	general practitioner.
5.10 p.m.	Dr Annis Gillie. The family doctor's view.
5.30 p.m.	Discussion.
6.0 p.m.	Chairman's summary.

After the meeting an informal dinner for members, associates, and their guests will be held at the Victoria Hotel, Belgrave Road, Torquay. Those wishing to attend the symposium and/or the dinner should apply to Dr Dorothy West, 1 Monastery Road, Paignton (Symposium Hon. Secretary), and should send the registration fee of 10s. per head for the symposium, and 27s. 6d. per head for the dinner. Early application will assist the organizers.

ASSOCIATION OF POLICE SURGEONS OF GREAT BRITAIN

W. G. Johnston Prize

This Association will in 1964 offer a certificate and prize of 25 guineas for an essay, which must be the original work of the entrant, on a medico-legal subject chosen by the author. Entrants must be appointed police surgeons or general practitioners engaged in police work. A high standard will be expected.

Full details, conditions of entry and closing date for receipt of completed essays can be obtained from **Dr Robert Hunt Cooke, 20 Brampton Grove, London, N.W.4,** by forwarding a stamped addressed envelope.

Correspondence

Lord Moran's Ladder

Sir,

Dr Curwen has raised many interesting points in his provoking article on Lord Moran's ' Ladder '. I'm sure most of us accept his most important conclusions: (*a*) that to achieve consultant status a sense of vocation, ability and staying-power are needed, whereas general practice is (too often but inevitably) the refuge of the weaker in spirit, and (*b*) that there are really two ladders, one longer and much more difficult than the other, and (*c*) that it is time the shorter ladder into general practice was made more difficult and purposeful—i.e. that general practice should be improved until it is the first choice for more than one-third of those who enter it. On the other hand, I feel that the case has been over-stated, and I would like to offer a few comments on Dr Curwen's findings.

1. I do not think Dr Curwen has appreciated the significance of the eight consultants in his 1926–1930 group who began life in general practice. These eight should surely have been included in the General Practice 1926–30 group as this was their *original* choice of career. I agree that they will probably have no equivalent in the later groups because ' the bridge ' between general and consultant practice has disappeared. But this invali-

dates Dr Curwen's conclusions that there is no difference in the answers of the three time groups. Moreover, it is significant in that it illustrates one important way in which general practice has suffered a loss of status and of attraction at least in some areas (comparable to a similar loss should cottage hospitals disappear). It must be recorded that prior to 1939, a good-class general practice with a hospital association where one could follow a specialist interest, was a very real and very attractive alternative to consultant practice.

2. In the matter of apprenticeship, I consider the position is again over-stated. There is great room for improvement in training for general practice—but surely consultant status should be compared with full and equal status in a partnership rather than with the moment of entering practice as a principal (this is often expedited in order to claim loading factors!).

3. I find it difficult to accept the view that the financial advantages of consultant status play little or no part in its attraction as a career. The ' image ' of the big surgeon, his Bentley, his Harley Street rooms and of his place in society may well be as much concerned with status as with money—but how can the two be separated? Life earnings in the R.A.M.C. are now probably greater than in any other branch of the profession. Time alone will show whether this materially improves the status and attraction of that service. I believe it will.

4. Finally, Dr Curwen gives himself away by asking "Is there a ladder and if there is, *where* did the general practitioners fall off it? " Surely, Sir, he should have asked *whether* general practitioners are those who fall off?

My interpretation of Dr Curwen's evidence is that one-third of general practitioners do not consider ' the ladder ' at all, and the majority of the remaining two-thirds, though much tempted by the prizes of consultant status, do not seriously attempt to climb the ladder—and for the reasons which Dr Curwen describes so fully and so well.

Of course Lord Moran was right in his contention that most of the able men become consultants (and regrettably that seems to be even more true today). But I believe, and I think Dr Curwen's investigation confirms, that he was wrong and did a disservice to medicine to suggest that "there was no other aim ".

Stratford-on-Avon E. O. EVANS

Migraine Symposium

Sir,

One of your correspondents writes (January): " I was astonished to find no reference to the basic role of psychotherapy in the treatment of this condition which responds to this approach just as readily as *any other psychosomatic disease* " [*my italics*].

Migraine is a syndrome of multifactorial causation mediated by reversible vascular changes within and without the cranium. Though the causative factors may include psychological ones, it is emphatically not