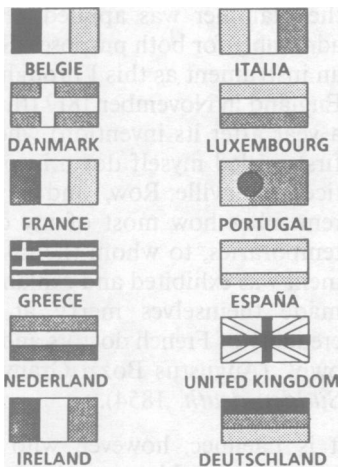


NEWS

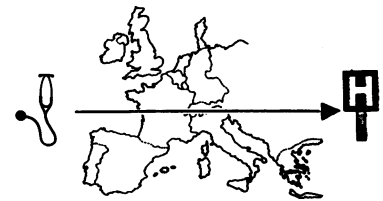
Editor: Nicola Roberts

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EUROPEAN STUDY OF REFERRALS FROM PRIMARY CARE



An invitation to participate in research

IN most European countries, primary health care is delivered in the community by GPs. In some, there is a degree of specialization (for example, the primary care of children is provided by paediatricians), but generally speaking all medical problems whether serious or trivial, therapeutic or preventive, involve the GP.

Sometimes management involves referral from primary to secondary care which is specialist and usually hospital based. Research has shown considerable variability between doctors in the extent to which they refer patients and that variability remains even after standardization by age. Variability is not unique to general practice: there is considerable evidence of variability in the way patients are managed in hospitals, especially in relation to surgical intervention. Variation between the performance of doctors is not wrong, but we need to understand it better.

The World Health Organization's goal, as published in *'Targets for health for all'*, is particularly concerned with the equality of opportunity to receive health care regardless of individual financial resources. A fundamental ingredient of such equal opportunity is equal access — but unrestricted access to specialist services has financial implications which operate to the potential disadvantage of other services with which health must compete for funds, such as education, social services and national defence.

The concept of equality of health care provision is difficult to define because it implies a complete measurement of health care,

whereas in reality only small elements of it can be considered at any one time.

In our referrals study we propose to look at some of those elements which relate to the referral process. It is set against the background of an enquiry into the structure of health care systems in each European country undertaken by the European General Practice Research Workshop.

The immediate objectives of the study will be to:

- define and compare national referral patterns
- identify cohorts of GPs in each country with high and low referral patterns and to compare practice/doctor characteristics in each group both within each country and internationally
- examine delay patterns for specialist consultation and for surgical treatment
- provide individual GPs with summarized referral data.

The data will be used to examine variability within and between countries and to identify the good points from each country in the way care is apportioned between the primary and secondary health care sectors. For each participating GP, the study provides the opportunity to obtain an analysis of his own referral pattern which can be used for internal practice and for postgraduate centre discussion. Trainees can be included in the study.

The recording requirement at recruitment includes summary information about 30 referrals to specialist care made by an individual GP, monitoring consultations by age and sex during the period of recruitment

and details concerning any referrals made during this period which did not involve consultation. Recording will involve most GPs in a commitment of about four weeks. There is a follow-up study in which dates of appointment, receipt of specialist report and surgical intervention are recorded. These are monitored for four months.

The study is funded directly by the Health Services Research Committee of the EEC with small additional supplements in each country to cover local costs. In most countries this supplement is provided directly from government sources reflecting national support for EEC decisions. Postage and documentation costs are all covered in the study, but doctors do not receive money for participation. The provision of personalized information about referrals is provided free of charge and it is hoped that this will in itself provide an incentive for involvement. The analysis will also give very useful information about consultation and visiting activity.

At an international level, the project is led by Professor Paul Backer of Denmark and Dr Donald Crombie and myself of the College's research unit in Birmingham. The study has been welcomed by Professor Michael Drury and also by Dr Michael Wilson, chairman of the General Medical Services Committee.

