

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,