

intelligence, drive, and ability, this lesser system is surely much more likely to be of real value, if only because it stands a much greater chance of being introduced?

I submit, Sir, that once again Dr Stevens (1977) is right: "The excellent is the major enemy of the merely good".

R. J. L. DAVIS

The Health Centre
Dover Kent.

References

- Stevens, J. (1977). Quality of care in general practice: can it be assessed? Butterworth Gold Medal Essay 1976. *Journal of the Royal College of General Practitioners*, 27, 455-466.
- Tait, I. G. (1977). The Aldeburgh System. *British Medical Journal*, 27, 455-466.
- Zander, L. I., Beresford, S. A. A. & Thomas, P. (1978). Medical records in general practice. *Occasional Paper 5*. London: *Journal of the Royal College of General Practitioners*.

RUBELLA SYNDROME

Sir,
I wonder if you would be kind enough to inform your readers that assistance can be given to any of their patients who have a child born handicapped as the result of the rubella epidemic. Our Association has information available to assist with communication, education, and social problems.

J. P. OWEN
General Secretary

National Association for Deaf,
Blind and Rubella Handicapped
164 Cromwell Lane
Coventry CV4 8AP.

GENERAL PRACTITIONER HOSPITALS

Sir,
Council has appointed a working party to examine the present state of general practitioner hospitals and to make recommendations regarding their future. Much information has been obtained from a recent paper by Cavenagh (1978) but if any doctor has further information or comments about the use of these hospitals and the problems which they face, I should be grateful if he would write to me at the address given below.

J. C. HASLER
Hon. Secretary of Council
Sonning Common Health Centre
Wood Lane

Sonning Common
Reading RG4 9SW.

Reference

- Cavenagh, A. J. M. (1978). Contribution of general practitioner hospitals in England and Wales. *British Medical Journal* 2, 34-36.

PRIMARY CARE IN BIG CITIES

Sir,
We read with interest the recent article "The family doctor in Central London" (October *Journal*, p.606). In particular we were interested in the conclusion that "60 per cent of people registered with an NHS doctor were 'very' satisfied and a further 22 per cent 'fairly' satisfied". If this picture is correct then the NHS appears to be meeting most people's expectations. This conclusion, however, conflicts with research we are currently carrying out and may be more a reflection of the methodology employed than the reality explored. Unlike the Community Health Council (CHC) study which used a structural quantitative questionnaire, we have employed in-depth interviews using standard questions. This approach revealed that the whole concept and meaning of 'patient satisfaction' is so complex that to ask a patient "Are you satisfied?" is for all intents and purposes meaningless and certainly the wrong question to ask.

Like the CHC research we have found that a patient has a "low expectation of the NHS", "wishes that the doctor spent more time with the patient" and finds the relationship "impersonal and hurried". But unlike the CHC study we believe that these expectations mirror the patient's perception of a 'medical encounter' which is far from being a satisfactory experience. They also point to the existence of a hierarchy or a range of experiences which each contribute to the patient's overall satisfaction, rather than a single level of dimension of satisfaction. More importantly, they suggest that the 'level of satisfaction' currently experienced by the NHS patient is very low.

We are now extending our research study with a grant from the King's Fund, but we already have sufficient evidence available to indicate that 'patient satisfaction' is a concept which needs to be unravelled.

The phenomenology of the medical encounter is very complex and it would be unwise for anyone concerned with the NHS to become complacent about levels of satisfaction which seem more apparent than real.

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INFORMATION SYSTEMS

Sir,
As a corollary to the report by Dr Madeley and Dr Metcalfe on records in Derbyshire (November *Journal*, p.654) I thought that the results of a simple study which I did recently might be of interest to readers.

I wanted to see if general practitioners were satisfied with their records or would be prepared to contribute towards the cost of a new system (such as a computer). The results were as follows:

One hundred and four general practitioners within 20 miles of Exeter were circulated with an anonymous short questionnaire, of whom 88 replied. Of this number: 52 felt that their records were inadequate; 43 used some form of record summary; 80 said that they would be interested in a new form of record system; 22 were prepared to contribute towards this (£300 was mentioned) and a further 14 gave equivocal answers—usually a qualified "yes".

I feel that general practitioners are more interested in a satisfactory record system than some authorities would have us believe.

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A DIPLOMA IN GENERAL PRACTICE?

