Why should general practitioners be expected to continue to use an archaic system of medical records that is manifestly inefficient? It is time that the Department of Health and Social Security got its priorities right. The cost of implementing an A4 system has been regarded as an insurmountable barrier for too long. Sufficient money to introduce the system several times over has been frittered away on other projects in recent years. If the cost criterion had been universally applied we would still be travelling at sea under sail and no doubt I would be sending you this letter by left stick.

To say, as some have done, that A4 records should not be introduced for general practice because computerised systems are imminent is meaningless. The A4 system encourages better records and is an essential preliminary to any more sophisticated system.

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Nomen proprium—an unusual side effect

SIR,—One of our patients was diagnosed 18 months ago as having chronic lymphatic leukaemia. We did not feel it appropriate to tell her the precise diagnosis but spoke in terms of a chronic anaemia. Recently, as her white cell count was rising, a course of chlorambucil was decided upon. A prescription for "chlorambucil, 2 mg daily NP" was written. Unhappily the pharmacist wrote on the bottle both "chlorambucil" and the brand name "Leukeran." Being an intelligent woman the patient guessed that Leukeran implied a diagnosis of leukaemia. This discovery has had unfortunate results in that the patient feels her doctors have deceived her (though she is too polite to say so) and that since she also has the widely held view that leukaemia is necessarily a disease for which there is no effective treatment she has become nihilistic about her future and unwilling to accept therapy.

Although Leukeran is a particularly unfortunate example, one can conceive of other circumstances in which the writing of a brand name on a medicine bottle may have undesirable consequences. One example is the use of ascorbic acid as a placebo where brand names may be familiar to the patient. We consider that if the "nomen proprium" convention is used the pharmacist should not use any terms other than those in which the drug has been prescribed by the doctor.

J GRIMLEY EVANS

J R ELLIOTT

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A national medical service

SIR,—May I seek your readers' reactions to my plea for a national medical service,^{1,2} based on relatively small changes in present National Health Service organisation, to restore a leading role to the medical profession and to emphasise the prime importance of clinical work. The pattern I suggested was a cross between public corporations like the BBC (private medicine being equivalent to ITA) and local government as in district councils.

Specifically I propose that district medical committees (DMCs) cease to be purely

advisory and be given the decision-taking and policy-making role formerly played by hospital management committees. Health district administrators would then be in a relation to DMC members similar to that of district council officers to elected councillors. The level of national insurance contributions could be decided by negotiation with the Government, as with radio and television licence fees, and these contributions could continue to be collected centrally; but money would then be allocated to health districts (roughly per head of population served) to spend in the main as they saw fit, with the annual publication of accounts, somewhat as is provided on the back of rates demands, for public information and comment.

This plan would largely remove medicine from politics³ and bring the needs of patients closer to important decision-taking by those responsible daily for their clinical care. The effect should be to sharpen the thoughts of clinician and administrator, adding greatly to the interest and drive of both.

There are other precedents for putting professional people in charge of their own national services with minimum government control. Legal aid, for example, I am told, is administered by the legal profession, although the total sum of money allocated remains for the Government to decide. So far as the medical profession is concerned there should be no danger of its becoming excessively autocratic, since it is additionally under the control of Government through the General Medical Council by Act of Parliament.

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¹ Crawford, J P, *Lancet*, 1978, 1, 213.

² Crawford, J P, *Hospital Doctor*, 4 October 1978, p 10.

³ Mackintosh, J P, *British Journal of Hospital Medicine*, 1974, 11, 166.

Staffing of accident and emergency departments

SIR,—Your resumé of Mr Walpole Lewin's inquiry into the medical staffing of the accident and emergency services (18 November, p 1447) sets some puzzles.

Firstly, appointment of consultants is to be supported "provided that as with other specialties there is a training programme for future consultants." A few paragraphs later: "A grade of registrar on the establishment of an A/E department is not recommended at present." How is training to be achieved if there is no position giving progressive training and responsibility?

Secondly, "the consultant should take his place on the rota for on-call." Many A/E consultants are *always* on call and a single night away from the phone leaves them with feelings of apprehension and guilt. I have been away for five nights in five years. If "the moratorium on medical assistant posts" is confirmed their perpetual on-call will continue.

The suggestion that "principals in general practice may be able to make [a contribution] to an A/E department, with mutual agreement, particularly from those in practices nearby" is as impractical as it is inappropriate. GPs are far too fully committed and their experience is increasingly remote from ours.

In a special box-enclosure the consultant's work is described as "to organise, diagnose, resuscitate, teach, and liaise." No treatment? No follow-up? No research? What sort of men

or women will accept posts in A/E services on such terms? Certainly none who could organise, diagnose, resuscitate, or teach.

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Chaos caused by maternity leave regulations

SIR,—I would support strongly what Dr Anne L Grüneberg (2 December, p 1575) writes about maternity leave for women doctors. It seems to me quite illogical that when 18 weeks' paid leave has been granted 11 of these weeks must be taken before the date of delivery, leaving only 7 weeks to get used to coping with the hard work entailed by a new baby. Even more important is the effect this has on breast-feeding. Obviously, if a woman is unwell in her pregnancy she may have to stop early, but for the normal, fit, young married woman doctor surely she can be allowed the choice of when she finishes work?

A great deal of lip-service has been paid to improving the provisions to enable married women doctors to continue to work, but in fact very little is done to help them. There are very few crèche facilities in hospitals, and paying someone to look after a small child is not allowable against tax. Before one talks about "wastage" in women doctors some thought should be given to the difficulties they face.

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Non-emergencies out of hours

SIR,—I have noted the discussions of the General Medical Services Committee (2 December, p 1584) and also the reports of the press conference held on 5 December to publicise the commercial deputising services. Nowhere have I seen any comments on the demands made by the unthinking and unnecessary requests for out-of-hours visits.

During a recent and relatively quiet weekend on call for this practice of 11 500 patients I received 13 requests for visits before 10.30 on the Saturday or 11.30 on the Sunday; these were attended without question. There were a further 17 requests for visits, of which four could be acknowledged as emergencies. Three of the remainder (two in the middle of the night) were deferred to the following morning, while the rest were seen at various times. All could have been dealt with earlier in the week, earlier in the day, or next day.

I make a point of answering the telephone myself when I am at home and on call. I try to assess the urgency of the problem and give appropriate advice. The requests range from "Send the doctor . . ." (as if I were a sack of potatoes) to the more courteous "Good evening, doctor, I am sorry to disturb you but . . ." Real emergencies are usually announced in terms which leave no doubt of the problem; non-urgent problems are wretched in tissues of half-truths and prevarications.

If I, knowing the practice patients, have difficulty in separating the sheep from the goats how much more difficult is it for a commercial