Doctors interested in participating in this study are asked to write to me at: Birmingham Research Unit, 54 Lordwood Road, Harborne, Birmingham B17 9DB. □

Douglas Fleming

The College museum: the stethoscope



The Stethoscope

*Through it,
over young women's abdomens tense
I have heard the sound of creation and,
in a dead man's chest, the silence
before creation began.*

*Should I
pray therefore? Hold this instrument in
awe and aloft a procession of banners?
Hang this thing in the interior
of a cold, mushroom-dark church*

*Should I
kneel before it, chant an apophthegm
from a small text? Mimic priest or rabbi,
the swaying noises of religious men.
Never! Yet I could praise it*

*I should
by doing so celebrate my own ears,
by praising them praise speech at midnight
when men become philosophers;
laughter of the sane and insane;*

*Night cries
of injured creatures, wide-eyed or blind;
moonlight sonatas on a needle,
lovers with doves in their throats; the wind
travelling from where it began*

(Dr Dannie Abse: *Collected poems*
1948-1976, Hutchinson)

'A wonderful instrument called the stethoscope, invented for the purposes of ascertaining the different stages of pulmonary affections, is now in complete vogue at Paris ... It is quite a fashion if a person complains of a cough, to have recourse to the miraculous tube, which, however cannot affect a cure ...' (John Elliotson, The Times, 1829).

THE invention of the stethoscope, although first made public in 1919, was thought to have occurred in about 1816 when René Laennec, a Breton physician working in Paris, observed some children playing games on a see-saw. As he watched them, one child placed his ear next to the board at one end, while his friend at the other end scratched out a message with a pin. It is believed that this suggested to Laennec the possibility of hearing sounds within the chest by listening through a wooden tube. He experimented and found it was possible to make out sounds, although meaningless.

He began recording everything he heard, and whenever an opportunity arose, he would follow a body to the autopsy table to cross-check his findings. Two years later in 1819, Laennec published his work, *'About auscultation or treatise on the diagnosis of illnesses of the lungs and heart based mainly on this new means of exploration'*, and the stethoscope was officially born.

However, research undertaken by the Wellcome Research Library in 1931 in response to an enquiry for information on the advent of the stethoscope, brought the following claim to light:

"On the following day (14/9/1816), Laennec had procured appropriate cylinders made of thick paste board (to which he not long after substituted hard wood), eight inches long and one and a half inches in diameter, perfectly smooth, with an even perforation in its centre throughout its axis. It had two ends somewhat hollowed out, so that when it was applied to convex

parts of the chest, as well as the opposite end to which the ear of the examiner was applied, fitted admirably for both purposes. Such an instrument as this I brought to England in November 1817 (that is a year after its invention) when I first settled myself down in practice in Saville Row, and I well remember how most of my contemporaries, to whom the instrument was exhibited and explained, made themselves merry at the credulity of French doctors and my own." (Augustus Bozzi Granville, *Sudden death*, 1854).

It is Laennec, however, who has been recorded in history as being the inventor of the stethoscope.

As well as being a busy practitioner in Paris, René Laennec was also an amateur musician. Some readers of his treatise noted the frequency of his musical references, 'A murmur heard over the carotid is compared to a slightly diminished major third, and described in the 1826 test (English translation) by a musical notation!', (F B Rogers, *The golden century of stethoscopy*, 1961).

Laennec's musical knowledge also affected the assembly of his stethoscopes. The first wooden cylinder, the baton, came apart in the middle like a clarinet which made it a convenient instrument for carrying in doctor's top-hats.

The College display

The College's summer exhibition is currently displaying seven stethoscopes, one of which, a wooden foetal stethoscope, dates as far back as 1820. Another particularly interesting instrument is an 1870 stethoscope with attachments which enabled students to listen as the patient was examined.

The RCGP stethoscope exhibition is currently available for viewing at Princes Gate in a display cabinet on the building's second floor. □

Nicola Roberts

Meeting 'down-under'



FOUR senior members of the College are joining the Royal Australian College of General Practitioners (RACGP) this month at the latter's national convention, entitled 'Medicine in the sun'. The convention, and the RACGP's annual general meeting, have been timed to coincide with Australia's bicentennial celebrations, and will include lectures such as 'Patient confidentiality', 'Solar damage and other skin problems' and 'The ups and downs of impotence'.



