

Local knowledge may be inaccurate, references are often inadequate, and attendance at courses does not tell selectors anything about ability. You cannot tell a man he is turned down because you have heard on the grapevine that he is not clinically sound: he would appeal against the decision, and rightly so. For this reason we supplement examining the clinical records with the only objective yardstick for measuring clinical ability in general practice that is available—the MRCGP examination. All examinations have their limitations, and of course the MRCGP is not perfect, but if Dr Oakley has a better objective method of assessing clinical competence in general practice we will be glad to hear from him.

We have never claimed that passing the examination makes someone a better trainer: it is merely a basic step. Of course we take into account all the other points Dr Oakley lists and we are in full agreement with him that character, experience, personality, and so on are of great importance. Nor are we concerned in the slightest whether trainers belong to the College, or pay their subscriptions, and we have no intention of asking them.

Teaching general practice is largely to do with clinical medicine. It is a great pity that in the necessary development of training a number of doctors seem threatened by any attempt to have their performance measured. Dr Oakley talks about an insult to colleagues in general practice. We suggest the insult is to our colleagues the trainees, in that we are not prepared to set our sights high enough. In the final analysis, as Dr Oakley says, each region or area must make its own decisions. Prospective trainees can choose whether to apply to the Oxford region or to Kent.

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SUITABLE CASE FOR THE JOURNAL?

Sir,
A book review containing in its very first sentence the words "claws", "tyranny", "brutally", "ruthless" (and these epithets were not even to do with the book itself) certainly makes the reader sit up—perhaps it was intended

to do so—but reads oddly in a journal of a learned profession, flanked as it was by *The New Sex Therapy* and *Manual of Medical Therapeutics* (December *Journal*, p.761).

One can commiserate with your reviewer's sense of hopeless impotence in the face of the big battalions, but there must be more appropriate places for him to parade his compassion. Having read the review I am little wiser about the quality of the book; on the other hand I feel I know a lot about his moral indignation. His language would not have disgraced one of our more outspoken political broadsheets. Are we now to expect reviews couched in similarly intemperate terms apostrophising Fascist hyenas and the running dogs of British imperialism?

Under your enlightened editorship an impressively wide range of topics have been aired in the *Journal's* columns, for we are a liberal as well as a learned profession; and you give your reviewers a great deal of latitude, as I have reason to know. But in this case, Sir, one can only wonder whether you took leave of your editorial senses. If ever there was a case for asserting the editorial mailed fist under the velvet glove, this was it.

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The above letter refers to Dr J. Miles' review of The Light in the West and was shown to Dr Miles, who replies as follows:

Sir,
If the Soviet Union's invasion of Hungary in 1956 was not tyrannical, brutal, and ruthless, then these words have lost all meaning. The claws were out all right: ask any Hungarian who survived this painful period—if you can find one at liberty to speak. And as a matter of cold fact, my first paragraph—to which such fierce exception was taken—was a digest from the book.

I was aware when I wrote this that the views therein might make me unpopular in certain quarters, and this prospect sent me into paroxysms of indifference.

As to Dr Norell's complaint that I gave no clue to the book itself, I can only surmise that this despicable paragraph engendered such indignation that he could read no further. I hope he has since read the book and enjoyed it.

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CONSULTING TIME

Sir,
There is a current mood that general practitioners should improve their standards. 'Self-audit' is the vogue. And the Ombudsman lurks in the background to consider the grievances of a more critical and enlightened public.

All this is very fine but may I make a plea for the obverse side of this new coin? The plea is for more time to interview and examine my patients.

I have worked in general practice in Canada and New Zealand. In both countries patients were given 15-minute appointments and there was a 'fee-for-service' payment. This meant that the more that you did to help your patient, the more you were remunerated. The reverse applies in general practice in the UK at present.

Could not the College make a start by advocating extra fees for extra services to our patients, such as ECG examination, long interviews, speculum examination, suturing of cuts and removal of cysts, taking of swabs and blood samples? This alone would do a great deal to raise our standards.

It would be interesting to have the views and suggestions of other general practitioners, especially those who work in busy practices and with fairly full lists.

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AN INDEPENDENT DISCIPLINE

Sir,
I have read and re-read the first paragraph of your editorial on "Clinical work in general practice" (December *Journal*, p.707) and feel I must stand up for general practice as an independent discipline not only in mine but my father's generations, if not earlier still.

My father was a general practitioner in Kensington throughout my childhood but he later became specially interested in eyes (as James Mackenzie in hearts) and left general practice to practise as a consultant in Wimpole Street, being at the same time on the honorary staff of the Western Ophthalmic Hospital. His brother was never in general practice but, being on the honorary staff of two London hospitals, practised as a consultant in Harley Street. Their uncle was in general practice in Gloucester and was, I believe, treated as a con-