tables, graphs, elaborate diagrams, and terrifyingly complicated mathematical formulae. To the statisticians these may be fascinating, but many of us would prefer simpler fare. There are lies, damned lies, and statistics.

Finally, in the field of education, Professor P. S. Byrne, our worthy President, launches some startling theories in his Marsden Lecture in the November *Journal*.

The emphasis throughout is on change and innovation, but I must take issue with him. The concept of the basic doctor is all very well in theory, but the end product rolling off Professor Byrne's production lines smacks to some extent of the robot—a combination of a perfectionist and barefoot doctor who has the answer to every clinical problem; the paragon who can make his own decisions in the semi or council flat, or the detached villa, without calling out his consultant colleagues from their beds or their armchairs after hours. Is consultation at the bedside to disappear?

The whole crux of the proposed discussion hinges on the question of whether the extra years of tuition and apprenticeship will produce better doctors; whether doing away with conventional examinations in the clinical disciplines is a sound move or merely a gesture to the winds of change; whether scrapping scientific subjects is permissible. Surely anatomy, physiology, and pharmacology are the essential foundations of clinical medicine?

Finally, the Professor states again and again that his end product is to be groomed for the National Health Service, with the blessing of the General Medical Services Committee and the Department of Health and Social Security. What of students and graduates who propose to enter private practice, occupational medicine, or the armed forces? Is the New Jerusalem to be a closed shop for conformists?

The College must be forward in its outlook, but flexible and tolerant to those whose careers it is privileged to mould. Above all, it must eschew political dogma from whatever source.

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OUT-OF-HOURS WORK

Sir,

I doubt if doctors using deputising services are either lazy or uninterested in what happens to their patients; it is more likely that they are obliged to see one patient per five minutes and 70 or more patients in a single day, at the end of which it is hardly surprising if they then feel it best to be " off-duty ".

Dr Barley's suggestion (of having one doctor on for one week per year for night visits for an area of say 50 doctors) is useful.

I have myself circulated a questionnaire to doctors in our Health District (West Surrey and North-east Hants) to discover what support there might be for a deputising service here. Of 120 doctors written to, 69 replied; 25 were in favour and 41 against. Half the district is built up and the other half less so. Most of the replies in favour were from doctors in the more built up areas.

Further surveys might be useful in determining attitudes and progress towards the use of deputising services.

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Sir,

I found the results of the two studies relating to night calls (January *Journal*) very interesting, and believe that they reflect the different attitudes held by general practitioners and hospital doctors.

The general practitioners regarded only seven per cent of calls as irresponsible, and 48 per cent as genuine emergencies, while the deputising doctor regarded 14 per cent as medically essential, and 56 per cent as having either trivial symptoms or no symptoms at all. These are diametrically opposed results, which might be explained in several ways. There may be differences in the extent to which the practice populations have been educated in proper use of medical services at night, and perhaps patients are more willing to call a deputising doctor (who they may believe to be working on a shift system) rather than call their own doctor from his bed). I suspect, however, that the general practitioners placed a higher proportion of calls into the " justifiable " category because they understood the psychology of the patient more fully than the clinically orientated hospital doctor, and appreciated that a situation may be anxiety provoking and therefore justifying a call, in the eyes of a patient, while having little clinical content in the eyes of the doctor.

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