Professor Michael Drury, Professor Denis Pereira Gray, Dr Bill Styles and Dr Colin Waite will be speaking on changes in the undergraduate curriculum, continuing education, vocational training and standards of care. They will also be paying a courtesy call to the College of General Practitioners in Singapore.

Dr Bill Styles will be reporting on the trip in a later edition of News.



Bilingual newsletter

THE new North Wales faculty has recently published its first newsletter and in an attempt to cater for English and Welsh speaking members, it has produced articles in both languages.

Dr Gareth Parry Jones, the newsletter editor, said that he would not be translating articles: all articles submitted to him either in English or Welsh would be considered on their merits.

Felly, ychwy sydd yn edrych ymlaen am ddarllen yn eich iaith, manteisiwch ar y cyfle a dechreuwch ysgrifennu!

Janet Nash travelling fellowships

APPLICATIONS are invited for three travelling fellowships which have been established at the Royal Society of Medicine by the generosity of the Janet Nash charitable settlement.

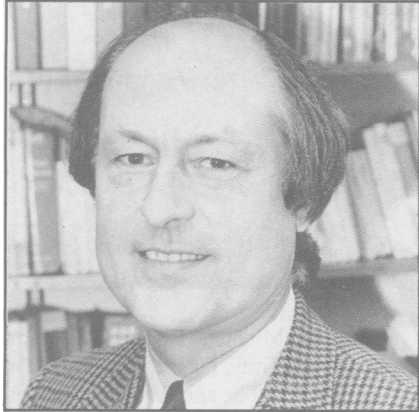
Successful candidates will be provided with an opportunity to visit the department of family medicine of the University of Cincinnati Medical Center, USA for two weeks. This department is responsible for training medical students, residents, and practitioners who already have their State speciality examination in family practice. The department is currently responsible for two large practices — one at the University, and the second in a large Cincinnati suburb — and for an in-patient service at the University of Cincinnati.

The Janet Nash Travelling fellows will be expected to participate in the activities of the units, take part in clinical teaching rounds, and give at least one talk or

seminar on their own research subject or special interest. One fellowship will be awarded to a young GP who has recently been awarded the MRCGP; the second will be awarded to an experienced GP, possibly a course organizer; the third will be awarded to a senior GP with an established, possibly university-based, teaching commitment. Preference will be given to candidates with a definite research interest.

Applications should be made immediately to Dr R Mann, medical secretary of the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. Candidates do not need to be fellows of the Royal Society of Medicine, but applications should be supported by a statement of objectives in accepting the Janet Nash fellowship and any publications relevant to the research interest of the application.

Computer applications in general practice



REGULAR meetings on practice computing have been held at various centres in recent years. Most of these have been at a basic level and have concentrated on reviews of systems and the preparation of practices for installation. Having reached a stage where a substantial minority of practices have become actual users, the need has been felt for meetings at which the knowledge and views of those with experience could be shared with others who were no longer novices. Also a need was seen by the Primary Health Care Group (PHCG) of the British Computer Society for courses which would supplement those run at Princes Gate and the work of small local groups.

The Group at its AGM in September 1987 decided to appoint regional coordinators with responsibility for helping to develop practice computing away from the centre, and Dr Nick Booth, the Northumberland sub-faculty secretary, and practice manager Brian O'Byrne, were appointed for the north-east. Brian's background as a senior lecturer in computing admirably placed him in the role of designer and organizer of a one day conference for GPs, practice nurses, managers and staff, which we think was the first of its kind and which may be emulated by other regional groups of the PHCG.

The conference was held at Durham University earlier this year with the aim

of helping primary health care teams to consider aspects of the main general practice computer systems currently available. Though participants were predominantly from practices with systems up and running, the meeting was enhanced by the presence of a number of colleagues from family practitioner committees and health authorities. Most attenders were from the north-east of England, but visitors were also welcomed from London, Oxford, Edinburgh and Belfast to the beautiful setting of the College at St Hild and St Bede, Brian O'Byrne's old college at Durham.

