

'B' with two general practitioners (in partnership) has 2,500 patients.

My reason for publishing this data was to stimulate further examination of what we can do and should be doing in practice.

JOHN FRY

138 Croydon Road,
Beckenham,
Kent.

REFERENCE

Fry, J. (1972). *Journal of the Royal College of General Practitioners*, **22**, 521-528.

GENERAL PRACTITIONERS AND CONTRACEPTION

Sir,

The emphasis of your September *Journal* on contraception is timely. We believe that free contraceptive advice should be available to all within the National Health Service.

Earlier this year we took a practice policy decision that no charge would be made for contraceptive advice for social purposes, and all prescriptions for the Pill would be given on E.C.10. So far the executive council has not asked us to justify our prescriptions.

Surely the time has come to anticipate a universal contraceptive service within the National Health Service? General use of E.C.10 for all Pill prescriptions would help to advance the date when the National Health Service will include contraceptive care for all.

G. N. YATES
LEN RATOFF
MURIEL G. YATES

363 Park Road,
Liverpool L8 9RD.

STUDY OF MEDICAL ETHICS

Sir,

It may be of interest to your readers to know that the Society for the Study of Medical Ethics has recently been established. It is a postgraduate development of the work of the London Medical Group and the Edinburgh Medical Group.

It intends to promote an interest in medico-moral problems by encouraging discussion at student and postgraduate levels; by organising regional conferences; by informing members of lectures and symposia organised by the London Medical Group and similar organisations elsewhere; by the eventual establishment of interdisciplinary commissions, and by the creation of a library and study centre.

Members will receive *Documentation in Medical Ethics*—a folder of articles, either reprints from journals or originals. Membership is open to members of the medical profession and to others who have a direct professional interest.

P. J. COYLE
Publicity Officer

Society for the Study of Medical Ethics.
103 Gower Street,
London, WC1.

STUDENT SELECTION

Sir,

I would like to ask the courtesy of this *Journal* to bring to the attention of your readers a very important subject, and to suggest that the Royal College of General Practitioners should pioneer a change in attitude to the selection of medical students, just as they have done during the last decade with the question of vocational training.

During the 1960s the College gave a tremendous lead in initiating a better introduction and education in general practice both for undergraduates and future general practitioners. But what of the 1970s? What should be the aim and direction of the College? I would like to suggest that one of its most important objectives should be to influence and alter the selection of medical students so that by 1980 some sanity and wisdom could be brought to this problem.

Your recent editorial (March *Journal*) and a letter in *The Times*, 27 September, 1972, from the Headmaster of a co-educational boarding school show that this subject is a live issue and something which is of concern to all of us—whether we are doctors or patients.

Opinions obviously vary about what qualities are necessary for a potential doctor, but to judge at present only on chemistry, physics and biology at a certain standard of 'A' level pass is limiting the field to the detriment of both the profession and the patient. It would seem that very few people disagree with this view and yet the universities and medical schools remain impervious to any alteration of the *status quo*. Therefore let the College 'gird up its loins' and attack the entrenched and myopic academics.

JOHN STEPHEN

27 New Street,
Wells,
Somerset.

REFERENCE

Journal of the Royal College of General Practitioners (1972). Editorial, **22**, 135-6.

QUALITY IN GENERAL PRACTICE

Sir,

I find myself unable to let the recent article by Frank Honigsbaum (July *Journal*) and your concerned editorial on the quality of care go without comment. I hope you will forgive me as a foreigner from across the sea for commenting on this. As it is a problem with which we all are concerned, and there are many references to North American studies, I thought I would express my feelings.

The overall tone of this article I thought was hypercritical. He seems able to accept any number of studies by all kinds of people outside general practice as valid. He seems to accept assumptions by specialists as true, but casts grave doubts on any comments or assumptions by general practitioners. His orientation is based primarily on hospital illness, e.g. his reference on page 432 to American general practitioners dealing with