

hands; the latter joints were stiff. He also developed a faint macular rash on his forearms for about 48 hours. The whole illness lasted for nine days.

The patient's wife had had a fleeting rash on her hands, forearms and the tops of her legs a fortnight previously, lasting about 24 hours only. However she had no malaise or joint symptoms. About a fortnight after my patient's illness, his 10-year-old daughter developed a rubelliform rash all over her body which lasted for 10 days. She also had no malaise or joint symptoms.

This man's past history consisted of a nasal allergy treated by desensitization injections, two episodes of neck pain eight years previously with evidence of mild cervical spondylosis on the X-rays and an episode of pain in both knees two years previously after unaccustomed jogging on roads. The knee symptoms had settled rapidly and the erythrocyte sedimentation rate at the time was 3 mm h^{-1} with a normal uric acid level. His family history consisted of a mother with widespread arthritis, the exact nature of which was not known. She had been severely affected from her mid-30s onwards and had had bilateral knee replacements.

The patient's full blood count was normal apart from an eosinophilia related to his nasal allergy. The erythrocyte sedimentation rate was 17 mm h^{-1} and both the infectious mononucleosis screening test and RA latex test were negative. Uric acid level and antistreptolysin O titre were normal. Paired sera showed no difference in rubella haemagglutination inhibition titres (both 1:32). However, a radioimmunoassay performed at the Virus Reference Laboratory, Colindale, showed that anti-human parvovirus immunoglobulin M fell from over 100 units to 66 units over a period of 10 days, indicating recent infection.

Contrary to Dr Everett's statement, the clinical picture of adult parvovirus infection has been described.^{1,3} It is interesting that my case was in a man, as arthralgia is far more common in women. It seems that not all patients have joint symptoms which are so mild or which settle so quickly; occasionally patients may be so badly affected that they present at rheumatology clinics. In a group of 19 such women, although joint symptoms were improved within two weeks, all but two patients experienced symptoms which persisted for more than two months and in three cases for more than four years.¹ On rare occasions patients have arthritis which is severe enough to warrant hospital admission.²

It appears that my patient had joints which were vulnerable to this particular

viral infection. However it seems unlikely that he is developing anything resembling his mother's arthritis.

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References

1. White DG, Woolf AD, Mortimer PP, *et al.* Human parvovirus arthropathy.
2. Reid DM, Reid TMS, Brown T, *et al.* Human parvovirus — associated arthritis: a clinical and laboratory description. *Lancet* 1985; 1: 422-425.
3. Anonymous. Arthritis and parvovirus infection. *Lancet* 1985; 1: 436-438.

Patients' access to their records

Sir,

In a pilot study carried out in 1984 at a Birmingham practice a random sample of patients were asked their initial responses to reading their records.¹ The practice in which the study was undertaken is situated in an inner-city area of Birmingham and has 4000 patients of diverse cultural backgrounds.

A small number of patients are not given access to their records. Information that is potentially distressing is communicated personally by the doctor to the patient before the patient is given the record. A record is not shown to a patient if it contains information given by a third party on the understanding that it will not be shown to the patient, if the patient asks not to be handed the record, (perhaps because the patient's spouse insists on looking it), or when a patient is so disturbed that any information in the record is likely to be misinterpreted.

The practice uses FP5/FP6 envelopes for records and allows patients access to their complete record. Patients are given their record by the receptionist when they come to the surgery. They are invited to read their notes in the waiting room and can do so before seeing the practitioner or after the consultation.

Over a period of 10 days 100 patients aged 16 years and over were randomly selected in ordinary surgery sessions and were invited to complete a questionnaire. Only three patients did not do so.

Of the 97 patients who completed the questionnaire 85 said patients should have the right to see their records. Of the 60 patients who had read their records 51 said they could understand about half or more than half, 48 said it made understanding their problem easier, 37 said it helped

them in making decisions, and 45 said it increased their satisfaction with treatment.

Conclusions cannot be drawn from this small pilot study. The results, however, show that a majority of patients in the sample welcomed the chance to read their records and did so when given the opportunity. Patients' access to their records is not simply to be viewed as an abstract issue of rights — members of the primary health care team involved in the study believe that allowing patients to share and read their records has therapeutic benefits.² The experience of the practice is that the advantages far outweigh any disadvantages and that difficulties can be overcome.

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References

1. Gittens ME, Bird AP, Walji M, Hull FM. Does it help patients to read their medical records? *Allgemeinmedizin* 1985; 14: 146-148.
2. Anonymous. What's in my file? *Lancet* 1985; 11: 872.

Referrals from general practice to specialists in Denmark

Sir,

It is well known that there are unexplained differences in the rates at which general practitioners make referrals to other medical specialists.^{1,2} One of the most important aspects of primary care is the general practitioner's need for advice.

We investigated data from a study carried out by the Danish National Health Service in Ringkjøbing County³ on 17 586 referrals from 141 general practitioners to specialists in seven specialties — dermatology, internal medicine, general surgery, obstetrics-gynaecology, orthopaedics, ear-nose-throat and physiotherapy. In Denmark there is a permanent relationship between the patient and general practitioner and it is compulsory for a patient to be referred from general practice for consultation with a specialist. As an expression of the referral rate a referral index was estimated for every general practitioner. The referral index is the number of referrals to the specialists in the seven specialties per 1500 patients per year including children, standardized by age and sex to an average practice in Ringkjøbing County. The