Systems demonstrated were those of VAMP HEALTH, AAH Meditel, Ciba-Geigy, Update and Microdoc. A 'warts and all' description of each system was made by an experienced user with contributions from a number of practice team members using them. With ample time for discussion, attenders were able to form a relatively unbiased opinion of the merits of each system. Participants generally agreed that the conference format was an important innovation.

The presenters brought out many worthwhile points, not only about their own systems but points of general interest too. Enthusiastic discussion by the participants, both in the open session and in groups, left us all in no doubt that the way to judge and compare different systems is by learning from salted users rather than computer salesmen.

The future of this initiative is already under discussion, and plans are being formulated by Brian O'Byrne for three meetings next year. Two will be aimed at a similar audience but will include 'hands-on' work for rather smaller numbers. The third is a day conference for more experienced users with leading national speakers. If this report gains the College stamp of approval, advertisements can be expected in a future issue of the *Journal*. □

Malcolm Aylett

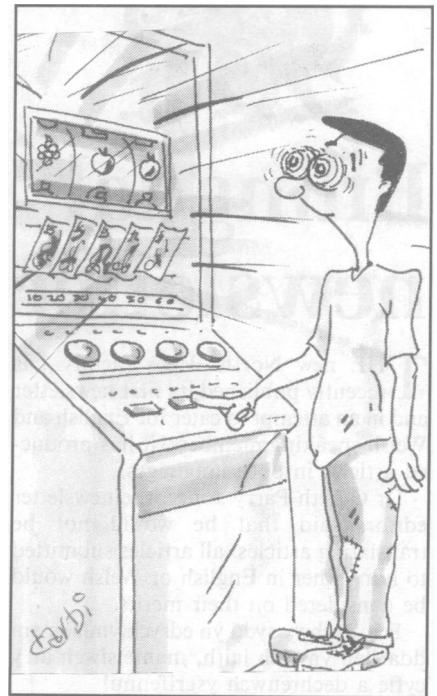
Addictive gambling

THE College was recently invited to join the Royal College of Psychiatrists in supporting the objectives of a private member's bill which it was hoped would prohibit the use of gaming machines by children.

The Gaming Machines (Prohibition on Use by Persons under Sixteen) Bill, which was introduced at the House of Commons on 9 March by Mr Jimmy Dunnachie MP, proposes that the 'use of gaming machines in cafes, small shops, amusement arcades, snack bars, fairgrounds and other places by persons under the age of sixteen years' be prohibited.

According to the Royal College of Psychiatrists, children are spending large amounts of money, often borrowed or stolen from family and friends, on fruit machine gambling. Addicted to playing such machines, children often skip school. As a result, their school performance can be poor and they may suffer from aggressive behaviour and serious emotional problems which can overspill onto the whole family.

The College's General Purposes Committee agreed that the RCGP should support the Royal College of Psychiatrists. □





The Balint Society

THE council of the Balint Society will award a prize of £250 for the best essay submitted on the theme. 'What Balint means to me'.

Essays should be based on the writer's personal experience, and should not have been published previously. The length of essay is not critical, and where clinical histories are included, the identity of the patients should be suitably concealed. All references should conform to the usual practice in medical journals. Essays should be signed with a *nom de plume*, and should be accompanied by a sealed envelope containing the writer's identity.

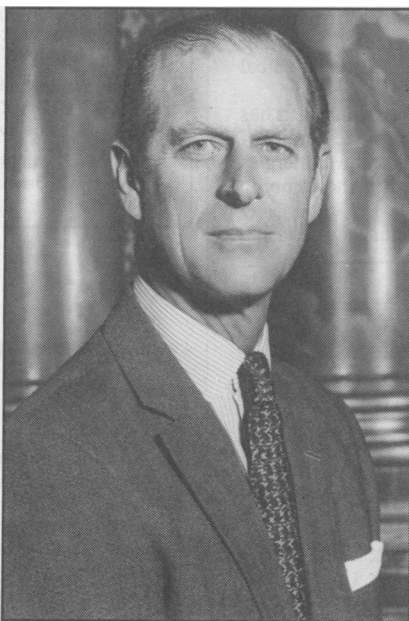
The judges will consist of the Balint Society council and their decision is final. All entries will be considered for publication in the Society's *Journal*.

