

were: cost per prescription 6s. 10½d. (7s. 1d.), cost per patient 2s. 4½d. (2s. 11d.), and prescriptions issued 0.346 (0.410).—I am, etc.,

Redditch, Worcestershire.

C. L. POTTS.

SIR,—One of the major factors influencing the average cost per patient is the geriatric loading of the individual doctor's practice. This has been ignored by the Hinchliffe and Douglas Committees; but I would point out that it completely vitiates the attempt to compare any individual doctor's prescribing with the area average. Not one but four substantial factors are in constant operation: geriatric prescribing is noted for, firstly, an increased number of prescriptions per form; secondly, a repetition of scripts for "maintenance therapy"; thirdly, the increased cost and quantity of the drugs in each prescription compared with such in the younger age group; and, fourthly, a more subtle factor—the increased "patient consulting rate" of this group. Thus, the prescribing costs will be proportional to the geriatric loading in a steeply rising linear curve, so that a moderate overloading will cause a rocketing of the cost. This all-important parameter, the geriatric overloading, cannot be ignored; and it would be a grave miscarriage of their authority if the local medical committee, as a final resort, withheld money from the doctor's remuneration without taking it into account. The geriatric type of prescription begins at age 40.

Drs. A. Mair, G. P. Mair, and A. Taylor (*Journal*, November 12, p. 1442) would do well to make an age-sex breakdown of their practice, and compare it with their national figures. Revealing is their remark: "Even so, a large proportion of our entire practice seems to belong to the chronic-sick group," and that of the regional medical officer "a shockingly high figure." The age-sex register of my own practice has disclosed a 22% geriatric overloading. From W.H.O. statistics published in 1958 the following figures are extracted:

England and Wales, total population, 44,441,000; total over 40, 19,588,000; total under 40, 24,853,000.

Therefore in each 3,000 of the population there are: over 40, 1,322; and under 40, 1,678. In my own practice of 3,000 the figures are: over 40, 1,607; and under 40, 1,393.

I, too, have repeated visits from the R.M.O. I am sure if I went into partnership with Drs. Mair, Mair, and Taylor in the young population of a new council estate we would be commended rather than condemned for our prescribing.—I am, etc.,

Birmingham.

F. V. A. BOSCH.

SIR,—I found the article by Drs. Alistair Mair, George B. Mair, and Andrew Taylor (November 12, p. 1442) interesting and useful; the "prescription" being facile was never intended for an E.C.10!

One item not mentioned, which will remain very difficult to assess, is the money saved in the benefits not paid owing to an earlier return to work brought about by the use of the more expensive and effective drugs. However, the economic pressures legitimately demand a quicker recovery, apart from this being a basic exercise in medicine.

Also, the expensive treatment acquired from hospital presents a difficulty which is virtually impossible to avoid. There seems to be little emphasis on cost in hospitals' prescribing, and perhaps there is virtue in this, despite the change in emphasis in general practice.

It would be interesting to hear from a group practice where the costs are a similar amount below the average.

Where the balance between cost and the anticipated benefits is struck seems to be largely an individual decision taken each time an E.C.10 is used. Apart from the doctor's sense of discretion and the occasional pricing bureau figures there is little to guide, thank goodness.—I am, etc.,

Headington, Oxford.

H. E. WELLS.

Fringe Medicine

SIR,—Mr. Brian Inglis (November 19, p. 1525) is most unfair in classing osteopaths and unqualified practitioners together. Every member of the Register of Osteopaths has to have a four-years training. Dr. James Cyriax's argument (p. 1525) that physiotherapists should be taught manipulation is really only valid if they are taught by osteopaths and, in fact, become osteopaths. Certainly if this was done the average duration of stay of patients in the physiotherapy departments would be reduced by 75%. I have sent literally hundreds of patients to osteopaths and have followed the former up carefully; the results on the whole have been very satisfactory.

Doctors with children who are contemplating medicine would be well advised to let them consider osteopathy instead. The work is extremely rewarding, as it results so quickly in loss of pain and restoration of function. Moreover, there is room in this country for between two to three times as many osteopaths as there are now. They make excellent incomes. As much of their work is physical they have the satisfaction of working in a profession which uses mind and body alike. Have you seen their muscles?—I am, etc.,

Colchester, Essex.

M. E. LAMPARD.

SIR,—I hope that Dr. James Cyriax (November 19, p. 1525) will be gratified to learn that at the Annual Representative Meeting of the B.M.A. at Torquay this year a motion "That this Meeting, recognizing the value of manipulation without anaesthesia, urges that medical students should be taught selected manipulative techniques" was carried as a reference to Council (*Supplement*, July 2, p. 11).

This motion stood in the name of the N.E. Suffolk Division, the members of which are disturbed by the failure of almost all medical schools to include the teaching of manipulative techniques in their curricula in spite of the fact that musculo-skeletal disorders, amenable to relief by manipulation, constitute a very considerable proportion of the disabilities for which patients consult their general practitioners. By the same token I hope that Dr. Cyriax's cogent and authoritative letter will carry its full measure of weight when Council come to consider N.E. Suffolk's motion.—I am, etc.,

Southwold.

J. C. LEEDHAM-GREEN.

SIR,—Dr. James Cyriax and Mr. Brian Inglis (November 19, p. 1525) imply that there are no medically qualified osteopaths in this country. Nothing can be further from the truth. There are many medical practitioners, like myself, who are also fully qualified osteopaths, and this training is not, as Dr. Cyriax suggests, some slick manipulative technique to be picked up by a medical student in his very brief sojourn in a very busy physical medicine department. On the