FAMILIES PRACTICE IN MINDEN

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SUMMARY: Families practice in all aspects has been described over a year (1 December 1972 to 30 November 1973). A description of types of cases divided into age groups together with items of general interest has been included. The total consultations for families during the twelve months period was 22,303, of which 19,047 occurred during normal working hours and 3,256 in after duty hours.

Introduction

The practice covers an area of some 25 square kilometres, Minden is situated in North Germany some 50 kilometres from Hannover to the east and 40 kilometres from Bielefeld to the west.

The majority of quarters were in the Minden area. There were however, 160 quarters at Buckeburg 12 kilometres from Minden and a number of private hirings in Minden, Buckeburg and Oberkirchen (24 kilometres distance from Minden). The practice is divided into two by the Weser river which flows south to north.

Description of the practice

There were three families medical centres at which daily consultations took place. There were normally three doctors working in the practice. Two of these were based at the Families Medical Centre Kingsley Barracks and the third at Elizabeth Barracks with additional responsibility for the medical centre at Buckeburg where clinics were held twice weekly. However because of operational commitments the practice for six months of the year was managed by two doctors only. As ancillary help there were three S.S.A.F.A. nursing sisters, two of them were based at the Families Medical Centre Kingsley Barracks and the third at Elizabeth Barracks Medical Centre. In addition there was a S.S.A.F.A. welfare worker who not only had responsibility for the Minden area but also for other stations up to 100 kilometres distant.

Twenty-four hour cover was provided by the Medical Centre at Clifton Barracks. No patients were referred to hospital without being seen by a doctor. The practice carried out suturing of cases, dealing with injuries and provided a casualty service. Patients requiring X-rays were referred to the British Military Hospital, Rinteln, the nearest military hospital, 20 kilometres distance, about twenty-five minutes by road.

Work load

The practice was responsible for 3685 patients as follows:—

Population at risk 0-5 years 1082 (29.36 per cent). 5-15 years 1040 (28.22 per cent). 15 plus years 1563 (42.42 per cent). A total of 3685.

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These patients were from three major units and 18 minor units. In addition there are relatives who come on holiday all the year round which account for approximately 600 extra patients.

The number of consultations for the year during normal working hours was 19047 and consultations after normal working hours was 3256, a total of 22303 consultations for the year (Table I).

Table I
Total consultations for the year

Consultations (normal working hours)			Consultations (after duty hours)		
Age (years)	Number	Percentage	Age (years)	Number	Percentage
0—5	5704	29.94	0—5	1454	44.60
5—15	2680	14.08	5—15	854	26.20
15 plus	10663	55.98	15 plus	948	29.20
Totals	19047	100.00	Totals	3256	100.00

The annual surgery consultation rate per person at risk was 5.1 and the annual after duty rate per person at risk was 0.87. The 0-5 age group accounted for 44.6 per cent of cases seen after duty hours, while the 15 plus age group accounted for 56 per cent of cases seen during normal consultation times.

The monthly comparison of consultations of Army personnel/Dependants is given in Table II.

Table II
Monthly comparison of consultations of Army personnel/dependants

Period	Army personnel	Dependants	Total
December 1972	491	1333	1824
January 1973	801	1499	2300
February	772	1451	2223
March	931	1483	2414
April	1047	1692	2739
May	1211	1712	2923
June	896	1629	2525
July	1012	1861	2873
August	930	1478	2408
September	864	1769	2633
October	972	1827	2799
November	766	1313	2079
Totals	10693	19047	29740

The percentage consultations for dependants was 64.05 and percentage consultations for army personnel was 35.95. Despite the fact that there are more army personnel in the practice than dependants almost two thirds of patients seen were dependants. There were 54.4 per cent dependant consultations between the periods April to September inclusive compared with 45.6 per cent consultations during the winter months October to March.

Domiciliary visits

Because of the size of the practice and number of doctors varying from 2 to 3 at any one time domiciliary visiting had to be drastically reduced. By seeing the patient at the surgery better treatment can be given than in the home as all drugs, injections and aids to diagnosis are at hand. Often on arriving at a home the patient is out. In the home one is not working in the best circumstances as the light is often poor.

