

tion as a whole, the MCQ paper represents only a quarter. We have collected much evidence to show that the examination as it is being developed is fair, of a high standard and relevant to general practice. We intend to continue improving and developing it. We do not intend to abandon the MCQ paper.

It must be said that Dr McNicol successfully sat the examination to which he refers. My congratulations to him are the more fulsome and sincere in that he coped so well with what he apparently found new and abhorrent. But perhaps that is what we all feel about examinations when we are sitting them.

I should say that the Board of Censors will be pleased to receive questions from any who care to send them to us. It is a college examination in which we are representatives who administer the examination. Suggested questions may be of any type, essay or MCQ, but if the latter, 'one-out-of-five' please. They will all be read and considered, even those humorous ones we from time to time receive.

Manchester

P. S. BYRNE.

#### REFERENCES

1. *Teaching and learning in medical school*. Ed. George Miller *et al.* Harvard University Press.
2. W.H.O. Publication. 'Medical Exams.'
3. Report of Conference on Examinations, London. R.C.P. November 1968. *Journal of the Royal College of General Practitioners*, (1970) 19, 44.
4. Report of Conference on Examinations, London, 1970. *Journal of the Royal College of General Practitioners*, 19, 240.

#### The green paper

Sir,

In the correspondence column of *The Journal of Royal College of General Practitioners* 1970, 19, 239, Dr T. Smallhorn refers to the confidence of medical records and states "that we are being pushed into a system in which confidence is lacking, because the integrity of records is absent, and that we shall be forced to share our opinions with people who have a purely economic and social attitude towards the individual".

I have an Upjohn Travelling Fellowship to study medical records and my researches have shown me that as partnerships increase in size, as more ancillary help is employed by practices, and as health centres increase in number, so we must be even more alert than we have been in the past to maintain the confidence of medical records, and the practi-

tioners I have met have not been unaware of this.

In the *British medical journal* 1970, 2, supplement p. 95, the General Medical Services Committee state that "doctors are to be advised that before disclosing information about their patients to a social work department, the patient's consent should be obtained in writing".

I have found doctors have various techniques for recording confidential information so that it can remain so, and certainly as the computer is used more for recording medical data the problem will become greater. The profession, however, is alive to this matter and, I believe, will guard and keep confidential information as such.

Worcester

A. J. LAIDLAW.

Sir,

I was pleased to see the letter from Dr T. Smallhorn in your April edition of the *Journal*. He has touched on a vital issue. The increasing tendency for doctors—and particularly general practitioners—to be engrossed in clinical problems, practice organisation problems, continuing education problems and economic problems, has led to a diminution in concern for the maintenance of the highest ethical standards. Economic and social forces frequently run counter to established medical ethics. The Royal College of General Practitioners must look beyond the Green Paper and its implications, and undertake a realistic assessment of the validity of established medical ethics.

London N.W.6

S. E. ELLISON

#### Oral ulceration in general practice

Sir,

In his interesting review article on oral ulceration in general practice (*Journal of the Royal College of General Practitioners*, 1970, 19, 191) Dr E. C. Fox states that the prevalence of oral ulcerations in the population is fairly high and it is probably higher than is generally realized. However, he gives no figure to support this statement.

In 1966 I carried out a pilot study of the incidence of certain conditions and symptoms in 104 randomly selected 14-year olds. Mothers reported the occurrence of mouth ulcers in 24 per cent. Although these children had an

excess of symptoms of emotional disturbance such as headaches, faints, biliousness, limb pains and tearfulness, this excess was not significant and there was no correlation between mouth ulcers and any particular symptom or group of symptoms.

St. Pauls Cray, Kent

E. TUCKMAN

### The Ranfurly Library Service

Sir,

Everyone knows nowadays that two thirds of the world's population are handicapped by poverty, hunger and avoidable disease. Everyone knows of the splendid work of charitable organizations in sending food, clothing and medical supplies to relieve distress. This is first aid, and most necessary, but it is only a start. People want to stand on their own feet to catch up and keep up in the modern world, and this depends on education. Education begins with learning to read and continues by reading. Books are the tools of literacy and education, the keys to progress from learning to earning better living, better hygiene, the hope of a job.

No 'aid', therefore, can be more practical or more effective than the supply of books to countries where books are scarce and costly and the people too poor to buy them. English books are specially needed, for in most Commonwealth countries and many others English is the language of general communication, business and higher education.

The Ranfurly Library Service is based on two simple facts: the developing countries need books; and countries such as Britain, Canada, Australia and New Zealand have millions of books which are surplus to their own needs. We ask the public to give us their unwanted books so that, with the help of our voluntary workers and through the

generous concessions of the shipping lines, we can sort them, pack them and send them out to the countries—more than 70—where they are desperately needed. There they fill the shelves of public, university, school and hospital libraries and are used by youth clubs, leper colonies and other organizations. We send out from London an average of 10,000 books a week, so we need every good book we can muster.

Everyone can help, and we want everyone's help. We should be very glad indeed if doctors would bring our work and needs to the attention of their patients by means of notices in their waiting rooms. We shall be happy to supply anyone who is interested with suitable material, showing the kinds of books wanted and advising as to collection and transport.

HERMIONE RANFURLY.

The Countess of Ranfurly, O.B.E.  
The Ranfurly Library Service Ltd.,  
18 Carlton House Terrace,  
London S.W.1.

### Health education

Sir,

I am studying the 'Rôle of the general practitioner in health education' and wish to contact those practitioners who are already actively involved, be it with special groups, or in factories or schools as well as in personal practice.

It would be of great help and much appreciated if members who are interested would write to me about their involvement in health education.

Thembeni,  
274 London Road,  
Boston,  
Lincs.

FRANK WALT.

## Book reviews

**Clinical trials' protocol.** Cyril Maxwell, M.B.Ch.B., Sutton, Surrey. Stuart Hill Publications, 1969. Pp. 60. Price 17s. 6d. (87½p)

There are a number of reasons why the Royal College of General Practitioners has not become directly involved in clinical trials of therapeutic substances among which are the statutory obligation on the general practitioner in the National Health Service to provide proper and necessary treatment to his patient and the fact that in

NHS practice medicaments are customarily prescribed by doctors and dispensed by pharmacists with whom there may be no direct contact. Thus it may appear that a manual of procedures for the proper conduct of clinical trials may have no message for the doctor in general practice. This is far from the case.

A clinical trial is one form of research investigation. It happens to be a form in which many of the variables are under the control of