

We are exhorted to write good English. Please also let every column inch count.

N. T. A. OSWALD  
125 Newmarket Road  
Cambridge CB5 8HB.

Sir,  
I think the *Journal* was right to publish the interesting article by Dr K. Williams (January *Journal*, p.33), based on a study of 500 women years, particularly as this must roughly correspond to the number of women 'on the Pill' in many practices. In my opinion, there was a great enough number of patients with chest pain in the study for the conclusion to be valid.

I agreed that it does not rule out a relationship between any single cause of chest pain (e.g. pulmonary embolism) and oral contraceptives, but it does show that, in the average practice, chest pain is as frequent in non-users as in users.

I believe that the Editor of the *Journal* is right to encourage student studies of this calibre by publishing them when possible, and would expect all thinking doctors to read this article, taking into account the status and experience of the author and not allowing the mere fact of publication to prevent them from reading it as critically as Dr Sackin (May *Journal*, p.306) obviously has.

R. HILLMAN

### WHAT KIND OF COLLEGE?

Sir,  
I quite agree with Dr M. R. Thompson (February *Journal*, p.118) when he states that he would give humility a high place on the list of qualities required of a good general practitioner.

As a non-member of the College, but as a reader of your *Journal* by courtesy of my partners, I cannot reconcile the concept of humility with either the exclusive nature of the College, or the pomp and ceremony of College robes, maces, and official junketing.

If humility is judged to be a worthy attribute of the family doctor, then it should be similarly judged in relation to

the College which seeks to represent him.

I believe that it is the apparent absence of this quality on the part of the College which lies at the root of its inability to attract the interest and support of more than a minority of established general practitioners in this country.

N. W. S. HESTER

The Surgery  
Shaw Lane  
Albrighton  
Nr Wolverhampton WV7 3DT.

### WOMEN GENERAL PRACTITIONERS

Sir,  
I am sure that the findings of Drs Ann McPherson and Jackie Small (February *Journal*, p.108) about women general practitioners in Oxfordshire could be duplicated elsewhere, and I agree that the under-representation of women as principals in general practice arises from attitudes to women doctors rather than lack of training or ability.

In this area, however, there seems to be no lack of openings for part-time work, and I have had many offers of this since finishing vocational training here. However, I have chosen to work full time. This has really brought me up against the sexist attitudes of some of the medical profession, exemplified by an all-male training practice (with College members) blatantly specifying in a private handout that they were seeking "a young male replacement" and summed up by a comment by a general practitioner colleague: "I wouldn't take on a woman unless she brought her ovaries in a jar."

Admitting women to medical school and to vocational training schemes purely on the basis of merit is hollow egalitarianism if, when it comes to the crunch, that is, taking on women as partners in general practice or employing them in senior hospital grades, prejudice reveals itself as strong as ever.

GAIL YOUNG

129 Salters Road  
Gosforth  
Newcastle.

### REPEAT PRESCRIPTION SYSTEMS

Sir,  
The Practice Organization Committee of the College has been considering the problem of repeat prescription systems. We are trying to draw together relevant information about repeat prescribing and efficient systems of keeping this activity under control. Eventually we hope to produce a document on repeat prescribing, which would be available to anyone interested.

I should be very glad to hear from any practice which has a repeat prescribing system which they feel functions efficiently and which may have features that they consider of particular value.

K. J. BOLDEN  
Chairman

Practice Organization Committee  
Royal College of General Practitioners  
14 Princes Gate  
London SW7 1PU.

### WASTED CERVICAL SMEARS

Sir,  
It would be unfair to describe Mr Burslem's piece on wasted cervical smears (March *Journal*, p.189) as a wasted letter, because it is often helpful to be reminded of what one knows already. However, I suspect (though I have no supporting data) that there is a far greater source of wasted smears which he failed to mention. These result, not from faulty technique, but from the thoughtless following of routine: "A routine cervical smear was taken." This sentence occurs so frequently in letters from gynaecology, antenatal, and family planning clinics that it could well be incorporated into a rubber stamp. As general practitioners we ought to mention the date of the last smear test in our referral letters or, even better, enclose a duplicate copy if one is to hand. The same applies to the results of screening for syphilis and rubella antibodies.

Maybe such wasteful duplication will only start to decrease when patients carry summaries of their medical records, perhaps on the lines of the French *Carnets de santé*.

V. P. SMITH

The Old Grammar School  
St Ives  
Cambridgeshire.