Transport was readily available for the carriage of patients to the medical centre and only if a patient objected or if it was considered by the doctor that a case by the virtue of the symptoms should be visited at home were domiciliary visits carried out. After duty hours, special clinics were held as follows:—Week days at 1800 hours and 2100 hours, on Saturdays at 1400, 1800 and 2100 hours and on Sundays and public holidays at 1100, 1400, 1800 and 2100 hours. After some initial opposition to the scheme patients were finding that it worked to their advantage and this scheme became generally accepted.

New referrals to outpatient departments

New referrals to outpatient departments are categorised in percentages of the total new referrals as—Surgical 10 per cent. Medical 3 per cent. Dermatology 2 per cent. Ear nose and throat 7 per cent. Gynaecology 18 per cent. Obstetrics 29 per cent. Ophthalmology 19 per cent. Orthopaedic 2 per cent. Paediatric 6 per cent. Psychiatric 1 per cent. Educational psychologist 1 per cent. Speech therapists and others 2 per cent. Referrals per 100 of the population was 22.

Hospital admissions

The total hospital admissions for the year were 745 of which 32.6 per cent (243) were children. The month in which most admissions took place was May in which 86 patients were admitted to hospital (11.5 per cent). All obstetric cases were delivered in hospital and these are included in the total figure.

Immunological procedures

A total of 2765 injections and immunisations were performed during the year. Of these diphtheria, whooping cough, tetanus combined and polio accounted for 67.6 per cent (1869), small pox 23.3 per cent (639), measles 4 per cent (110) and others, yellow fever, cholera, typhoid 5.1 per cent (147). These are not included in the total consultation figures for the year.

Deaths in the Practice

A total of 10 deaths in the practice are categorised—Cot deaths 3. Traffic accidents 2. Pneumonia following influenza 1. Coronary 1. Asphyxia following epileptiform attack 1. Traumatic asphyxia 1 and Bronchopneumonia 1.

One is apt to forget in an army practice with a relatively young population that deaths occur. Fifty per cent of the fatalities were among children under 5 years of age.

Apart from the traffic accidents and the coronary all the fatalities occurred on a Sunday morning. Parents tended to sleep later on a Sunday and perhaps had the normal

routine been followed a proportion of the children could have been saved. The case of traumatic asphyxia (Fig. 1) was interesting in that it was caused by a child playing with a folding pram which snapped shut pinning the child's chest. The marks of the handle of the pram can be clearly seen in the photograph. Post mortem examinations in the three cases of cot deaths did not reveal any significant cause of death.

Fig. 1. A case of traumatic asphyxia.

Patterns of disease

Respiratory system

Respiratory system consultations totalled 2163 as follows:—

Age group 0-5 years 1348 (62.3 per cent). 5-15 years 292 (13.5 per cent). 15 plus years 523 (24.2 per cent).

Conditions ranged from the ubiquitous cough to pneumonia. A total 30.5 per cent of the consultations for the under fives were for bronchitis. Pneumonia accounted for 3.7 per cent (81) of all consultations and asthma accounted for 3.9 per cent (90) of all consultations. All cases of bronchitis were treated with antibiotics. One of four antibiotics (penicillin, tetracycline, erythromycin or septrin) were used. Tetracycline was never given to children under the age of five years.

All cases of clinical pneumonia were referred for hospital admission.

Gastro intestinal disease

Gastro intestinal disease consultations totalled 1359 as follows:—

Age group 0-15 years 574 (42.2 per cent). 5-15 years 142 (10.4 per cent). 15 plus years 643 (47.4 per cent).

In the under 5 year olds 91.1 per cent (522) of the consultations were for diarrhoea, vomiting or a combination of both. There were no cases of dehydration associated with diarrhoea and vomiting. A total of 58.3 per cent (792) of all consultations were for diarrhoea and vomiting.

