

extracted from the College Annual Reports for 1966 to 1975 the listed members of Council (excluding overseas but including Irish members) for each year, with the following result:

Number of years on Council	Number of people (Percentages in brackets)
10	10 (7.7)
9	5 (3.8)
8	3 (2.3)
7	4 (3.1)
6	4 (3.1)
5	7 (5.4)
4	11 (8.5)
3	20 (15.4)
2	26 (20.0)
1	40 (30.8)
Total	130 (100)

Thus, over the quite arbitrary period studied, two thirds of the College Council members had served for three years or less, but at the other end of the range was a small group who had served continuously for 10 years (or more if the study were extended).

So what do these facts imply? They certainly suggest that democracy is at work but they also reflect the need in any large and complex institution for a measure of experienced continuity without which new members would be asked to assume responsibility before fully understanding the way the system works. Of course, there is a risk that 'experience' will allow the dominant to dominate, that it will lead to selection masquerading as election, concentrate power in too few hands, and let slick impression smother wise reflection. The cure for and prevention of such problems does, however, lie with all the members and fellows; so may I invite your readers to consider whether a maximum period of continuous service on Council—say five years for non-officers—would be a way of involving more people more actively in central College affairs (and, much less importantly, of disarming the critics)?

Allow me to conclude with a disclaimer—I never have been, nor have I any ambition to become, deeply engaged in College affairs at Princes Gate. But I do care about the future of the College and I most assuredly want to see and hear a great deal more real debate about its aims, methods, and evaluation.

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Professor

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OVERSEAS DOCTORS AND THE MRCGP EXAMINATION

Sir,

I should like to draw the attention of your readers and examiners for the MRCGP examination to a cultural problem which exists for overseas doctors who sit the examination.

In Asian culture it is a sign of respect to one's seniors to look away from them after initial eye contact and only to look straight into their eyes if one is angry. This can obviously cause problems for the overseas-trained doctor of 'good upbringing' in the oral part of the MRCGP examination, where his looking away from the examiner may be misinterpreted as 'shiftiness' or showing 'lack of confidence or factual knowledge'.

It is possible that this misunderstanding may cause loss of marks and even partly explain the higher failure rate of doctors trained overseas.

If examiners are made aware of this problem, they may avoid errors in assessment and it will help doctors from an eastern culture if they can learn to look gently into the examiner's eyes or at least another part of his face.

Up-to-date factual knowledge and good communication are of vital importance in the MRCGP examination and awareness of problems such as I have described will help to raise standards for both examiners and examinees.

B. A. QURESHI

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PRIMARY HEALTH CARE TEAM

Sir,

The concept of the primary health team has been widely accepted and impressively developed in this country. Recently there have been indications that in some areas belief in the concept is waning, and this has caused concern within the medical and nursing professions alike. The Standing Medical Advisory Committee and the Standing Nursing and Midwifery Advisory Committee have set up a Joint Working Party with the following membership:

Mrs E. Allison, District Nursing Sister, Humberside.
Miss W. Frost, Area Nursing Officer, Bedfordshire AHA.
Miss S. A. Jack, Principal Lecturer in the Department of Nursing and Community Health Studies, Polytechnic of the South Bank.

Dr E. V. Kuenssberg, President of the Royal College of General Practitioners.
Dr G. Murray Jones, General Practitioner, Caerphilly.

I have been invited to chair this working party which has the following terms of reference:

"To examine problems associated with the establishment and operation of primary health care teams and to recommend solutions."

We are seeking the help of health authorities and professional bodies, but are most anxious to secure information and views from individuals and groups in the health services, universities, and elsewhere.

Contributions should be sent to our secretary, Mr D. A. Martin, Department of Health and Social Security, Room A403, Alexander Fleming House, Elephant and Castle, London SE1 6TE; they will, of course, be individually acknowledged. It would be helpful to have them as soon as possible, and not later than 30 April 1979.

