

still the "Offence against the Person Act" of 1861 making it clear that abortion is a serious offence. It merely attempted to lay down conditions where a prosecution under that Act would not be made. People must draw their own conclusions, as to the interpretation of this Act, but it strikes me that the White Bill goes some way towards correcting a tendency amongst people of this country to value life cheaply, and many doctors might welcome its support when in response to a request for abortion they really feel the answer is *no*.

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NULLIUS IN VERBA

Sir,

"The trouble with the College is that its gone all Balint." So Dr Andrew Smith (1975) quotes a middle-aged founder member as saying, and is at pains, in respect of the college examination, to contradict this supposition. Nevertheless, it is an opinion shared by many doctors inside and outside the College, and it would be helpful if we were to be reassured about this—especially as many Faculties are still unrepresented on the panel of examiners.

It should be emphasised that the opinions of Michael Balint should be allowed to stand or fall on their merits as would those of any other commentator on the medical scene. The enthusiasm of some of his followers seriously impedes relations between the College and those whose academic aspirations it seeks to serve. It is time for the College to take a dispassionate view and to establish a certain distance from particular psychiatric theories. We must be allowed to feel that we are 'not bound to swear as any one master dictates.'

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REFERENCE

- Smith, A. (1975). *Medical News*, 25 September.

CORONARY ARTERY DISEASE AND THE ELECTROCARDIOGRAPH

Sir,

Dr Stout's letter (*July Journal*) was of great interest in describing the pioneer work of Dr Frank Mort in the field of cardiology from general practice

in the early part of this century. It will be recalled that Dr Augustus D. Waller, also a general practitioner in Kensington, was the first to describe the changes in electric potential which occurred in the heart muscle during contraction. He registered these changes with leads from the limbs, using a capillary electrometer in 1887.

We are all familiar with the great advances in cardiology by Sir James Mackenzie at the beginning of this century mainly by his observations from his general practice in Burnley. Nevertheless, the electrocardiograph, incorporating modifications of Einthoven's string galvanometer, remained a piece of laboratory equipment in hospital practice until the early 1920s. I can well remember as a junior houseman in 1922 that it was quite a clinical event when the cardiograph leads were taken from the laboratory to the wards in Edinburgh Royal Infirmary. By 1930 portable models became available and were rapidly developed into the neat sophisticated machines we know today largely by the Cambridge Scientific Instrument Co.

There is little doubt that the development of the modern ECG machine was the main factor in "popularising" and elucidating the diagnosis of coronary disease, but the disease itself was recognised and described in all the textbooks since the beginning of the century. In his letter in the *April Journal*, Dr Yellowlees is reputed to have said that he never saw a case in his student days (*circa* 1922-23) and Dr Rae Gilchrist is reported as describing the first case in Edinburgh in 1928.

These seem extraordinary statements historically from my own student experience in the early 1920s. Price's *Textbook of Medicine* (1922) has a large section on the electrocardiograph and coronary disease and Osler and McRae in 1920 in discussing the subject make the statement that "coronary thrombosis is one of the common causes of sudden death."

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Osler, W. & McRae, T. (1920). *The principles and practice of medicine*. 9th ed. London and New York: Appleton.
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Yellowlees, W. W. (1975). *Journal of the Royal College of General Practitioners*, **25**, 275-276

RADIOGRAPHY REPRODUCTIONS FOR GENERAL PRACTITIONERS

Sir,

A recent leader in the *British Medical Journal* outlined the explosive progress in the quality of radiographs which is likely to be made in the near future. There are many features of this which are likely to affect general practitioners; in particular,

the possibility that copies of the radiographs can be made at low cost and of a convenient size for portage and filing, so that they could be made available to general practitioners for inclusion in the patients' notes.

I feel that the College should press for these measures to be adopted since they would undoubtedly increase the quality of patient care which general practitioners can provide in a cost-effective manner.

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B. JAMES

DIPLOMA IN SEXUAL MEDICINE

Sir,

I was most interested in Dr E. Ronald Seiler's letter in the *May Journal*. I have already tried to interest the Society of Apothecaries in a diploma in sexual medicine without success.

I would gladly help the College in any way I can, should it decide to explore this matter further.

E. J. TRIMMER

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REFERENCE

Seiler, R. (1975). *Journal of the Royal College of General Practitioners*, 25, 348.

BOOK REVIEWS

Kitchen sense for disabled or elderly people (1975).

FOOT, SIDNEY; LANE, MARIAN; MARA, JILL.
Pp. 218. London: William Heinemann.
Medical Books for the Disabled Living
Foundation. Price: £1.25.

One of the hard things to admit to is disablement that accompanies age, quite apart from disablement from disease or injury or as a sequel to short acute illness. These authors co-operated in writing this readable book, illustrated by clear line drawings. It is useful too for all those who need not yet admit to disability from any cause save natural incompetence and lack of experience.

The editor is herself a disabled housewife and was at one time Education Officer to the Design Council. She has, as well, written the section on kitchen arrangements with its pitfalls and how to avoid them by rearrangement and avoiding unnecessarily costly fittings. She advises on frugal maintenance of structure and gadgets, lighting and ventilation leading to precious independence of home life. She has obvious experience in devices for opening and mixing with one hand, or with two that are weak and tremulous as well as helping with the practical illusion of the third hand that all of us long for at times. Advice is provided on switches and plug points for safety and value on putting on with one's elbow, or working from a wheelchair, cooking and cleaning too, and on accessible storage.

The rest of the book is written by a one-time occupational therapist in hospitals and by a past teacher of home economics now in test kitchens for a large retail store. The whole book is pervaded

by a practical consciousness of preventing accidents.

A wide range of recipes, varied in flavour and texture for daily use and special occasions and including vegetarianism are provided. These are preceded by a simple section on diet without fuss, save in obesity, and on principles of nutrition generally. The directions for recipes are simple and clear and good reading for the greedy. Means of achieving shopping for the severely disabled, problems of opening tins, bottles and packages are all dealt with. Accessory food helps such as meals on wheels, take-home meals and luncheon clubs are all provided with sources of addresses.

Appendix A provides a classified list of services and manufacturers, construction for doors and windows, cupboards and wide varieties of aids and services. Appendix B has again classified lists of recipe books, books on special simplified clothing, how to modify and adapt, gardening, entertainments and hobbies, on hospitality and in fact many features to maintain independence when that is one's chief object in living.

The presentation of each section is clever, attractively facing difficulties without wordiness, as for instance each list of ingredients balanced by a list of tools to be used. A single sentence of general advice at the bottom of each page stimulates the reader. This reviewer hopes never to be without a copy, with thanks to the Campbell Soup Company for financial assistance, thus keeping the price to £1.25. It is as valuable for men as for women and especially for those who are giving lectures in primary medical care.

ANNIS GILLIE