The diagnosis of abdominal pain, aetiology unknown was made in 55.8 per cent (358) of adult consultations. In these cases follow-up was of importance but the vast majority 94 per cent (336) cleared up without referral for consultant opinion.

No gastric ulcers were discovered during this period but 13 duodenal ulcers were diagnosed all proved by barium meal.

A total of 8 per cent (52) of consultations in the adult age group were for gall bladder disease, and 13 patients were discovered to have gallstones all of whom were treated by cholecystectomy.

It is interesting to note that no case of appendicitis was seen.

Urinary tract

Urinary tract consultations totalled 1223 as follows:—

Age group 0-5 years 214 (17.5 per cent). 5-15 years 303 (24.8 per cent). 15 plus years 706 (57.7 per cent). Of these 80.9 per cent (989) were for urinary tract infections.

Table III shows the number of urinary tract attendances, and Table IV the number of cases in which urine specimens were taken and organisms found in positive urine.

Urinary tract infections were very common. Any male child with a proved urinary tract infection, for example, organisms greater than 10^6 per cubic centimetre and white cells greater than 2 per cubic centimetre was referred to the paediatricians for assessment. In the case of females two proved infections were a basis for referral.

To get patients to attend for follow-up in urinary tract infections especially in the under fives proved difficult. Despite explanations and pointing out the dangers involved of non follow-up, efforts appear to have been made in vain.

It was found that treating enuresis vigorously with a regular follow-up reasonable success rate could be achieved. Specimens of urine were always taken before treatment commenced to exclude a urinary tract infection. Our method of treatment in the over five year olds was Tofranil Tablets 1-2 nightly and also giving the child a star card produced by Geigy. A much greater response to follow-up in enuresis was achieved than in urinary tract infections and a cure rate of 70 per cent was very satisfactory.

In all 10 per cent of cases presenting as enuresis were in fact urinary tract infections. All cases of enuresis were seen fortnightly for 2 months and then monthly. Samples of urine were not taken in certain cases as the case was presented on a week end or it was not possible to get the specimen to the laboratory within a reasonable time after voiding.

Table III
Number of urinary tract attendances

	0—5 years				5—15 years				15 plus years			
	First attendance consultations	Patients	Review Consultations	Patients	First attendance consultations	Patients	Review consultations	Patients	First attendance consultations	Patients	Review consultations	Patients
Infections of urinary tract	89	77	93	29	36	28	65	25	308	272	398	216
Eneuresis	10	10	22	8	45	45	157	44	—	—	—	—
Totals	99	87	115	37	81	73	222	69	308	272	398	216

Table IV
Cases in which urine specimens were taken and organisms found

Urine specimens	0—5 years	5—15 years	15 plus years	Organisms found in positive urines	Number	Percentage
Urine not taken	54	31	95	E. coli	463	91.0
Urine positive	96	42	371	Klebsieua	14	2.7
Urine negative	32	28	240	Pseudomonas	17	3.3
				Streptfaecalis	15	3.0

Psychiatric conditions

Consultations for psychiatric conditions were 1214 as follows:—

Age group 5-15 years 68 (5.6 per cent) and 15 plus year group 1146 (94.4 per cent).

In the adults 46.8 per cent (536) of consultations were for anxiety states and 38.6 per cent (442) for depressive states. It is worth noting the number of patients as distinct from consultations involved. The number of patients with anxiety states was 212 whereas the number of patients with depressive states was 94. However we found that the depressive conditions needed prolonged follow-up.

Anxiety states. These were treated with Valium (diazepam) or Librium (chlordiazepoxide). Psychotherapy also played a major part in the treatment. In many of the cases inability to cope with the normal stresses of day to day life was the primary factor. Almost all the adults were young girls newly wed with small babies living in poor accommodation away from home for the first time, generally amongst a predominantly German community. Difficulty regarding transport in getting to the N.A.A.F.I. or social gatherings were also a factor. Units were well aware of the problem and did all they could to assist. S.S.A.F.A. were also invaluable in visiting and advising these patients.

