I was able to demonstrate that there was a significant proportion of benzodiazepine users who would have great difficulty in discontinuing their tablets. This tends to support the view that careful assessment, perhaps in conjunction with a psychiatrist,[2] rather than psychological counselling in a general practice setting would be a more appropriate way of dealing with these patients.

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2. Morgan HG. Do minor affective disorders need medication? *Br Med J* 1984; **289:** 783.

Stationery for medical records: 1912–21

Sir,

In his letter (March *Journal,* p.127) Dr Kopelowitz states that as far as he can ascertain, the state made no arrangements whatsoever for providing stationery for recording medical notes before 1921.

In fact a form was agreed in 1912 'following the model of an ordinary day book "such as doctors keep in connection with their private patients" '.[1] These forms were found to be unsatisfactory and in 1913 card forms were introduced — in two parts. At the end of each year the part with the name of the patient and details of attendances was sent to the insurance committee (forerunner of the family practitioner committee or health board), while the other part, containing particulars of illnesses and summary of attendances (unidentified, to preserve confidentiality) was sent to the insurance commissioners. These forms remained in use until the beginning of 1917 when 'because of pressure on practitioners consequent on the withdrawal of so many of their number on military service'[2] the insurance commissioners decided as a temporary measure to suspend the obligation to keep records.

Medical record envelopes, as Dr Kopelowitz states, were introduced in 1921, following the report of the Rolleston committee: 'The envelopes should be of practically the same form and size as the old record cards, so that the cabinets which have been in use for keeping these may continue to be so utilized.'

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2. Rolleston Committee. *Inter-departmental committee on insurance medical records (Cmd. 836).* London: HMSO, 1920.

Secrecy and the College

Sir,

Much though I respect the achievements of Keith Thompson and Bashir Qureshi in advancing the cause of general practice, I think that their attack on Dr Julian Tudor Hart is seriously mistaken (May *Journal,* p.218). I cannot agree with their contention that the proceedings of the General Purposes Committee must remain 'confidential'. I believe that far too much of what doctors do is kept secret, not only in relation to their patients, but also professionally in the name of those who elect them, pay for their meetings and bear the consequences of what they decide — in other words those who underwrite the democratic process. Why should there be the automatic assumption that unless important matters are discussed secretly, those at the meeting will be inhibited from saying what they really think? There is a well researched comparison with doctors showing their patients what is in their medical records; most doctors are afraid of doing it, but those who do, find that the openness brings almost nothing but benefits to their patients and themselves.

It is unfortunate that it has been traditional for prominent members and officers to avoid replying in public to criticism of the College. 'No comment', as Donald Irvine was reported in *General Practitioner* as saying in connection with Dr Hart's letter in the *British Medical Journal,* really will not do. Marshall Marinker was honest enough to say that he felt very sore about the revelations, but why, until Thompson and Qureshi's letter, has nobody else joined in the debate? To paraphrase Dr Hart on another cat-among-the-pigeons sort of occasion,[1] it is as though a claxon had been let off in a string orchestra: everyone winces, but pretends they have heard nothing. Yet if we do not know what is being said, we can scarcely heed the words of the chairman of council, to 'listen sensitively to all the advice we are receiving'.

In the *Journal* and its *RCGP News* supplement we have an excellent medium through which to communicate with each other, and as the *RCGP News* is almost bang up to date, it is possible to get reports into print very rapidly. May I suggest that this supplement should be developed so that it includes many more reports, with much more detail, of what is going on in Princes Gate. If members use their own publications for discussing College issues there will be much less need to rely on the weeklies and the College could become a living reality to those many members who seldom or never take a direct part in its affairs.

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Reference

1. Hart JT. Quality in general practice. *J R Coll Gen Pract* 1972; **22:** 768-769.

Small practices and the new contract

Sir,

Now that a compromise has been agreed between the Health Secretary and the British Medical Association on the new contract I would be interested to know the College's stance on the adjusted contract in view of the disadvantageous financial implications of many new proposals for small practices. This is likely to prove very divisive for general practice.

Presumably those members of the council who have advised and influenced the government considered the effect of their actions. Does this mean that the College regards doctors in small practices, particularly in inner city areas, as the second XI members? I am sure that they are aware of the danger of confusing the pursuit of excellence with elitism.

Perhaps the time has come for the College to clarify their position on small practices and reassure these members that their interests are being represented. I understand that some inner city practices, large and small, may be treated as special cases in the new contract because of their special problems often related to the social and ethnic mix of their patients.

It would be nice if, rather than again waiting for overwhelming pressure from the grassroots, the College were seen to be leading from the front in support of this and loudly acknowledging the difficulties experienced by these practices in achieving certain standards.

Meanwhile my membership renewal is still on hold.

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Carcinoma of the testes: help wanted

Sir,

I would be very grateful if any readers could look up the notes of their patients with any kind of carcinoma of the testes and let me know what the smoking habits of their mothers were during the time that the mothers were pregnant with the offspring that developed carcinoma. Please write to me direct.

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