Ear, nose, and throat	256
Ophthalmology	252

New consultant appointments

The same review showed that 17·4 per cent of new consultant appointments were overseas graduates with substantial differences between the specialties varying from ophthalmology (15 per cent), accident and emergency (42 per cent), geriatrics (41 per cent), radiology (39 per cent), ENT surgery (38 per cent) to medical microbiology, child and adolescent psychiatry, general medicine, general surgery and paediatrics all with less than 10 per cent.

HONORARY PHYSICIAN TO THE QUEEN

Surgeon Captain J. A. Mead, RD, MA, MRCGP, RNR, has been appointed an Honorary Physician to the Queen from 1 January 1979. Dr Mead practises in Portsmouth and has been a member of the College from 1965.

MIXED SEX WARDS IN NHS HOSPITALS

Dr Gerard Vaughan, Minister of State for Health, has announced that he will be taking steps so that health authorities do not continue the practice of mixed sex wards in NHS hospitals.

JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners have approved the vocational training scheme at Tameside and have re-approved the schemes at East Cumbria, Salford, and Warwick and Leamington.

LETTERS TO THE EDITOR

WHAT KIND OF COLLEGE?

Sir,

Dr Walker's letter (August *Journal*, p. 500) comes as a welcome draught of fresh air through the stultifying pages of the College *Journal*.

I have always been sceptical of the value of a College of General Practitioners and declined to join even though I had the chance to do so before the introduction of the examination for membership. Having spent years fuming at this absurd innovation I decided that it was a question of "If you can't beat 'em, join 'em" and so took, and passed, the examination at my first attempt last year. I feel that I can therefore air my views without being accused of 'sour grapes'.

General practice is largely an art which can be learnt but not taught, and those who think it can delude themselves. Desirable qualities of a good practitioner include dedication, patience, compassion, resilience, sense of humour, and clinical acumen, to name but a few, and of these only the last is in the slightest way amenable to assessment by examination. I found it much more difficult to deal with a hypothetical clinical situation under examination conditions than with the same thing in real life, and suspect that I nearly failed myself in the process. The examination is surely condemned as a valid test of competence by the simple fact that many excellent established family doctors have failed. "We feel genuinely sorry for these colleagues," murmur members of the College hierarchy with incredible arrogance, but I submit that it is they to whom one should extend sympathy.

Before taking the examination I attended a week's course in "Advanced General Practice" (a provocative and presumptuous title if ever there was one) organized by one of the College faculties, and came away well versed in the necessary jargon for the examination, but on the whole dismayed by what I had seen and heard. With one or two notable exceptions, the contributions, given by general practitioners, while valuable for the examination were quite irrelevant to the conduct of a busy general practice. I quickly tired of being told what I should be doing by university lecturers in general practice who had very small lists and whose income must have derived largely from their university appointments and not from general practice about which they were supposed to be experts. As far as I could discover, their main object in life seemed to be to reduce general practice to a series of flow-charts and to conjure spurious erudition out of what is really only commonsense.

I speak for myself, but I feel sure that what many busy family doctors would like in order to improve the service they give is, as Dr Walker says, more time, and to be relieved of some of the drudgery (the issuing of sickness notes, for example) which is such a burden in industrial practices. When I asked what the Royal College was doing about this, I was told that it did not wish to become involved in medical politics. This high-minded academic stance ill becomes a body supposedly working for the improvement of standards in general practice, and the sooner this is realized the sooner will the College be able to make a worthwhile contribution to the branch of medicine it professes to serve.

E. W. STURTON

Hollybank House
Creswell
Worksop
Notts.

Sir,

Dr P. H. Walker's letter (August *Journal*, p. 500) makes glum reading but the five per cent turnout he reports seems about par for the course and reinforces the suspicion that College activists are no more representative of the membership at large than the College itself is of the profession. No-one could argue with his remedy—smaller lists and protected incomes—but it is hard to see a role in this for a body primarily concerned with raising clinical standards by promoting education, research, and practice organization.

Others will want to reply to his criticism of College priorities, including the stock allegation of pomp and no circumstance, but I should particularly like to take him up over his strictures on what he imagines to be our approach to education, which he prefers to dub awful rather than awesome. We have always had critics among our own ranks as well as from outside and Dr Walker is evidently not alone in believing the College has taken a wrong turning somewhere and fallen under the spell of the wild men of the educational left.

But is it really as bad as all that? It was perhaps understandable that the idea of 'training' when first introduced should have gone against the grain with some of our colleagues; and, besides the connotation of circus animals, Dr Walker could have mentioned training soldiers, training ornamental shrubs, and—more sinister—potty training. But, as it happens, his own faculty has been prominent in putting training on a sound basis so that it can fulfil its proper role of preparing doctors for a skilled craft, and it has achieved this neither by running an assault course nor by devising ever more fiendish hoops for trainees to jump through. At the same time, its trainers' courses have

been notably free from the corrupting jargon to which Dr Walker takes exception and with which, it must be admitted, our College has been identified in the past.

