

References

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JARGON

Sir,
I found Dr Angel's letter in the October issue, of interest. He quotes a passage from our report (I should point out to Dr Angel that it was a joint report of an educational psychologist and a general practitioner) which he refers to as "jargon". For my own part, I find it difficult to read any word in that passage as jargon.

Dr Angel is at liberty, as is anybody else, to find any passage obscure and badly written and, indeed, to say so, as he has done. There is however, a difference between a passage which is obscure and a passage which contains jargon, a passage moreover taken out of an explanatory content.

Dr Angel's comments emphasize much of the misunderstanding about the term 'jargon'. When we write as doctors, even for lay audiences, we are ever ready to display portions of that new vocabulary of 35,000 words which we were informed had to be learned during our undergraduate period. Many of the terms which we use are just as much jargon to lay people. Perpetually bleating of jargon to professional educational psychologists and others betrays an arrogance which might have belonged to Lucifer, let alone Angel. If we are to become professional educators, which some of us are attempting to do, we must learn a second professional language. If we are working with 'lay' professional educators, it does not take long to achieve a *modus vivendi* with the understanding of one another's terms.

It is the gratuitous use of professional

language which lays one open to an accusation of jargon. Yet if you are talking to an educationist who has never learned any biochemistry, try out the exercise of explaining to him the meaning of the term 'milli-equivalent'. It is much easier to use the one term.

There is another difficulty which we have discovered when the doctor is writing in co-operation with another lay professional. In certain circumstances, and I am not suggesting necessarily the passage which Dr Angel quoted, a simplification of the language of the other can distort the meaning or concept of his professional statements. We are all in the process of learning to work with other professionals, and it is surely our duty to attempt to become as professional as they.

I should point out that section three of the *Report from General Practice No. 17* was written primarily for general practice educators and trainers. The latter have become, or should have become, educators themselves. The first two sections were intended to have some professional significance to educators.

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PROPORTIONS OF FELLOWS

Sir,
The recent *Annual Report* of the Royal College of General Practitioners gives us details of the membership by faculties. If we look at the proportion of fellows to members, some strange anomalies appear. Thus, for my own faculty of Bedfordshire and Hertfordshire

we have 5.3 per cent of our members as fellows, a figure higher than only one other faculty, East Anglia (three per cent).

Highest of all is SW Wales (19.1 per cent). If we look at larger divisions, ignoring Merseyside and N. Wales, the proportion in England of fellows is 8.7 per cent, in Scotland 10.5 per cent, in Ireland 11.7 per cent, and in Wales 17.0 per cent. I wonder whether I am alone in being surprised by these figures. I calculate that if in England we brought our proportion up to that in Scotland (I am too cautious to make the calculation for Wales), we should have to elect no less than 72 new fellows.

I should be interested in the views of the membership, and indeed of the fellowship committee. I have difficulty in supposing that the quality of practitioners in these different areas is so markedly divergent.

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Reference

- Royal College of General Practitioners (1976). *Annual Report*. p. 30. London: RCGP.

HONEY AND ULCERS

Sir,
Dr Lawrence (November *Journal*) makes the point that honey works well as a local application.

My patient had tried honey in vain, but her success came from using the whole honeycomb, which contained beeswax, as well as honey, and heaven knows what else.

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Reference

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