Depressive states. These tended to occur in the older group 27 plus and were treated by psychotherapy and amitriptyline tablets 25 mg x 3 at night. In addition during the day it was necessary in most cases to use a tranquilizer such as Valium. Initial treatment

was for 6 weeks and then a tailing off of the dosage led to a good cure rate. Regular visits to the doctor every 10-14 days was encouraged while under treatment, and the participation of the husband in helping the patient to recover was stressed. Patients were also told to contact their doctor if any sudden crisis occurred while on treatment.

Sleeping problems

A total of 13.14 per cent (168) of consultations were for sleeping problems. Our drug of choice was Mogadon (nitrazepam) 1 to 2 tablets nightly. Of these consultations 12 per cent (20) were in the under 15 age group usually caused by pre examination tension.

Behaviour problems

A total of 50 per cent (34) of consultations in the under 15 age group was for behaviour problems. All these cases were referred by teachers. Stealing at school, aggressive behaviour and disrupting influence in the class room were the causes for referral. The majority of these were managed in the practice without referral to educational psychologists.

Ear nose and throat conditions

A total of 2797 consultations were for ear nose and throat as follows:—

Age group 0-5 years 1474 (52.7 per cent). 6-15 years 757 (27.1 per cent). 15 plus years 566 (20.2 per cent).

Tonsillitis accounted for 61.1 per cent (1708) of the total and for 65.2 per cent (961) of consultations in the under fives. Otitis media accounted for 23 per cent (643) of all consultations.

Most referrals to see the Ear Nose and Throat consultant were for otitis media and only 1 per cent (17) of the total number of cases of tonsillitis were referred for tonsillectomy.

Presentation of tonsillitis varied in the under fives and six to fifteen age groups. Apart from the common denominator of sore throat in the under fives additional symptoms were fever, diarrhoea and vomiting, whereas in the over fives headache and abdominal pain were the additional symptoms.

Obstetric and gynaecological conditions

A total of 4387 consultations were for obstetrics and gynaecology as follows:—

Age group 0-5 years 6 (0.1 per cent). 6-15 years 23 (0.5 per cent). 15 plus years 4358 (99.4 per cent).

A total of 39.8 per cent (1746) of consultations were for antenatal care. A system of shared care for antenatal cases was arranged in December 1972 with the nearest military hospital (British Military Hospital, Rinteln). This system was as follows:

(a) Patients to attend hospital at initial booking, 28 weeks, 32 weeks, 36 weeks and at term.

(b) Patients to attend medical centre for confirmation of pregnancy, at 4 weekly intervals to 28 weeks; fortnightly 28 to 36 weeks; weekly to term.

This scheme worked extremely well as patients carried co-operation cards with them at each visit. During the year there were 3 domiciliary deliveries which were "accidents". A total of 25.8 per cent (1133) of consultations were for the contraceptive pill. On doing this survey it was discovered that some 14 different brands of pill had been prescribed during the year under review (Table V). This has now been rationalised into 5 types.

Table V
Pills used for contraceptive purposes for 682 patients

Contraceptive pill	Patients	Contraceptive pill	Patients	Contraceptive pill	Patients
Norinyl 1	221	Etalontin 21	41	Norlestrin	9
Gynovlar	142	Ovulen	33	Minovlar ED	6
Minovlar	108	Eugynon	12	Orthonovin 1/50	4
Anovlar	35	Volidan	9	Ovral	2
Minilyn	51	Orlest 21	9	Total	682

It is disappointing to note that only 3.9 per cent (173) of consultations were for cervical smears. Prior to March 1972 all smears were performed at the military hospital. It was decided that we should do our own cervical smears and it is hoped that there will be a larger response as the scheme becomes more publicised.

The six consultations in the under fives were for vaginal discharge.

During the period under review there were 6 requests for termination of pregnancy. All cases were referred to the gynaecologists and of the six cases, five were terminated.

Dermatology

A total of 1585 consultations were for dermatology as follows:—

Age groups 0-5 years 563 (35.5 per cent). 6-15 years 362 (22.8 per cent). 15 plus years 660 (41.7 per cent).