We have all surely moved on. Today's trainers are expected to be able to inspire as well as to instruct; to add to our knowledge of general practice, not just purvey it. Furthermore, what is wrong with the concept of a relatively sheltered working environment where young doctors can be supervised while encouraged to acquire competence, the habit of self-criticism, and an attitude to self-education which will stand them in good stead throughout their professional lives?

J. S. NORELL
Dean of Studies

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WHY NOT WRITE ENGLISH?

Sir,

Reading Dr Hull's excellent article on the writing of English (August *Journal,* p. 481) reminded me that many years ago when engaged on the same crusade I wrote a contemptuous and stirring piece on the use of the cliché. Good hard-hitting stuff it was. Clichés, I said, are witless devices to conceal the witlessness of their authors: destroyers of thought and malignant corrupters of style, pits dug by the devil.

The thing was duly published, and when I saw it in print I noticed—to my shame—that in my swingeing peroration I had used a particularly disagreeable example of the breed. At that moment I became the Founder President of the Clanger Club—which proud position I hold to this day. By virtue of this office I now invite Dr Hull to apply for membership, for has he not, in his first paragraph, perpetrated the splendid solecism of adverting to the *latter* of *three* possibilities?

I think I can promise him election by my membership without a single black ball. Welcome, Dr Hull.

JOHN MILES

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Balnain
Glen Urquhart
By Inverness.

Sir,

Warm thanks to Dr Hull for his article, "Why not write English?" (August *Journal,* p. 481). It concerns the whole profession but general practice most because we, most of all, must explain to and discuss with patients the nature, likely course, causes, prevention and treatment of their ailments and interpret the reports and suggestions of hospital doctors in words they can understand. An illiterate bacteriologist may not matter much; an illiterate general practitioner ought not to have patients.

The problem is not new. About 30 years ago the Editor of a leading medical journal told me that almost every published paper had had to be rewritten in his office, though I fancy this would not have been so at the turn of the century.

Now, as Dr Hull says, students come to believe that to write jargon and despise grammar well becomes a member of our profession. To write "on a number of occasions" for "often", "at this point in time" for "now", "geriatric" for "old" and "like" for "as" is to write like one who has absorbed his medical education.

I am cheered by Dr Hull's observation that "new-entry students . . . write interesting articles". It suggests that if medical teachers could be persuaded to mend their ways, good doctors, able to communicate, would emerge; but I still fear a chief cause lies deeper and that if—as we should—we wish to breed literate doctors we must reduce the quantity of fact—or alleged fact—we require preclinical students to learn and persuade schools to go on teaching English to late teenagers who opt for medicine and not abandon them utterly to the 'science side'.

Should we not also use 'multiple choice' very sparingly at and after school? It has solid virtues but that it saves both parties prolonged mental effort may rather be a fault.

Lastly, from its foundation, I have hoped the College would feel that to make sure general practitioners shall be well educated men and women was a first duty. Could not Council have a session on literacy for practising doctors? Dr Hull's article would make a good starting point.

LINDSEY BATTEN

Little Squerryes
Hosey Hill
Westerham
Kent.

Sir,

"Why not write English?" asks Dr F. M. Hull (August *Journal,* p. 481), and his plea must be supported. It was most enterprising of him to draw attention to his cause with three grammatical errors, two solecisms, two badly mixed metaphors and four illogicalities all on one page.

CONRAD M. HARRIS
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WOMEN GENERAL PRACTITIONERS

Sir,

I thought that your editorial (April *Journal,* p. 195) on women general practitioners gave a balanced and realistic resumé of current thinking. It was therefore with considerable surprise and amusement that I read the subsequent correspondence on this rather contentious issue.

Dr Gardner and Dr Cunningham (July *Journal,* p. 433) appear to be trying to convey the impression that not only are they equal to their male counterparts but also in many ways vastly superior. This superiority, it seems, is based solely on their ability to manage a home, to reproduce, and subsequently rear children. How dreary it is to hear this argument trotted out time and again!

As Dr J. S. Norrell so rightly points out (July *Journal,* p.433), they certainly leave me squirming with embarrassment and serve only to confirm a long held impression that women have only one enemy in medicine—that is themselves.

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Sir,

I have taken an interest in this subject for some time and published some of my conclusions last year (MacGillivray, 1978).

It is surprising that Drs Ward and Bryan (August *Journal,* p. 496) are unaware of the available statistics which have been requested by and sent to the Medical Women's Federation on at least two occasions. The best references that I know are Reynolds (1975), subsequent correspondence in *The Post Magazine and Insurance Monitor* on 4 and 11 September, 9 October and 6 November 1975, Reynolds (1976), and a letter from the Medical Sickness Society which appeared in *BDA News* (1976) and was quoted by George Adams in *General Practitioner* on 24 March 1978.

Those doctors who claim the advantages of our sex (skills in caring) while ignoring the disadvantages (increased susceptibility to crippling diseases in the third and fourth decades) display a