References

1. Barton E, Gallagher S, Flower C, *et al.* Influence on patient management of general practitioner direct access to radiological services. *Br J Radiol* 1987; **60:** 893-896.
2. Houghton D, Aitchison F, Wilkinson L, Wilson J. Use of sinus x-ray films by general practitioners. *BMJ* 1994; **308:** 1608-1609.
3. Owen J, Rutt G, Keir M, *et al.* Survey of general practitioners' opinions on the use of radiology in patients with low back pain. *Br J Gen Pract* 1990; **40:** 98-101.
4. Royal College of Radiologists. *Making the best use of a department of radiology: guidelines for doctors.* London: Royal College of Radiologists, 1990.
5. Godlee F. Environmental radiation: a cause for concern? *BMJ* 1992; **304:** 299-304.

Alternative contracts in the NHS

Sir,

Denis Pereira Gray (letters, October *Journal,* p.479) states that I misrepresented the sense of the three papers written jointly by him, Marshall Marinker and Alan Maynard,[1-3] when I wrote that they first proposed a managed National Health Service market in which general practitioners would compete both as purchasers and providers.[4]

I accept that this proposal was introduced earlier by Enthoven in 1985[5] from the United States of America, and earlier still by Marinker;[6] but the good practice allowance, which Gray, Marinker and Maynard presented as their preferred option, was just one of several ways of introducing market competition into the NHS, reviewed in their papers.

Gray, Marinker and Maynard's papers assumed that progress depends on the development of general practitioners as competing independent contractors rather than as cooperating public servants. They dismissed selective resourcing of public service in 36 unreferenced lines, ignoring practical experience of salaried general practice in Canada, Finland, Norway, Portugal and Spain. When paradigms collide, some mutual incomprehension is probably inevitable.

JULIAN TUDOR HART

Gelli Deg
Penmaen
Swansea SA3 2HH

References

1. Gray DP, Marinker M, Maynard A. The doctor, the patient, and their contract. I The general practitioner's contract: why change it? *BMJ* 1986; **292:** 1313-1315.
2. Marinker M, Gray DP, Maynard A. The doctor, the patient, and their contract. II. A good practice allowance: is it feasible? *BMJ* 1986; **292:** 1374-1376.
3. Maynard A, Marinker M, Gray DP. The doctor, the patient, and their contract. III. Alternative contracts: are they viable? *BMJ* 1986; **292:** 1438-1440.
4. Hart JT. Burnout or into battle? [letter]. *Br J Gen Pract* 1994; **44:** 96.
5. Enthoven A. *Reflections on the management of the National Health Service.* London: Nuffield Provincial Hospitals Trust, 1985.
6. Marinker M. Developments in primary care. In: *A new NHS act for 1996?* London: Office of Health Economics, 1984.

History of general practice

Sir,

A number of historians are now working on the history of general practice. Dr Michael Bevan at the Wellcome Unit for the History of Medicine in Oxford is researching the period 1935–55.

There is some concern among historians that general practitioners have been destroying papers about their general practices for this period, not realizing that they might be of considerable interest and relevance to historians.

The Royal College of General Practitioners obviously wishes the history of general practice to be as accurate as possible and this means supplying historians with the raw material for their work.

The Director of the Wellcome Unit at Oxford and Dr Bevan are willing to arrange for the preservation of as many general practice records as possible and particularly wish to receive those from the pre- and early post-National Health Service introduction periods. These would be offered to the Contemporary Medical Archives Centre at the Wellcome Institute in London.

Dr Bevan will be writing to all founder members of the RCGP in the hope that this group in particular will be able to help with the research. Any readers who may hold documents of any kind relating to general practice in this period should let me know, at the address below, or contact Dr Bevan at the Wellcome Unit for the History of Medicine, 45-47 Banbury Road, Oxford OX2 6PE.

DENIS PEREIRA GRAY

9 Marlborough Road
Exeter
Devon EX2 4TJ

Ehlers–Danlos syndrome

Sir,

I would like to draw readers' attention to an inheritable disorder of connective tissue called Ehlers–Danlos syndrome. This syndrome may be more prevalent than generally quoted in medical texts. The figure often given is in the order of 1: 700 000 but it has been reported to be as high as 1: 156 000[1] and Steinmann even goes so far as to say: 'With increased medical awareness, however, the presumed rarity seems likely to disappear. The aggregate frequency of EDS [Ehlers–Danlos syndrome] may be about 1: 5000 births with no racial or ethnic predisposition. The syndrome has been encountered all over the world.'[2]

Ehlers–Danlos syndrome affects collagen synthesis and is classified into 10 separate types depending on severity, parts of the body affected and type of inheritance. Most sufferers fall into types one to three with variable degrees of joint hypermobility and skin hyperextensibility and fragility. Type four affects only a small percentage of sufferers and can lead to arterial rupture and death of the mother and/or fetus during pregnancy. Types five to 10 are rare, making up 6% of cases of Ehlers–Danlos syndrome. Other problems associated with the syndrome include scoliosis, flat foot, mitral valve prolapse, stomach migraine (severe stomach pain perhaps caused by internal bruising), varices and spontaneous bruising (which can lead to allegations of self-abuse or child abuse). Nearly all sufferers have joint pain and some degree of muscle weakness.

The Ehlers–Danlos support group (which is advised by a medical panel and so can give up to date, factual information) provides detailed fact sheets on all aspects of the condition, as well as a booklet and a short videotape covering basic information for anyone wishing to find out more. Through heightened awareness of this syndrome its true incidence should emerge and Ehlers–Danlos syndrome will then receive the attention it has so far been denied.

VALERIE ARMSTRONG

12 Bridgefield
Farnham
Surrey GU9 8AN

Useful address

Ehlers–Danlos syndrome support group, 1 Chandler Close, Richmond, North Yorkshire DL10 5QQ.

References

1. Beighton P. *The Ehlers–Danlos syndrome.* London: Williams Heinmann, 1970.
2. Steinmann B. The Ehlers–Danlos syndrome. In: Royce PM, Steinmann B. *Connective tissue and its heritable disorders.* New York, NY: Wiley-Liss, 1993.