A total of 83 per cent (1315) of consultations were for minor skin rashes which either resolved spontaneously or were cured with zinc oxide ointment, borax or very occasionally a weak steroid application usually 1 per cent hydrocortisone.

Consultations for verrucae were 6.5 per cent (103). As we had our own cautery machine warts were cauterized when patients complained they were unsightly. Plantar warts were treated surgically by excision.

Impetigo consultations were 8.8 per cent (139). Of these 55.6 per cent (77) were in the under fives and 1.8 per cent (28) consultations were for scabies.

Among the more exotic cases seen were one patient with ichthyosis, one child with haemangioma of the thigh and one patient with chronic granulomatous eosinophilic dermatopathy. Only one case of psoriasis was seen and only nine patients were seen with acne.

Infectious diseases

A total of 577 consultations were for infectious diseases as follows:—

Age group 0-5 years 364 (63 per cent). 5-15 years 140 (24.3 per cent). 15 plus years 73 (12.7 per cent).

Consultations for measles were 45.6 per cent (263). Sequelae from measles occurred infrequently. Only two cases were seen with bronchitis. A total of 5.7 per cent (15) of measles cases had been immunised against measles previously and in all cases the rash was atypical.

Mumps accounted for 28.8 per cent (166) of consultations. One patient in the 5-15 year age group developed testicular complications which resolved very well on a 10-day course of prednisalone.

Rubella cases were 13.2 per cent (76) of the total and 25 per cent (19) of the cases were in the 15 plus age group. Two pregnant women developed rubella in the first trimester. Both these cases were therapeutically aborted having been seen by the consultant obstetrician. Chicken pox cases accounted for 7.3 per cent (42) of infectious diseases.

Injuries

A total of 858 consultations for injuries were as follows:—

Age group 0-5 years 305 (35.5 per cent). 5-15 years 303 (35.3 per cent). 15 plus years 250 (29.2 per cent).

Injuries to soft tissue accounted for 62 per cent (532) of the total injuries. Lacerations 28.3 per cent (244) which all required suturing which was carried out at the medical centre.

Fractures 10.7 per cent (82) accounted for the remainder of injuries. All cases were referred to hospital for X-ray. Of the fractures 60 per cent (55) involved the clavicle or upper limb.

In the period under review there were two cases of "baby battering". Both these children were admitted to hospital and full skeletal X-rays carried out. We were very much aware of this problem and there were some other cases of soft tissue injuries where it may have been a case of "baby battering" but there was insufficient evidence.

Orthopaedics

A total of 627 consultations for orthopaedics were as follows:—

Age group 0-5 years 57 (9.1 per cent). 5-15 years 39 (6.2 per cent). 15 plus years 531 (84.7 per cent).

The most common condition seen was backache which accounted for 19.7 per cent (124) of consultations. Backache did not present a particular problem in diagnosis. Persistent low backache had X-rays of lumbar spine and sacral but in no case was a disc lesion discovered. Most of the consultations in the under fives were for examination of lower limbs with regard to walking problems.

Paediatrics

Total number of consultations was 432. Of these 36.8 per cent (159) were for routine six-weekly checks which was initiated in December 1972.

During the period under review the following congenital abnormalities were seen:—

(a) *Congenital heart lesions.* Five new congenital heart lesions were seen during the twelve month period. These were all ventricular septal defects and were aged between two and four years. All were referred for E.C.G. and chest X-ray. The other two cases of congenital heart lesions were atrial septal defect and pulmonary stenosis—both these cases previously diagnosed before arrival in Minden.

(b) *Congenital dislocation hips.* There were three patients all new.

(c) *Talipes equinus varus.* There were two patients, all new, discovered at routine six-weekly check up.

Febrile convulsions accounted for 4.6 per cent (20) of consultations during normal working hours.

Drug overdose

There were 13 cases of drug overdosage in this period. All were in the under five age group and all were except for one accidental.

Drugs taken were Mogadon, Minovlar, Epanutin, Valium, Junior Aspirin, Paraffin. Excuses given ranged from "climbed up to locked cupboard in the bathroom" (this a child aged 10 months) to "I left the tablets in my handbag".

