8NJ

Known epileptic patients brought to the accident and emergency department

Sir,

An epileptic attack appears to many lay people to be a medical emergency that warrants prompt medical treatment. Therefore, the epileptic person may precipitately appear in an accident and emergency department. If prompt first aid is carried out and it is ensured that the epileptic is not in a position to injure himself further and that after the attack he is placed in the semiprone position, it is not necessary to summon an ambulance. However, once the ambulance is called, unless the epileptic has fully recovered, he will be brought to the accident department. We therefore decided to investigate to what extent emergency attendances of known epileptic patients to an accident department were of real benefit to the patient.

During a four-month period all known epileptics who attended St George's Accident and Emergency Department because they had suffered a further convulsion, without an acute precipitating cause, were documented. Eighteen epileptic patients were brought to the depart-