a very high incidence of ectopic pregnancy, placenta praevia or accreta, early abortion, hydatidiform mole, or foetal monstrosities.

Hence in Dr Melling's case, if B ovulated about day twenty-one, there is just time for this ovum if fertilized to have implanted in time to prevent the next menstrual flow, and intercourse took place on day twenty-one of this cycle. This post mid-cycle conception led to an abnormal pregnancy (abnormal foetus and early abortion).

I feel this is more likely than the possiblity of an ovum still being sufficiently viable for fertilisation after seven days.

Edmonton N.9 A. F. J. ATKINS.

REFERENCE

Iffy. L. (1963). *Proc. roy. Soc. Med.*, **56**, 1098.

Outpatient Letters

Sir,

McMullan and Barr's paper in the January issue (*J. Coll. gen. Practit.*, 1964, **7**, 66) makes some pertinent comments; however it fails to bring out the crucial point of the accuracy of the general practitioner's diagnosis. If the diagnosis made is wrong the number of facts included in the letter may be totally irrelevant, but if it is right, in many cases it need be the only fact recorded. Every conscientious general practitioner likes to refer his case to a consultant reasonably worked up and recorded; nevertheless the criterion of efficiency of the general practitioner–consultant combination as a whole is practicality not holiness. With large group practices and shifting populations the general practitioner often knows nothing about the patient's background other than what he cares to tell him.

There is a great disparity between the quality and expense of the publications of the drug firms conveying information to the general practitioner that is practically worthless and the miserable scraps of paper that pass from doctor to doctor carrying vital facts about living people, yet absurdly they are all eventually paid for out of the same pocket.

Paperwork could be standardized with great increase of efficiency, it is absurd that a general practitioner must carry in his case separate x-ray and path. request forms for all the different hospitals in his district. These should be one standard form with the general practitioner's name and address and telephone number printed on it with space for the patient's particulars, the details of his case and the service required; consultants opinion, x-ray, path. report, etc. Now when I send my patients to a consultant I use three forms and two pieces of carbon paper. When the consultant sees the patient there is an adequate summary of his case-history; in addition the necessary x-ray and pathological tests have all been performed. A great amount of fuss and bother has been removed at a negligible cost.

Marlow. D. BRENNIG JAMES