The case which was not accidental occurred when a pregnant woman of 34 weeks required to be sent to hospital because of ante partum haemorrhage. She had a child aged 14 months and because she did not want the child to remain with her husband fed the child ten 5 mg tablets of Valium so he would also be admitted to hospital (which he was).

All cases were sent for hospital admission.

Miscellaneous

Included under this classification are cases which did not fall into any of the other categories. A total of 1824 consultations classified as miscellaneous were as follows:—

Age group 0-5 years 425 (23.3 per cent). 5-15 years 354 (19.4 per cent). 15 plus years 1045 (57.3 per cent).

(a) *Diabetes.* There were 0.71 per cent (13) consultations involving 6 patients. The youngest diabetic on our list was 4 years old and one new diabetic aged 8 was found during the year.

(b) *Eye infections.* There were 14.85 per cent (271) consultations of which 59 per cent (160) were in the under fives.

(c) *Hay fever.* There were 6.68 per cent (122) consultations for hay fever, of which 74 per cent (90) were in the 15 plus age group. The antihistamine of choice was Piriton (chlorpheniramine maleate).

(d) *Helminthiasis.* There were 4.82 per cent (88) consultations for this condition of which 47.8 per cent (42) were in the under fives. Apart from one case of roundworm all others were threadworms.

(e) *Sterilisations (female).* There were 1.42 per cent (26) consultations for sterilisations. All of these were carried out at the British Military Hospital, Rinteln.

(f) *Lumps in the breast.* There were 2.02 per cent (37) consultations for lumps in the breast. All of these were referred for consultant surgical opinion and no case of malignancy was found in this group.

(g) *Blood tests.* There were 24.12 per cent (440) consultations with reference to blood tests (including follow-up) were seen. It was our policy to get all patients to return for the result of any blood test so that appropriate treatment (if any) could be initiated.

(h) *Minor surgery.* There were 6.30 per cent (115) consultations. Minor surgery was carried out on sebaceous cysts, removal of ingrowing toenails, and small lumps, for example lipomata etc. All the latter were sent for pathological examination.

(j) *Obesity.* There were 6.3 per cent (116) consultations. Diet was the method of choice in treating this condition. In five cases tablets were used; the drug of choice was Ponderax (fenfluramine hydrochloride). There was no case of intolerance to Ponderax. Patients were seen fortnightly and weighed. Overall the results were poor and varied from no weight loss to 42 pounds. Attendance for review was erratic despite encouragement.

Patients seen after duty hours

In using this term rather than "emergency calls" it seem to make more meaning to us. An emergency to a patient does not mean the same thing to a doctor. For example a prescription for the pill is hardly an emergency, but for the patient it becomes one. Likewise infectious diseases are hardly an emergency, but it may be that the family are either due to be posted or going on holiday the next day and then it becomes an emergency to the family.

There were some patients generally with small children who only came after normal working hours. It was difficult to see any reason for this and when asked "why did you not come at normal times" the answer was "I was told that I couldn't be seen today". Checking this statement showed that in all cases this was untrue. Our staff were told that anybody coming at normal times would be seen at the end of normal appointments, and this was always followed. The real reason was that certain patients refused to wait even 15 minutes. These patients proved difficult to deal with and will always be "problem" patients.

Total consultations of patients seen after duty hours were 3256 as follows:—

Age group 0-5 years 1454 (44.6 per cent). 5-15 years 854 (26.2 per cent). 15 plus years 948 (29.2 per cent). A detailed list of which follows:—

(a) *Infectious diseases.* A total of 5.8 per cent (186) infectious diseases are shown in Table VI.

Table VI
Infectious diseases in 186 patients

Disease	0—5 years	5—15 years	15 plus years
Chicken pox	2	4	—
Measles	65	35	—
Mumps	26	41	—
Rubella	11	2	—

(b) *Obstetrics and gynaecology.* A total of 3.7 per cent (119) obstetric and gynaecological conditions are shown in Table VII.