Entries must be received by 1st April 1989, and sent to: Dr Peter Graham, 149 Altmore Avenue, London E6. □

Royal invitation

DR Peter Hill, the deputy vice-chairman of Council, accompanied by his wife and two long-serving members of College staff, attended a garden party held in July at Buckingham Palace.

The RCGP guests, before joining others in the Palace grounds, were presented to His Royal Highness The Prince Philip, who is patron to the College. □



His Royal Highness The Prince Philip, Duke of Edinburgh.



Educational videos

Madam, Following your feature on Ann McPherson's video on cervical screening (August 1988), I thought you might be interested in updating your readers on the response to *Cervical cancer*, a video produced by the Leicestershire health authority and reviewed by the News section in August last year.

Since then, *Cervical cancer* has sold nearly 500 copies and has won the following awards:

- Blue Ribbon (American film and video competition, USA)
- Magna Cum Laude (Medikanale International, Parma, Italy)
- Award of Merit (Health Sciences Communication Association, USA)
- Bronze Award (BMA film and video competition)

Cervical cancer is available for preview or sale from the Health Education Video Unit, Clinical Sciences Building, Leicester Royal Infirmary (tel: 0533 550461). It costs £50 (plus VAT) or £15 for a three day preview and is available in VHS, Betamax and U-matic formats.

Brian McAvoy

Department of Community Health
University of Leicester
PO Box 65, Leicester LE2 7LX

Hungry for education

AT a recent study day held at Princes Gate, Professor Michael Drury told participants that he was celebrating his silver jubilee — 25 years ago he and a colleague first discussed the training needs of medical secretaries.

Subsequent discussions held with other colleagues led to the establishment of the Association of Medical Secretaries and Receptionists (AMSR) and its on-going responsibility for practice ancillary staff. Later, Professor Drury identified a need for a formal structure to be applied to the training of practice receptionists, often women returning to work. He established the Ms Piggy courses which proved immensely popular, so much so that the courses, renamed the Practice Receptionist Programme (PRP), have now been opened wider to a national audience.

In the spring of this year, PRP courses

were held in 93 locations with a further 77 planned for the autumn. However, there are still areas which do not have PRP and the necessary course organizers. The study day, which included participants from College faculties and the Society of Family Practitioner Committees, discussed progress to date and possible plans for the future.

Mrs Merrill Whalen, editor of the second book on PRP which is currently in draft, said that the feedback received from receptionists to the courses has been encouraging and positive and that there appeared a real desire amongst receptionists for effective training.

The PRP 2 course is expected to be ready for spring 1989. For further information on courses and their organization, contact: Radcliffe Medical Press Ltd, 27 Park End Street, Oxford OX1 1HU. □



Horseriding accidents

THE National Equestrian Survey published in 1986 showed that 1.1 million households in Britain have some-one who rides at least twice a month: according to the British Horse Society, eight horse related road traffic accidents happen every day in the UK.

During 1986 to 1988, of those riders who reported such accidents to the Society, 31 per cent ended up in hospital, and a further five per cent consulted a GP.

One problem often encountered by medical and rescue services when treating riders involved in accidents, is the lack of personal identification. This, coupled with the fact that an increasing number of people enjoy riding alone, means that fast and effective medical care may be hampered.

To help avoid such situations arising, Duphar Veterinary Ltd has produced a 'RiderCard' which allows the user to provide details of a contact person and, most importantly, to list any known allergies and medical conditions. The card is then secured in the webbing straps of the rider's hat.

Cards are available free of charge from veterinary surgeons.

