Letters to the Editor

MEDICAL RECORDS

SIR,

The article by Dr Roger Gadsby, "Recording information about immunizations" (July Journal, p. 410), is very important indeed. A few months ago I had a detailed questionnaire to complete about a patient who is being considered for compensation for brain damage due to immunization. It was a tedious job going through 15 years of case notes and illegible writing. There was just a mention of DPT, but no batch number or name of manufacturer.

Dr Gadsby is right to draw attention to the important point of 'over-immunization'. This can be avoided by proper recording of all immunization procedures.

FP7A and 8A seem to me to be out of date as smallpox is no longer being used. The spaces for DPT and other immunizations are so small that it is difficult to enter the batch number and manufacturer's name. The format needs to be reviewed, and there should be a space for comments, e.g. under pertussis one could write 'parents declined', or 'contraindications'.

Different manufacturers have different identification details: some say lot number, some say batch number, some say both, and it is difficult to know which one to record for future identification (perhaps in 15 to 20 years' time).

FP7A and 8A should be available as normal stationery supplies, so that details can be entered every time an immunization is done. On no account should the details be entered on continuous cards or anywhere else, as sometimes happens when notes are not available for children who are not registered or when waiting for records to come from the family practitioner committee. In Stoke-on-Trent, computer print-outs are sent with dates of immunization. I think the date should be entered on FP7A and 8A rather than the print-outs be filed, which makes notes bulky, but I do not see the batch number or manufacturer's name on these cards.

It is wishing thinking to suppose that patients would keep their own immunization record cards like passports or other valuable documents, but if they did, then the familiar jobs of tetanus at accident departments would not be so common.

Lastly, I agree with Dr Gadsby that no matter how much may be said about the shortcomings of the present record envelopes, at present they are still the proper place to keep patients' immunization details.

SIR,

The editorial in the July issue of the Journal (p. 386) rightly emphasized the urgent need to reform medical records in British general practice. However, this and the following editorial on computers in primary care regrettably may well have encouraged delay in the improvement of medical records by failing to make the vital distinction between small dedicated computer systems designed for specific tasks and larger computers which attempt to store all information and replace the A4 folder. We must heed experts like Mr Brennig James, Lecturer in Electronics, London University, whose letter to the Editor (July Journal, p. 441) so clearly states the impracticability of large scale total computer data storage. I will give odds of 10 to 1 that less than five per cent of practitioners will be able to abandon paper records within the next 15 years.

I should be very interested to hear from anyone prepared to take me up on this offer. Otherwise I feel experts should concentrate on promoting the best available record system which, as all who have tried the system would agree, is an A4 folder system rather like that so ably described by Drs Marsh and Thornham (1980).

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Reference


THE JOURNAL

SIR,

In joining correspondence on the Journal may I add how great was my anticipation and pleasure in reading former issues of the College Journals. After joining the College in 1959 I visited the original premises off Sloane Square and requested, and received, every back number of the Journal. These Journals to me often read like a novel, the articles being tales of discovery from general practice. Many of them, though, were more notable for their ideas and inspiration than for their substance. The current Journal contributions are certainly more disciplined and do contribute to the substance of general practice but the cost, I suspect, is that far more of a current issue remains undigested or, dare I suggest it, unread. Indeed, the practice manager no longer reads the Journal. Perhaps some auditing of readers would not be out of place?

In spite of the "editorial headache in keeping the balance", suggested by Dr J. S. Norell (September Journal, p. 567), contributions might be shared between those who write scientific, disciplined, and statistical material and those of us who, while not lacking in ideas, often lack the know-how and discipline to translate such ideas into substance.

SIR, whilst all roads lead to Rome, some travellers may prefer alternative routes.

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SIR,

As a recent candidate for the MRCGP examination, I had cause to read through recent copies of the Journal with some care. I underlined in the list of contents on the front page those contributions I thought of immediate and practical interest as an examinee, and which were relevant to my work in general practice over the last seven years. In one third of the copies of the Journal I found nothing I considered worth underlining.

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