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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.

Deputising services

SIR,—I have just completed 45 years as an unrestricted partner in a general practice in a Birmingham suburb. For the first 43 years I did all my share of the out of hours work and now, with the permission of my family practitioner committee, pass calls between 11 pm and 7 am to a deputising service. My son continues to do his full commitment. We do have a third partner, my daughter in law, who we do not expect to do night work because she has three small children. In six practices contiguous to ours there is a similar situation where two of the ladies have husbands working as consultants. What will happen if both husband and wife are called out at the same time? Over 40% of medical students are women, and if in general practice they are forced out in the middle of the night they will have to fail either their work or their children.

Some sort of deputising cover is here to stay; perhaps it would be more satisfactory if this was run from the district general

hospital with premises adjacent to casualty where those in need could be brought by relatives or fetched in by ambulances or from where a deputy could go out to visit. The emergency department could be staffed by GPs and there would have to be some method of preventing the service acting as a way round the GP.

Finally, statistics seldom tell the truth. During the past few years, with an increasing immigrant population, not necessarily from the Indian subcontinent, our practice has found its night work much more than doubled.

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SIR,—The DHSS draft circular on the future guidelines for deputising services (7 January, p 89) should be welcomed by most general practitioners. It should be a major contribution to increasing the quality of care in general

practice. Those of us who work in areas not served by a deputising service have had grave misgivings about the effect of increasing numbers of general practitioners opting out of out of hours work.

We work in separate group practices in each of which a partnership of five doctors shares the on call rota. This amounts to a commitment of one night a week and one weekend in five. Admittedly at times, such as 2 am, it feels onerous, but in general it represents a tolerable commitment. Each group averages about 200 night visits a year—that is, 40 per doctor, or not quite once a week. Those who support the idea of deputising services suggest that rotas such as ours are just as impersonal as a deputising service. We think not. Both of us find it most unusual not to know something, if only to recognise the name, of callers during duty periods, even though the population being covered is 10 500 in one case, and 12 500 in the other. In the case of patients with potentially recurring problems it is much easier to pass