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LEADING ARTICLES

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MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Cold comfort for hot children

SIR,—There is, I think, a world of difference between the task of a consultant paediatrician and that of a general practitioner when confronted with a feverish child. Dr D P Addy's leading article (9 April, p 1163) is admirable as a guideline for hospital paediatricians but for myself as a general practitioner it has a slightly unreal feel about it.

Of course, children with serious disease should be diagnosed and treated as soon as possible but if, as he suggests, all children under three months with fevers were to be referred to hospital the paediatric wards would be inundated within the first 24 hours. The catch comes in his phrase "except those with the most transient and trivial fevers." Yesterday, I saw eight children with febrile illnesses. Of these, three were under the age of 3 months. In most, despite a reasonably thorough examination, I was unable to make a firm diagnosis and my notes on these read "URTI." This means "I don't think this child has anything more than a common cold, but I really can't be sure." My task, as I see it, is to bear some of the uncertainty regarding the diagnosis on behalf of the parents who cannot tolerate it. This, indeed, is what I, as a general practitioner am paid for. Fortunately, God is on our side since 90%, perhaps 95%, of these illnesses get better despite our treatment. I cannot remember the last time I admitted such a child to hospital, but I certainly have not done so this year. It seems likely that Dr Addy's statistics would be rather different if they had been derived from general practice. By definition, children referred to hospital are deemed to be ill enough to require admission.

My next task should be to help parents take back some of the responsibility again; this is called "health education." It means, in effect: "Even though I cannot be sure what is wrong with your child, I don't think it is serious and we can afford to wait and see if he will get better, since I can assure you that this is what usually happens." Of course, I am available if they are still worried about the child or if he does not improve shortly. There is also a hidden message: "In future, perhaps you have learned that such illness, though always worrying, does not always require a doctor's attention immediately." Unfortunately, this is where I, as a general practitioner, often fall down. Not only do I fail to follow Dr Addy's precept and make a proper diagnosis, but I sometimes prescribe treatment defensively, usually antibiotics.

So I really do not need Dr Addy to tell me that I must always make a firm diagnosis of every child with a febrile illness that is sent to me. I know that already, but will he please tell me how to do it in five minutes? If he cannot do this will he help me, and my patients, bear the uncertainty of a non-diagnosis in a child who probably has a "trivial and transient fever" but may have a more serious illness?

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Generic substitution

SIR,—I write to protest about the increasingly shrill and political tone of the debate on the report of the informal working group on effective prescribing (the Greenfield report) presently being conducted in your columns. Those of your readers who have read this correspondence but not the report itself might be excused for thinking that the report deals only with the issue of generic versus proprietary drug prescribing in highly polarised terms. This is far from the case. Issues such as the arrangements for providing doctors with information about their own prescribing, the availability of independent publications on therapeutics, the relation between prescribing in hospitals and in general practice, and the role of education in therapeutics at undergraduate and postgraduate level and for the patient are all discussed, as well as the topic of generic prescribing. One would not think this was the case from reading the letters of Professor M D Rawlins (19 March, p 979) and Dr E S Snell (9 April, p 1216).