

that the book should represent a statement of College policy. But Pereira Gray (1974) quoted in the very same issue writes, "The Royal College of General Practitioners states..." and then goes on to quote from *The Future General Practitioner*. The position *de jure* may be as the authors say; *de facto* the book is widely regarded as a bible.

Is the book of the five areas to go the same way as the five books of Moses—in practically every household, repeatedly quoted, but hardly anyone living by it? A continuing, critical and relevant debate of the real issues may prevent *The Future General Practitioner* being relegated to a place of such honour.

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THE FUTURE GENERAL PRACTITIONER— LEARNING AND TEACHING

Sir,

I was relieved to hear from its authors, *Learning and Teaching* (March *Journal*) that *The Future General Practitioner* was not written as a statement of college policy.

I cannot object to direct quotation from my letter (November *Journal*) but must take the strongest exception to mis-representation. The sentence starting "Dr Eastwood seems to argue" is a transparent device for setting up an Aunt Sally which is then vigorously demolished. By this means, views are attributed to me which I do not hold and which indeed I entirely repudiate. I do not believe that "because physical diagnosis is so difficult, other important variables, psychological and social may be safely ignored." I do not dislike the chapter (chapter 2) on the consultation ending on p. 20. In fact I felt that the penultimate paragraph on that page was a model of pellucid clarity compared with the mathematical woolly-mindedness of pages 67 and 70. My letter was in keeping with the avowed aim of the book (pxi) "It is written to stimulate the thinking of general-practitioner teachers."

If I may take a longer view, I should say that publication of *The Future General Practitioner* represented a stage in the development of the College. It was over-reacting to the previous neglect of psychiatry and sociology and in doing so presented these subjects in a dogmatic manner out of keeping with the reality of such uncertain areas of human experience. By implication it seemed to belittle the importance of clinical medicine.

The point has now I think been taken that psychiatry and sociology are important to medicine and it is now time to look ahead to our commitment to clinical medicine and to the maintenance of professional medical standards.

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RABIES

Sir,

May I suggest that someone with first-hand knowledge be invited to write an article on rabies for your *Journal*?

The disease in animals is spreading across France and is now at Dieppe. It could conceivably reach England via the ferries (Calais/Dover or Roscoff/Plymouth) or via the many smaller ports on the south coast (e.g. Totnes, Dartmouth, or Salcombe in Devon).

The chance of human infection in England would be small, even if the animal population were infected for a radical policy of extermination would probably be followed. Even if bitten, I gather only about 25 per cent actually contract the disease.

However, I think an early warning would be worthwhile, as the all-important factor would be early diagnosis. An early diagnosis can be made from study of the animal which made the bite, but the animal would probably not always be available. Clinical features described are irritation around the bite, fever and elysplagia, but are these early symptoms or "too late" symptoms? I don't know.

I believe your *Journal* would serve a valuable role in raising the subject and clarifying early diagnosis *now*, rather than waiting until the first fatal case and then getting excited about it in retrospect.

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Would readers generally welcome such an article?
—Ed.

VOCATIONAL TRAINING PROGRAMMES

Sir,

I hear from time to time that in some areas there is difficulty in recruiting trainees for three-year schemes, and in others discontent among those who are already taking part. Recruitment for vocational training schemes is planned, I presume, for those doctors who have decided on general practice as a career, and have just finished their preregistration year.

Many young doctors now are alarmed by the threat to the future of the National Health Service and are anxious to get out and about and see for themselves before making up their minds. By

the time they have finished their preregistration year they have had enough of 'structured' education culminating in their medical training, and wish to make up their own minds as to what the profession offers in this country.

Clearly, resident posts in paediatrics, obstetrics, and perhaps casualty are advisable; but many prefer to choose their job and hospital locality themselves, and possibly do a few general practitioner locums in between, before scanning the medical press for advertisements of trainee vacancies.

Each of my four trainees have done it this way. The three who have completed their year are settled as principals in other parts of the country, the first being now senior partner of his firm.

I personally feel that the store the College sets on the vocational training schemes is misplaced, and we should encourage the young to do it for themselves. General practitioners as a tribe are independently minded and self-reliant, and we should encourage these traits in those who will be joining our ranks.

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MATERNITY GRANTS—ROOM FOR REFORM?

Sir,

I was interested in your editorial on maternity grants (February *Journal*).

I recently tried to find out from official statistics how many women had been refused claims for maternity grant. The published figures seem to be too incomplete to allow this, but I did find out figures which enable an educated guess to be made.

The following figures refer to the year ending 31 March 1972 and show that of all women 822,000 received awards and 829,000 grants (the number of grants exceeds the number of awards because multiple births give rise to more than one grant). Maternity allowance was received by 247,000 women.

Among married women there were 783,000 awards and 790,000 grants, with 217,000 women receiving the maternity allowance. Among other women there were 39,000 awards, 39,000 grants and 29,000 received the maternity allowance.

Concerning the appeals to local tribunals and to the National Insurance Commissioner the following figures (actual numbers) are reported:

Total appeals to tribunals	490
Decisions in claimant's favour	49 (10%)
Total appeals to the Commissioner	34
Decisions in claimant's favour	7 (21%)

From general experience of the administration of state benefits it is known that only a small fraction of claimants who are refused benefit, or are paid at a reduced rate, take advantage of their right to appeal. It is therefore likely that the 490 appeals in 1971/72 are only the tip of a very large iceberg. The size of the iceberg obviously

depends on the size of the fraction mentioned above.

For claims for supplementary benefit, it appears that the fraction of claimants with claims disallowed who actually appeal is somewhere between one in 25 and one in 30. I would be surprised if the fraction were greater for maternity benefits, since the incentive to appeal is greater for people who are refused supplementary benefit.

My educated guess therefore is that the 490 who appealed probably represent a minimum of 12,000 women whose claims were disallowed or who withdrew their applications after being advised that they were ineligible.

Unfortunately the figures about appeals do not differentiate between those referring to maternity grants and those referring to maternity allowances. However, since there are more than three times as many grants paid as there are allowances my guess would be that there are at least 9,000 claims for maternity grants refused annually.

If my estimates are anywhere near correct, it certainly supports your editorial that the claim of the Department of Health and Social Security that, "almost all mothers can get the maternity grant" is highly misleading.

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REFERENCE

Journal of the Royal College of General Practitioners (1975). Editorial, 25, 81.

VASECTOMY

Sir,

Dr Henry Meadows' letter (March *Journal*) is important in that it highlights some of the erroneous conclusions that can be drawn from studies in this subject and the need for further investigations.

That over 50 per cent of couples in my survey reported an improvement in their physical and emotional relationship is a fact. To conclude, as Dr Meadows has, that their statements are necessarily accepted by me or anyone else as facts is wrong. They do, however, show that what was discovered by the Simon Population Trust survey after one year is still holding out, with all its limitations, after two years.

He is right, of course, to point out the potential fallibility of questionnaires. All of us who use them understand this, just as we recognise the weaknesses of interviewing techniques. They are just one tool to be used in the quest for truth. In fact the whole point of my article was to show that even careful preoperative interview probably did not expose all the reasons why people sought vasectomy and that many couples who before operation had denied psychosexual problems declared, two years after operation, that it had been a reason.

Vasectomy is an emotional issue. On this subject