practitioner, which I consider even more important. Ideally I consider that there should be an immediate discharge note given to the patient containing essential headings of—diagnosis—major procedures, and present treatment. This note is valueless if posted several days after the patient has been discharged, if important information is not recorded or if the writing is either illegible or consists of a series of initials and shorthand signs. In many cases this brief report is probably adequate.

For more complicated and major cases a full report following at a later date (but not too many weeks later) is valuable both for present information and instruction, and for future reference.

When I was a houseman I know that I found it annoying to have to spend valuable time writing discharge letters and reports.

Perhaps a further report by Mr Durkin and Mr Edwards would help my successors to realise how valuable these reports could be, and how well spent is the time taken to write them.

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THE NUFFIELD EXPERIMENT

Sir,

With reference to your Editorial on the *Nuffield Experiment* (August *Journal*): "It became apparent that this self-selected group was not composed of average practitioners. In terms of factual knowledge, for example, the average for this group was close to the distinction level in the M.R.C.G.P. examination and one or two of the group produced figures higher than those ever before recorded".

I am sure this group of practitioners were not average, but to compare their performance to the distinction level in the M.R.C.G.P. examination is completely fatuous. An assessment carried out during the 'calm' of a course can never be compared to the real 'nerve-racking' situation of an examination, even less to the M.R.C.G.P. examination which takes almost two full days and has an extremely broad assessment. How many of the group mentioned have taken the examination?

Later in your Editorial: "General practice has far to go—but it has at least started. Indeed in comparison with the other branches of the medical profession it is probably now ahead." With the publication of the Merrison Report (1975), the Royal College of General Practitioners and the General Medical Services Committee have both stated their case for the supervision of postgraduate training in general practice.

Until we can decide who acts on our behalf and we can be united, can we claim to be ahead of the other branches of the medical profession?

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COLLEGE EVIDENCE ON ABORTION (AMENDMENT BILL)

Sir,

The evidence of the Royal College of General Practitioners to the Select Committee considering Mr James White's Bill has given the impression that College members are united in their opposition to the Bill. Apparently not a single letter had been received by the College in favour of the Bill. Now, I readily admit that a very large number of doctors, possibly the majority, are in favour of the 1967 Abortion Act and indeed, may desire abortions on demand but, I am sure you would agree that this does not necessarily make such attitudes right in any absolute sense of right and wrong. Doctors, as others, have to abide by the dictates of conscience and those of us who regard the destruction of innocent human life as fundamentally wrong will always be opposed to abortion. The only special position for doctors in this matter is that, by their unique life-saving profession a decision to destroy human life is far more serious.

My own attitude to this matter including evidence of complications associated with abortion, was made clear to the Lane Committee (1974) and the fact is recorded in their report. No doubt the College was asked to give evidence to the present Select Committee, but it seems to me that a professional body though suited to give evidence on clinical and material facts cannot give opinions which appear to represent its members in matters relating to personal morals. The British Medical Association appear to have fallen into the same trap and have given the impression of a profession united in its support for the 1967 Abortion Act.

Having said this I readily admit that arguments against abortion usually depend on the acceptance of such God-given commandments as "Thou shalt not kill", and that these will have no meaning for those who do not believe in God, and regard all laws as entirely for the convenience of man. In this context it is interesting to find that there also exists an argument entirely derived from a sense of personal justice and some people have shown their opposition to abortion on this basis alone.

If abortion was wrong in 1966, it cannot be made right merely by an act of legislation; indeed the 1967 Act did not attempt to do this as the basis of abortion law in this country is

still the " Offence against the Person Act " of 1861 making it clear that abortion is a serious offence. It merely attempted to lay down conditions where a prosecution under that Act would not be made. People must draw their own conclusions, as to the interpretation of this Act, but it strikes me that the White Bill goes some way towards correcting a tendency amongst people of this country to value life cheaply, and many doctors might welcome its support when in response to a request for abortion they really feel the answer is *no*.

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NULLIUS IN VERBA

Sir,

" The trouble with the College is that its gone all Balint." So Dr Andrew Smith (1975) quotes a middle-aged founder member as saying, and is at pains, in respect of the college examination, to contradict this supposition. Nevertheless, it is an opinion shared by many doctors inside and outside the College, and it would be helpful if we were to be reassured about this—especially as many Faculties are still unrepresented on the panel of examiners.

It should be emphasised that the opinions of Michael Balint should be allowed to stand or fall on their merits as would those of any other commentator on the medical scene. The enthusiasm of some of his followers seriously impedes relations between the College and those whose academic aspirations it seeks to serve. It is time for the College to take a dispassionate view and to establish a certain distance from particular psychiatric theories. We must be allowed to feel that we are ' not bound to swear as any one master dictates.'

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CORONARY ARTERY DISEASE AND THE ELECTROCARDIOGRAPH

Sir,

Dr Stout's letter (July *Journal*) was of great interest in describing the pioneer work of Dr Frank Mort in the field of cardiology from general practice in the early part of this century. It will be recalled that Dr Augustus D. Waller, also a general practitioner in Kensington, was the first to describe the changes in electric potential which occurred in the heart muscle during contraction. He registered these changes with leads from the limbs, using a capillary electrometer in 1887.

We are all familiar with the great advances in cardiology by Sir James Mackenzie at the beginning of this century mainly by his observations from his general practice in Burnley. Nevertheless, the electrocardiograph, incorporating modifications of Einthoven's string galvanometer, remained a piece of laboratory equipment in hospital practice until the early 1920s. I can well remember as a junior houseman in 1922 that it was quite a clinical event when the cardiograph leads were taken from the laboratory to the wards in Edinburgh Royal Infirmary. By 1930 portable models became available and were rapidly developed into the neat sophisticated machines we know today largely by the Cambridge Scientific Instrument Co.

There is little doubt that the development of the modern ECG machine was the main factor in " popularising " and elucidating the diagnosis of coronary disease, but the disease itself was recognised and described in all the textbooks since the beginning of the century. In his letter in the April *Journal*, Dr Yellowlees is reputed to have said that he never saw a case in his student days (*circa* 1922–23) and Dr Rae Gilchrist is reported as describing the first case in Edinburgh in 1928.

These seem extraordinary statements historically from my own student experience in the early 1920s. Price's *Textbook of Medicine* (1922) has a large section on the electrocardiograph and coronary disease and Osler and McRae in 1920 in discussing the subject make the statement that " coronary thrombosis is one of the common causes of sudden death."

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RADIOGRAPHY REPRODUCTIONS FOR GENERAL PRACTITIONERS

Sir,

A recent leader in the *British Medical Journal* outlined the explosive progress in the quality of radiographs which is likely to be made in the near future. There are many features of this which are likely to affect general practitioners; in particular,