Table VII
Obstetric and gynaecological conditions in 119 patients

Condition	0—5 years	15 plus years	Condition	0—5 years	15 plus years
Ante partum haemorrhage	—	1	Period problems	—	6
Vaginal discharge	4	11	Pill prescriptions	—	2
Gynaecological	—	22	Pregnancy problems	—	24
Threatened abortion	—	35	Nausea of pregnancy	—	14

A total of 80.6 per cent (30) of cases of threatened abortion were sent to hospital for admission, the remainder were treated at home.

(c) *Dermatology condition.* A total of 7.4 per cent (241) dermatology conditions were seen consisting of Warts—15 plus years 2 cases. Rashes/vaccination reactions—0-5 years 129 cases. 5-15 years 41 cases. 15 plus years 69 cases.

It is difficult to understand why so many rashes/vaccination reactions were seen, but the reason would seem to be elimination of infectious diseases.

(d) *Psychiatric.* A total of 2.6 per cent (84) psychiatric conditions are shown in Table VIII.

Table VIII
Psychiatric conditions in 84 patients

Condition	0—5 years	5—15 years	15 plus years
Sleeping problems	16	—	6
Overdose	10	—	10
Anxiety states	—	2	27
Depression	—	—	5
Nightmares	2	—	—
Advice	—	—	4
Suicidal attempt	—	—	2

The overdose cases in the under fives were all accidental. In the fifteen plus age group marital disharmony was the cause in all cases. Range of tablets ingested were Valium, Mogadon, Aspirin, Panadol and in one patient a months supply of contraceptive pills. There were two genuine suicidal attempts one patient took 20 five milligram Valium plus 20 Aspirin, the other patient attempted to cut her wrists.

(e) *Urinary tract.* A total of 2.7 per cent (87) urinary tract conditions were seen consisting of Urinary tract infections—0-5 years 13 cases. 5-45 years 11 cases. 15 plus years 63 cases.

(f) *Abdominal.* A total of 11.7 per cent (383) abdominal conditions are shown in Table IX.

Table IX
Abdominal conditions in 383 patients

Condition	0—5 years	5—15 years	15 plus years
Abdominal pain	10	34	87
Alimentary tract	4	—	—
Diarrhoea	18	12	2
Diarrhoea and vomiting	49	28	46
Vomiting	48	11	20
Pyloric stenosis	2	—	—
Haemorrhoids	—	2	2
Hernia	2	2	2
Constipation	2	—	—

The two cases of pyloric stenosis were both male aged four weeks and 16 weeks respectively and diagnosis was confirmed in both cases at operation.

(g) *Chest.* A total of 15.1 per cent (493) consultations for conditions of the chest are shown in Table X.

Table X
Chest conditions in 493 patients

Condition	0—5 years	5—15 years	15 plus years	Condition	0—5 years	5—15 years	15 plus years
Asthma	2	—	5	Chest pain	—	2	6
Bronchospasm	24	7	4	Pneumonia	4	2	2
Bronchitis	26	22	25	Urti	91	34	56
Cough	81	38	26	Coryza	20	10	6

(h) *Ear nose and throat.* A total of 23.8 per cent (775) ear nose and throat conditions are shown in Table XI.

Table XI
Ear nose and throat conditions in 775 patients

Condition	0—5 years	5—15 years	15 plus years
Tonsillitis	284	171	44
Ear ache	33	24	12
Otitis media	109	66	18
Otitis externa	—	6	8

A large number of cases 23.8 per cent (775) of all after duty consultations constituted ear nose and throat conditions. We believe that a possible cause for this is the injudicious use of central heating.

(j) *Orthopaedics and injuries.* A total of 17.4 per cent (566) orthopaedic conditions and injuries are shown in Table XII.

Table XII
Orthopaedic conditions and injuries in 566 patients

Orthopaedic and injuries	0—5 years	5—15 years	15 plus years
Lacerations	79	53	8
Fractures	5	2	2
Soft tissue injuries	143	120	89
Orthopaedic	23	5	37

Soft tissue accounted for 70.2 per cent (501) of all injuries. Lacerations 26.6 per cent (140) were about the same as during normal working hours.