Sir,
We welcome Dr S. Hall's suggestion that the College should institute a diploma examination for our hospital-based colleagues (September *Journal*, p. 572). Such a diploma would help finally to dispel the last remaining vestiges of the psychological barrier which has its roots in the awe with which apothecaries and barber surgeons used to look up to physicians. The younger generation of general practitioners certainly respect and even admire technical skill, but early clinical diagnosis is by far the most difficult

part of modern medicine, and they do not therefore recognize an automatic intellectual superiority in their specialist contemporaries.

Income should be based solely on workload and level of responsibility, and not on the expectations of a bygone era. Yet many consultants still object *in principle* to the small overlap in relative overall remuneration compared with their own; although they continue to have misconceptions and confuse general practitioners' net and gross income while still sniping at tax advantages which cease to exist only for consultants without private practice (Scurr, 1978).

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References

Scurr, C. G. (1978). The hospital practitioner grade. *Anaesthesia*, 33, 838.

MIDWIFERY RESEARCH PROJECT

Sir,
I should like to ask your readers for help

in a research project which is being undertaken by myself and colleagues at the Nursing Education Research Unit of Chelsea College. The research is concerned with the role and education of the midwife and will consider the relationship of the midwife's work with that of other health professionals, including the general practitioner. The original initiative for the project came from the Royal College of Midwives and it is financed by the Department of Health and Social Security.

We shall, of course, be studying the issues involved from the midwife's point of view, through questionnaires and interviews, but feel it is also important to establish the views of other health professionals. We are therefore planning to send questionnaires to a small random sample of general practitioners in all 14 regional health authorities and hope to conduct a short interview with a sub-sample in three.

We do hope that general practitioners who are asked to participate in the project will feel able to do so, as we think it is important for their views on this subject to be represented in the project.

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Research Fellow

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ROLE OF ACUPUNCTURE

Sir,
I am surprised at the cursory recognition given in your columns to the role of acupuncture therapy in successfully treating many conditions which fail to respond to other forms of treatment. In my six years of experience with acupuncture, I have found it to be successful in treating pains in the back, head, and neck, as well as migraine, neuritis, some forms of arthritis and skin conditions, asthma, alcoholism, obesity, and other problems.

The apparent timorousness on the subject is extremely disappointing. In the rest of the non-British western medical circles acupuncture is growing with rapid acceptance, especially in France, Germany, and other European countries, not to mention its increasing acceptance in Canada, the USA, and Australia, as a glance at the past few years of *Index Medicus* will attest.

It is to be hoped that acupuncture will eventually be considered with other medical sciences, instead of being relegated, as it is in this country, to articles by non-medical people in popular journals and the netherland of fringe medicine.

JOHN SHEEHAN

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BOOK REVIEWS

FAMILY MEDICINE

F. J. H. Huygen

Roya Vangorcum Ltd
Netherlands (1978)
164 pages. Price £9

It is a rare pleasure to read an outstanding book which could have been written only by a general practitioner. We in Britain take some pride in our belief that we are family doctors and we do indeed work at the level of the family and the home. All too few of us take the next step, that of recognizing ourselves as doctors of families. It has taken a Dutch doctor to show us the way.

Professor Huygen entered general practice in Nijmegen during the war and began, under almost impossible

circumstances, the meticulous documentation of the patients he inherited from his predecessor. The difference was that from the start he quantified his evidence on diagnoses, attendance patterns, and referrals in family terms rather than in relation to the isolated patient.

Documentation of diagnoses and management consistently over the years is difficult enough but when he reviews his notes on the families he describes Professor Huygen is able to adduce those small observations of behaviour, character, living circumstances, or job which taken together can be called personal insight. Not only does he deal with the evidence in a professional way; he also shows the real affection and regard that a good family doctor has for the patients whom he knows well.

The descriptions of families which exemplify a particular point come first. Reading them the British doctor will recognize patients in his own practice and find himself wishing that he knew more about the family. The story could be set in any country town although the reader is often reminded by delightful pen and ink sketches that the scene is in fact set in Holland. He cannot forget, however, that patients are patients wherever they are and have qualities that can be consistently observed by good family doctors.

The next dimension is the application of aggregate analysis to 100 younger families, and 100 older ones. Methods of quantification are described and used which although by no means simple seem to work convincingly. They are based on data collection methods which