to buy their homes, but local authorities are entitled to use only a quarter of the capital receipts from house sales and half of those from land sales for new building. The government also restricts how much local authorities can borrow to pay for renovations and building. These policies are leading to a remorseless reduction of public housing stock and a deterioration in its quality. It costs up to £24 000 a year to place a family of three in bed and breakfast accommodation in London. In 1987 it was twice as expensive to keep a family in bed and breakfast accommodation as to provide a new council flat. As the report says, "Homes are cheaper than homelessness." It must be time to recognise these humanitarian and economic arguments and start investing in public housing.

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Save the general practice record

Or else future historians may not know how the NHS worked

In Britain general practitioners and their predecessors, the surgeon apothecaries, have always treated most episodes of illness for which a doctor is consulted. For anyone interested in the history of sickness and health the records of general practice are at least as important as those of hospitals and other medical institutions.

Few general practice records from before the National Health Service have been preserved. Today, however, records are kept routinely in the National Health Service, and Britain is one of the few countries with a standard form of medical records for primary care, covering most people from birth to death and following them from one area to another. And these are more than the records of primary care: they include hospital consultations, admissions, and investigations. Hospital records are mainly concerned with isolated episodes of illness; records of general practice, for all their imperfections, are the only comprehensive records of all the medical care patients have received throughout their lifetime. Although record keeping in general practice has often been abysmal, some general practitioners have kept excellent records and the standard of record keeping is rapidly improving.

Unfortunately, the same complicated system that ensures the continuity of records of general practice while patients are alive also ensures that these records are systematically destroyed when patients die. Unless deliberate plans are made to preserve some records from general practice few will be available to historians, epidemiologists, or anyone else concerned with research into health care since the beginning of the National Health Service. Some have already been preserved at the Contemporary Medical Archives Centre at the Wellcome Institute in London, and a few at other institutions. Nevertheless, there is a danger of reaching the absurd position that records from general practice in the second half of this century are scarcer than those of the eighteenth and nineteenth centuries.

It may not be generally known that records do not have to be destroyed: general practitioners can, after consulting their family practitioner committees, retain the records of their patients when they die. One of us (JTH) has preserved the records of all his patients who have died over the past 20 years and is supplementing these by microfilming the records of patients now registered with his practice. These records will be deposited at the Contemporary Medical Archives Centre.

In an ideal world representative samples of records from general practice from all parts of Britain would be preserved in the record offices of the relevant counties. But this is unlikely: added to problems of preservation are those of confidentiality. There are no absolute rules, but it is generally agreed that access should be allowed to "bona fide" scholars provided nothing is published that could lead to the identification of patients. The power of deciding who is a bona fide scholar is usually vested in the authority preserving the records and the originators of the records or their successors.

It is worth the trouble. Although a wealth of material on primary care has been published, the original records are not superfluous. Published data are important, but for certain kinds of research there is no substitute for the original records. Senior practitioners who have accumulated records from before or after the start of the National Health Service that urgently need preservation and younger doctors wanting advice on preserving their records should contact their local record office or one of us.

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Correction

Control of meningococcal disease

An editorial error occurred in this editorial by Dr D M Jones (4 March, p 543). The telephone number of the meningococcal reference (Scotland) laboratory is 041 946 7120 and not 041 946 7129 as published.

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