standardized mortality ratios for the Western Isles of Scotland are lower than those for the mainland of the United Kingdom. This gives rather more support to the conclusion that true rural communities with extended families and good social support in fact have lower suicide rates.

Crombie’s so-called ‘epidemiological fact’ gives us useful insight into how poor science can be readily assimilated into common belief without question. I have subsequently heard several radio programmes and seen several newspaper articles which assume this epidemiological fact to be correct. This reinforces the importance of the critical reading paper in the MRCGP exam. Indeed Crombie’s paper and the subsequent correspondence are used to discuss critical reading with medical students at the University of Glasgow (G Watt, personal communication).

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References

Fellowship of the RCGP by assessment

Sir,
The Royal College of General Practitioners has launched a new initiative to promote fellowship by assessment, hoping to have 250 new fellows by this route by 1996. The experiences of these pioneers who are prepared to develop their practices and allow scrutiny by their peers should be recorded, for they will be making a major contribution to the development of general practice. Such experiences may not always appear in the official records, however, and would therefore not be available for the benefit of later applicants, or for the history of the profession.

I am keen to gather material on the experiences of those who proceed to assessment and am also interested in the attitudes and opinions of those who have given thought to the principle of fellowship by assessment but who decide not to proceed, perhaps because of difficulties, obstacles or inhibitions. I am also keen to hear from anyone who, for whatever reason, is not in favour of the principle. I hope to publish the results of this research in a book which would be a companion to my book on the MRCGP examination.1

The project has the approval and support of Professor Mike Pringle, chairman of the RCGP fellowship by assessment working group.

I would be very grateful if anyone who has a view on fellowship by assessment could write to me at the address below. References to such views or experiences in any eventual publication would, of course, be anonymous.

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Shrewsbury SY2 6PD

Non-verbal communication: the lip-reading sign

Sir,
I would like to describe a new sign in general practice. This has come to my notice after using a computer over some five years. When patients are deaf but unaware that they lip-read, they rely on seeing the doctor’s face and lips. During a consultation, the computer screen may be turned to face the patient so that both parties can read it. The result can be a doctor talking to the patient, but facing the computer screen during part of the consultation. If the information is essential and the patient cannot deduce what the doctor is saying, the patient gradually moves position so as to ‘lip-read’ the doctor. This can become so strong an urge that the patient ends up interposing himself or herself between the doctor and the screen. Perhaps the sign deserves a better name? Any suggestions?

General practitioners who think that patients may be hard of hearing should always ensure that the patient can see the general practitioner’s face clearly before the doctor starts to speak, especially if the doctor is about to impart important information.

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Reference

Letters