(k) *Miscellaneous*. A total of 9.8 per cent (320) miscellaneous conditions are shown in Table XIII.

Table XIII
Miscellaneous conditions in 320 patients

Conditions	0—5 years	5—15 years	15 plus years	Conditions	0—5 years	5—15 years	15 plus years
Hay fever	—	2	8	Migraine	—	—	11
Influenza	6	8	22	Headaches	—	2	18
Viral infection	15	20	15	Epilepsy	—	—	4
Mouth ulcers	19	11	4	Febrile convulsions	12	—	—
Marital problems	—	—	2	Fainting attacks	—	—	15
Eyes	4	4	2	Malaise	2	—	7
Conjunctivitis	28	12	8	Swallowed foreign bodies	4	—	—
Paediatrics	5	—	—	Varicose veins	—	—	6
Dental/teething	20	4	13	Rape attempt	—	—	1
Worms	2	2	—	Hypertension	—	—	2

Conclusions

Based on our experience over a twelve month review of families practice we have come to some conclusions.

We feel that domiciliary visiting is only necessary in a very small percentage of patients and by having a good transport system and extra clinics in the evenings and weeks ends there is little call for travelling to see patients.

We feel that emphasis on teaching ought to be in the discipline of paediatrics with particular importance to oto laryngology and diseases of the respiratory system. As all cases of injury are seen by the General Practitioner experience in casualty work is valuable.

We consider that antenatal care is an integral part of general practice and in a service environment, where distance from hospital is particularly a factor it is essential for all doctors to establish antenatal clinics.

We also feel that by encouraging an interest both by doctors and patients (especially in the latter on frequent attending) very good results can be achieved in the field of psychiatry and dealing with enuresis and obesity, thus alleviating the pressure on specialists.

The fact that our consultation rates, on the whole, are rather higher than in National Health Service practice, we feel is due to the number of young people in a foreign environment. This contributes to insecurity and having less contact with members of their family the service general practitioner is very much in *loco parentis*, therefore a thorough understanding is required of psychiatric conditions, living standards of families etc. in order to be able to successfully carry out a role as a general practitioner.

Appointments to The Queen

Brigadier R. N. Evans, M.B., Ch.B., F.F.A.R.C.S., D.T.M.&H., late Royal Army Medical Corps was appointed Honorary Physician to The Queen on 12 June 1976, in succession to Major-General J. McGhie, M.D., F.R.C.Psych, D.P.M., late Royal Army Medical Corps.

Colonel (Acting Brigadier) K. P. Milne, M.B., Ch.B., D.O.(Eng.), D.T.M.&H., late Royal Army Medical Corps was appointed Honorary Surgeon to The Queen on 12 September 1976, in succession to Brigadier R. M. Vanreenen, M.B., Ch.B., F.R.C.P.(Ed.), F.R.C.Path, D.T.M.&H., late Royal Army Medical Corps.

Honorary Consultants

To The Army in Scotland

Mr. A. I. S. MacPherson, F.R.C.S., F.R.S.E., has been appointed Honorary Consultant in Surgery to the Army in Scotland, with effect from 25 June 1976. He succeeds Mr. James A. Ross who retired on 25 June 1976.

Professor D. L. Hamblen, Ph.D., F.R.C.S.(Eng.), F.R.C.S.(Ed.), has been appointed Honorary Consultant in Orthopaedic Surgery to the Army in Scotland, with effect from 5 June 1976. He succeeds Professor A. M. Rennie who retired on 5 June 1976.

To The Queen Alexandra Military Hospital

Mr. D. Henderson, M.B., B.S., B.D.S., F.D.S., R.C.S.(Eng.), has been appointed Honorary Consultant in Dental Surgery to The Queen Alexandra Military Hospital, until its closure in mid 1977, and thereafter to The Queen Elizabeth Military Hospital, with effect from 1 May 1976. The appointment was vacant.