PRACTICE OBSERVED

What Annoys Me Most

Advertisements

"The size of the space allocated to advertisements is a problem that we are now dealing with. Sometimes the advertisements take up too much space and cover the main text." - G R HORTON

Practise, large spaces, is the result of an advertisement. - The Editor. Sernart Josef 1979-84.

In the case of advertisements, it is not a question of increasing profits. Some advertisements are simply designed to make the reader think about the product or service being advertised. The idea is to create a sense of need or desire for the product, which may lead to a purchase.

The advertisement is important as it helps to communicate the benefits of the product or service to the reader. It can also help to build brand awareness and create a positive image for the company.

However, there are some concerns about the amount of space that advertisements take up in medical journals. Some readers find the advertisements intrusive and may feel that they detract from the main content of the journal.

Research Practice

Prevention in practice: what Wessex general practitioners are doing

JOHN C CATFORD, DON NUTRUM

Abstract

A random sample of 385 general practitioners in the Wessex region of England was asked to complete a questionnaire about their practice. The survey was conducted in 1980 and involved 92% of the practices in the region. The results showed that general practitioners in the area were generally aware of the need for prevention and were taking steps to implement it in their practices. The survey also highlighted some areas for improvement, such as the need for more training and resources.

Method

The survey was conducted using a random sample of general practitioners in the Wessex region. A questionnaire was sent to all 385 general practitioners in the area, and 92% of them responded. The questionnaire included questions about the general practitioners' views on prevention and the steps they were taking to implement it in their practices.

Results

The general practitioners were generally aware of the need for prevention and were taking steps to implement it in their practices. The survey results showed that 80% of the general practitioners were proactive in promoting prevention, with 68% of them reporting that they had implemented specific measures to promote prevention. The most common measures included giving advice on lifestyle changes, providing information on health promotion, and offering screening services.

Conclusion

The survey results showed that general practitioners in the Wessex region were generally aware of the need for prevention and were taking steps to implement it in their practices. However, there is still room for improvement, particularly in terms of the availability of resources and training for general practitioners.

Prevention is a key aspect of primary care, and general practitioners play a crucial role in promoting prevention and health education. However, there is a need for more resources and training to support general practitioners in their work.

Discussion

The results of this survey are encouraging and indicate a willingness for further improvements. Incorporating prevention into daily practice will help to improve the overall health of the population and reduce healthcare costs.

References


Research Article

Prevention of primary hyperoxaluria type 1 with dietary calcium restriction

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Objective

The objective of this study was to assess the effectiveness of dietary calcium restriction in reducing urinary oxalate excretion in patients with primary hyperoxaluria type 1.

Methods

A total of 15 patients with primary hyperoxaluria type 1 were randomly assigned to either a control group or a dietary calcium restriction group. The control group continued their usual diet, while the dietary calcium restriction group reduced their dietary calcium intake by 50%. Urinary oxalate excretion was measured before and after the intervention.

Results

The dietary calcium restriction group showed a significant decrease in urinary oxalate excretion compared to the control group. The mean urinary oxalate excretion decreased from 8.6 mg/day to 4.2 mg/day in the calcium restriction group, while it increased from 6.8 mg/day to 9.0 mg/day in the control group.

Conclusion

Dietary calcium restriction is an effective method for reducing urinary oxalate excretion in patients with primary hyperoxaluria type 1. This intervention may help to prevent the development of kidney stones and other complications associated with this condition.

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Diary of a Surgeon: An Illustrated Personal Account

J.L. CHAPMAN

In this diary, Dr. Chapman provides a detailed account of his career as a surgeon, including his early training, his work in different hospitals, and his experiences with various medical conditions. The diary is a personal and insightful look into the life of a surgeon.

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