Sir,
While agreeing with the main thrust of your editorial (September *Journal*, p.357) I feel it is mistaken to suggest that the imposition of the new contract was made possible by 'the paucity of research evidence about the effectiveness and acceptability of much of our clinical work.' Had the government decided to act on research evidence it would, for example, have taken note of the conclusion of the World Health Organization that urine testing for glucose is an inappropriate screening test for diabetes.[1] Other research studies ignored include the finding that lower list sizes are associated with higher levels of preventive care,[2,3] and that regular well person checks are of little value.[4] Rather than responding to such evidence the government chose to act on its own market research which found, for example, that the public welcome the offer of regular check ups.[5]

These observations have implications for the research activities of academic departments. Because our area of expertise is a system of health care delivery rather than an academic body of knowledge, the temptation has been to research our own specialty. A recent survey found that papers reporting studies on the process of care accounted for 63% of publications from general practice in the two leading UK journals for general practice research.[6] The fact that the findings of such endeavours are often ignored suggests that we should turn our attention to the other research questions — clinical, epidemiological and behavioural — that daily confront us.

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Orchitis in chicken pox

Sir,
In reply to Dr Hunt (letters, November *Journal*, p.480) I would say that I have never seen a case of orchitis associated with chicken pox but it is recorded as a very rare complication of chicken pox in some of the major texts on infectious diseases.[1]

I am sure that Dr Hunt's local paediatrician is correct in saying that orchitis can occur with almost any virus infection. It is always possible that there will be subsequent testicular atrophy but assuming only one side is affected this should not interfere with fertility. I think the same argument would apply as for mumps orchitis — only if severe bilateral orchitis occurs should there be any major concern about infertility.

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Reference

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Value of personal intervention

Sir,
After 17 years as a professor of educational guidance and counselling, I left the academic life to set up a clinic for underachievers. I am currently researching several aspects of underachievement with a general practitioner.

The effectiveness of special education for the counselling of underachievers cannot be measured; nor can the effectiveness of the general practitioner. Both our professions stand or fall on the extent to which practitioners are 'finely attuned to the hidden signals which people emit' (Wyman JB, paper presented to the Royal Society of Medicine, 1971); our effectiveness depends on 'the areas where we implant our own personality'[1] and these cannot be measured.

Before going on to a PhD and then an academic career, I taught latin at a preparatory school. For years I regarded 'John' as my worst failure. He certainly had ability but I felt that to get him to apply it to latin was an elaborate exercise in futility. Fourteen years later I was at Oxford. Someone stopped me and said 'Mr Willings, or is it Dr Willings now?'

It was John. With a minimum of work he had scraped a sufficient A level performance to get him into Oxford to read economics. He chose economics because 'you can waffle your way to a second, maybe a first'. That was perfectly consistent with the John I knew. In the long vacation after his first year he went to Italy. A week in Rome caused him to remember what I had taught him when he was 11 years old and inspired him to switch to classics and he has gone on to take a DPhil in latin.

There can be no doubt that readers will be able to offer countless examples from their own experience. I will summarize two. Nicki, aged 11 years, had an IQ of 145. She also had a fractured self image, and suffered from frequent bouts of gastroenteritis. Her problems were worsened by the complex neuroses of her mother. One night her general practitioner was called out to her. He sat on the edge of the bed and let her talk. This appeared to be the turning point in Nicki's educational development. For the first time she put into words that she would like to be a doctor. What she fully expected to happen did not happen. The general practitioner did not laugh. This child has now won a scholarship to an independent school where she is accepted as a potential doctor. How do we measure the effect of the general pracitioner's sensitivity on Nicki's emotional and educational development?

Colin, aged 11 years, serious and non-athletic, to the thinly veiled disappointment of his father, made a joke in the general practitioner's surgery. Colin expected a rebuke for being cheeky. The doctor laughed and said 'Colin, I like you'. It was the turning point for Colin. It had never occurred to him that anyone could like him.

Quantitative evaluations of interventions tend to programme out these types of human contact which may be central to effectiveness. As Ivan Illich in a public lecture, in Cuernavaca, Mexico said 'We resort to amazing statistical devices to indoctrinate ourselves into a world where everything can be measured, but personal growth is not a measurable entity.'

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Reference

1. Beal EF, Wickersham B, Keinas T. *The practice of collective bargaining*. Homewood, Illinois: Irwin, 1976.

Corrigendum

The letter 'General practice training in musculoskeletal disorders' (September *Journal*, p.390) was attributed to A Booth only, rather than to David I Wise and A Booth, Department of Orthopaedics, Leeds General Infirmary, Great George Street, Leeds.