

pre-school assessment clinics, and that they will not become selective: you have to see a great deal of normality before you can detect abnormality!

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#### Reference

Rowlands, P. (1975). *Update*, 10, 379-390.

### JOURNAL STYLE

Sir,

Dr J. R. Miles (July *Journal*, p. 443) may be right in dissenting from your spelling of 'analyze', but the matter is exceedingly complex.

I do not agree that the notional form 'analysize' is a "pedantically correct horror". Several authorities, with the example synthesis/synthesize in mind, have opined that it is in fact the correct derivative from analysis. If this model is used to determine the spelling of analyse/analyze, the problem is how to marry '-yse' (part of 'lysis', so to speak) and '-ize' (Greek *izein*—'to make'). The phonetic equivalence of these two particles to some extent bedevils the issue. Obviously there are two possible solutions, with Dr Miles preferring one, and yourselves the other.

Support for 'analyse' comes from the view that it is a back formation from 'analysis'. Back formations are not very respectable, but they generally end up by being accepted. They are particularly common in a scientific context, where etymological and morphological considerations do not play a prominent role. Thus from thrombosis, stenosis, diaphoresis, lysis one gets the verbs thrombose, stenose, diaphorese, lyse. In a literary context, more correct forms are usually derived: thus prognosis and emphasis, for example, give prognosticate and emphasize, not 'prognose' and 'emphase'. Using the first set of words as an analogy, 'analyse' would be the correct spelling. Using the second set, we return to the notional form 'analysize', with the two possible solutions for spelling the (supposedly) contracted form used in practice.

A further apparent justification for 'analyse' is the French verb 'analyser', to which the English verb 'analyse' (so spelt) might be considered to correspond. The French word for analysis, however, is 'analyse', and it is quite uncontroversial to add '-er' to this to make a verb. It does not necessarily follow, however, that we get the corresponding English verb by removing the '-er'. For example, the French verb 'objectiver' is, in English, 'objectivize', and this analogy brings us back to our

old friend the notional 'analysize', with its two possibilities of contraction.

Dr Miles implies that no one would write 'haemolyze', 'electrolyze' or 'catalyze'. But Americans do. I am aware of the emotional reaction of many British people to anything American, but this is not an intellectually respectable way of adjudicating on the merits of a problem.

I have seen 'analyze' in *The Times*. What seems to me to be beyond dispute is that both *The Times* and yourselves are right in following the *Oxford English Dictionary* in using '-ize' (and not the Gallicism '-ise'), when this particle means 'to make' (Greek '*izein*').

As to whether 'analyse' or 'analyze' should be preferred: though the balance of the argument seems to lie with 'analyse', I do not think it is quite strong enough to close the question completely.

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### WOMEN IN MEDICINE

Sir,

I really must protest at the publication of the paper "Doctors' Attitudes to Women in Medicine" (June *Journal*, p. 363). I fear that it will provide yet another example for our statistics teachers to throw to the first-year students for critical destruction. Even a cursory glance raises the following points of criticism:

1. The sampling was not random, as claimed, but systematic. As a result, certain groups would have had a different chance of being included than they would if it had been a truly random sample (e.g. Scotsmen beginning with Mac, and Asians who come from a narrow alphabetical range of surname).
2. It was not representative because it included only members of the British Medical Association.
3. A one in seven sample of 60,000 is, by my reckoning, 8,571. How can 350 questionnaires be a one in seven sample of 60,000 members?
4. A 34 per cent response, which must be 116, is far too small a percentage from which to draw conclusions, unless particular attention is paid to the characteristics of the non-respondents, if known, to try to exclude bias. It is an impertinence to quote Ann Cartwright's statement (1967) as if she were justifying drawing conclusions from a 34 per cent response rate. She is obviously quoted out of context.
5. It is not clear whether only 28 per cent of the respondents or whether 28 out of the 34 per cent filled in their questionnaires completely enough to be

useful. If the former, we are talking about 30 respondents!

6. The 16 per cent with appointments outside general-practice or hospital seems high, but Table 1 suggests that this is in excess of women doctors in part-time posts and is real evidence of poor sampling immediately producing bias.

7. Expressing results in percentages without actually quoting the real numbers disguises the thinness of the data and is usually held to be poor quality work.

8. Nothing is said about the design of the questionnaire, the use of questions which have been validated by others, the validation of new questions, whether scales and weighting were used or whether the respondents were asked to answer "yes" or "no". If the latter, it could be recognized as a very naive attempt to measure attitudes, which is the stated objective of the study.

9. Judging by Table 2, many of the questions may have been unclear. For instance, "There should be more women general practitioners?" Was this question put as such, or did it arise from an increased total number of general practitioners? Similarly, in the fourth statement, "Working part-time as a hospital doctor would be satisfactory", the meaning of the word "satisfactory" is not explained. The fifth and sixth statements in the table (discrimination . . . because of their sex) give no clue as to the question asked or the meaning of the answer.

10. There is very little connection between the data, such as it is, and the discussion.

I really feel that to allow poor quality work like this to be published in the *Journal* militates strongly against our attempts to be taken seriously as an academic discipline. Dr Wright (1977) drew clear attention to this in his very precise criticism of some of the sloppy presentation of figures in a paper by Dr Fry (1976) earlier this year, and I would have thought that this should have tightened up the assessors' critical acuity.

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- Fry, J. (1976). *Journal of the Royal College of General Practitioners*, 26, 643-646.
- Wright, H. J. (1977). *Journal of the Royal College of General Practitioners*, 27, 119.