RiderCard

Cardholder: **JOHN HENRY SMITH**

Allergies: **PENICILLIN, GRASS POLLEN**

Medical Conditions:
ASTHMA

Diary dates

Child sexual abuse

The Cleveland enquiry raises vital issues about how the various professions, the police service and the voluntary agencies may best work together in dealing with child sexual abuse. A multidisciplinary conference is to be held on Friday, 23 September 1988 at the Westminster Central Hall and the Queen Elizabeth II Conference Centre, London which will consider the most difficult questions facing the professions in seeking effective joint working in the future. The day costs £74.75 (including VAT) and cheques should be made payable to 'LGG' and sent to the LGG Local Government Group Law Society at 79 Merton Hall Road, Wimbledon, London SW19 3PX.

The safety of elderly people

The European Consumer Product Safety Association (ECP- SA) is holding a two-day conference from 22 to 23 November 1988 in Leuven, Brussels on the problems associated with elderly people and domestic accidents, and ways of preventing these from happening. The programme covers a wide and varied range of subjects including the ageing population and its social consequences and adaptations which may be introduced into the homes of the elderly. Further information may be obtained from Miss P. Tonnaer, ECP- SA, PO Box 5169, 1007 AD Amsterdam.

Cancer care

A study day for all those involved in caring for cancer patients, including nurses, physicians, social workers and radiographers is to be held at the Hammersmith Hospital, London on Saturday 19 November 1988. The fee of £15 includes lunch and refreshments. Further information is available from Mrs D Lee, Department of Clinical Oncology, Hammersmith Hospital, Du Cane Road, London W12 0HS.

CLASSIFIED ADVERTISEMENTS

THE STREET LANE PRACTICE, LEEDS PRACTICE ADMINISTRATOR

The Street Lane Practice is seeking an enthusiastic and energetic Practice Administrator. This is a well-organised six partner medical practice in Roundhay, Leeds, employing 15 full-time and part-time staff.

The Administrator will be responsible for the day-to-day running of the practice, the development of existing systems for effective management and the training and supervision of staff.

Applicants should be logical, numerate, imaginative and have the ability to create and sustain effective working relationships with all employed and attached staff.

Salary will be on Whitley Council Scales according to experience. (£10,000-£12,000). 37 hours per week — flexi-time. Previous NHS experience would be an advantage, but not essential.

For more details apply in writing only to: Dr P. Heywood and Partners, 12 Devonshire Avenue, Leeds LS8 1AY. Applications close on Friday, 23rd September, 1988.

MRCGP PRACTICE EXAMS

Revision book available edited by John Sandars, General Practice Tutor, Stockport, Cheshire and Secretary of Education Subcommittee, North West Faculty RCGP. This book contains essential advice and tips for every MRCGP candidate — two complete MCQ practice examinations with marking system, answers and teaching explanations, two MEQ papers, two PTQ papers both with samples and marking schedules. Oral and Log Diary techniques and presentations revision index and recommended book list. Send cheque now for £8.50 plus 75p p&p. The books are despatched the same day by first class mail. Barclaycard and Visa accepted.

Dept. GP PasTest Service, 304
Galley Hill, Hemel Hempstead,
Herts HP1 3LE. Tel: Hemel
Hempstead (0442) 52113.

(1003) **PASTEST**

PARTNERSHIP FOR CHILD HEALTH:

**PARENTS and PROFESSIONALS:
A JOINT POLICY FOR THE 1990s**

TUESDAY 22 NOVEMBER 1988

at

THE ROYAL INSTITUTE OF BRITISH ARCHITECTS
66 Portland Place, London W1

SPEAKERS TO INCLUDE:

EDWINA CURRIE, Junior Minister for Health; MARSDEN WAGNER, Regional Officer for Maternal and Child Care WHO; Prof. MARGARET STACEY, Warwick University; Dr CLAUDIA MARTIN, Edinburgh University; Dr JAMES WITCHALLS, Pioneer Health Centre; LISA CURTICE Maternity Alliance; PANEL of representatives from voluntary agencies.

£30.00 (or £25.00 (inc lunch) if booked before 1st November).

Section 63 approval sought.

Further details from: The MATERNITY ALLIANCE
15 Britannia Street, London WC1X 9JP
Tel: 01 837 1265.