

at the Medical Faculty of the University on 4 and 5 July 1969. This seminar will deal with vital educational and administrative aspects of family medicine. It should be a stimulating introduction to congress week.

We most sincerely hope that members of the Royal College of General Practitioners will find it possible to attend our congress.

H. F. Verwoerd Hospital,
Pretoria, S. Africa.

HOWARD P. BOTHA.

Medical education

Sir,

The symposium on Education for General Practice held in Manchester was very stimulating and exciting.

Professor Anderson rightly stressed the need to act quickly on the proposals of the Royal Commission on Medical Education.

It seems to me that the most important action to take involves making new regulations as follows:

1. That new principals in general practice appointed after 1977 must have attended an approved training course, and must hold a qualification from the Royal College of General Practitioners.

2. That new principals appointed between 1974 and 1977, who have not attended an approved course, should get a somewhat lower rate of remuneration than those who have.

Training posts as envisaged in the Royal Commission's report must be made available as the demand for them arises. This demand may not be very great until the increased numbers of students now being admitted to medical schools begin to qualify in the 1970's.

I feel we should do all in our power to persuade the British Medical Association and the Ministry of Health to agree to new regulations on these lines.

Wilmslow.

D. T. PRICE.

Coeliac Society

Sir,

Coeliac disease (and the associated gluten-sensitive enteropathies) are increasingly being diagnosed. As a consequence coeliac disease which was at one time a rare disease has now become a relatively common one.

It is felt by several coeliac sufferers that there is a need for a society to look after sufferers of this disease. Its aims would include authoritative guidance on gluten-free diet, giving sufferers simple information about the condition, as well as endeavouring to promote further research in this disease.

I would be grateful if any of your readers who have patients with coeliac

disease could draw their attention to the formation of this society and put them in touch with Mrs Elizabeth Segall, 116 Loudoun Road, London, N.W.8.

Lichfield.

J. D. W. WHITNEY.

Use of vitamin D

Sir,

Little is known of the effects on the infant of large therapeutic doses of vitamin D given to the mother during pregnancy. I have been able to follow the development of children born to a mother with postoperative hypoparathyroidism who was treated with large doses of calciferol during pregnancy and have found defects in two of them. It is tempting to attribute the abnormalities to the toxic effects of this vitamin but I have, as yet, no proof.

Further cases are difficult to find as unphysiological doses of vitamin D are only likely to be given in pregnancy for hypocalcaemia and certain metabolic bone diseases. I should like to hear from any of your readers who know of pregnancies during which large doses of vitamin D have been given so as to compare my experience with theirs.

1 Fleethall Grove,
Stifford Clays,
Grays, Essex.

R. N. HERSON.

The pathology of family life

Sir,

Dr J. Tudor Hart¹ is mistaken when he imagines that, in my address "the pathology of family life",² I proposed to replace the Registrar General's classification of social class by some new subjective classification of my own. All classifications arrange social classes or groups in order of rank and I was discussing the criteria which society uses to 'rank' the familial attitudes characteristic of social classes.

When Dr Hart asks whether I think living from an unearned income 'represents' a high degree of independence and responsibility he invites me to make a personal value judgment. What really matters is not whether the order of rank I described conforms to his values or to mine but whether it reflects the values commonly held by the society in which we live. It is a fact that a large unearned income endows a family with a high degree of financial independence and that society expects such a family to accept a high degree of financial responsibility for its own affairs. Moreover, independence and responsibility are not only financial. Educational advantages confer a degree of independence and impose corresponding responsibilities. The status attached to certain occupations, paid or unpaid, can have the same effect but, even if society today values a purely