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Alexander Fleming House
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HISTORY OF VOCATIONAL TRAINING

Sir,

Drs Horder and Swift are to be congratulated on their excellent and timely article on "The history of vocational training for general practice" (*January Journal*, p. 24) and for their emphasis on the crucial influence of Henry Cohen. His reports still make interesting reading with their emphasis on "treating the whole man", "continuous education throughout the active life of a general practitioner", and use of the words "trainee-assistant."

However, I would like to comment on the following sentence in their article: "An attempt to found a College of General Practitioners was made in 1844 although it was unsuccessful". There was a great activity in forming a College after this date and in fact by 1848 agreement had been reached with the Presidents of the Royal College of Physicians and Surgeons, the Master of the Society of Apothecaries, and the President of the National Institute of General Practitioners in drafting a Bill for a Charter of Incorporation under

the title of "The Royal College of General Practitioners of England" (1847/48). Leave was granted to introduce this Bill into Parliament in 1850 (McConaghey, 1972) but alas it was not proceeded with and we had to wait another hundred years. We know a great deal about the intense activities in trying to form a College but the reasons for the failure in 1850 await further investigation.

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References

- McConaghey, R. M. S. (1972). *Journal of the Royal College of General Practitioners*, 22, 775-787.
- Select Committee on Registration of Medical Practitioners (1847-48). Third report. Vol. XV, session no. 702, appendix no. 11, p. 381.

VASECTOMY

Sir,
There is still a good deal of misunderstanding about vasectomy and I

should be glad if you would allow me to explain the facts.

Many people seem to think that the operation can be done only in a special clinic and so do not consult their general practitioner if they are considering vasectomy. However, although the operation is being done in clinics, in places where these exist, it is, in fact, more often dealt with by general practitioners, who either perform the operation themselves or else refer patients to suitable surgeons.

The operation can, of course, be done under the National Health Service, but since there are often long waiting lists, patients can ask to be referred for a private appointment, at least in the first instance, in order to discuss the possible waiting time if the operation is to be done under the NHS, or the cost if it is to be done privately.

I hope your readers will help to dispel this misunderstanding among their patients.

L. N. JACKSON
Honorary Director

The Crediton Project
West Longsight
Crediton
Devon.

COMPUTER EXHIBITION

Sir,
As Exhibition Secretary I should like to apologise that it has not been possible to arrange the exhibition of a micro-computer programmed for general practice use in the Practice Organization Room, as previously announced.

The supplier had made a firm promise that this would be available for exhibition on several occasions; however, it proved very difficult to eliminate the inherent snags of the computer, in particular its very limited storage capacity.

Should it be possible to produce this unit with a modified programme at a later date we will inform by post all those doctors who have expressed their interest in this project as soon as we have a definite date. I hope in the meantime members of the College will accept my apology for not mounting the proposed exhibit as promised.

R. M. RIDSDILL SMITH
Exhibition Secretary

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BOOK REVIEWS

CHILD ABUSE—A READER AND SOURCEBOOK

Constance M. Lee (Ed.)

Open University Press
Milton Keynes (1978)
328 pages. Price £5.50

CHILD ABUSE—A STUDY TEXT

Vida Carver (Ed.)

Open University Press
Milton Keynes (1978)
312 pages. Price £4.95

My reaction to the prospect of reading 508 pages on child abuse was probably the same as any reader's would have been—a groan, a yawn, and a guilty conscience that I ought to be more interested. We all know that this is an important subject, but social work jargon, at-risk registers, and all the paraphernalia of case conferences tend

to have a numbing effect on the average medical mind.

However, these books are magnificent. I have rarely read a more stimulating work. The Open University have presented in two volumes a complete course on child abuse, aimed at anyone who might be involved in the subject, from doctors to lawyers, from play-group organizers to health visitors, and whereas most books aimed at a large audience tend to be over-simplified, this one avoids that trap.

The first volume, the reader and sourcebook, contains a large number of papers and extracts from books which would not be readily accessible otherwise. The 31 articles range from an introductory and fascinating look at normal childrearing, through medical and psychiatric papers, such as those by Selwyn Smith and Ronald MacKeith, to case reports and government and local authority papers—including the Maria Colwell report. The papers, I am glad to say, include full reference lists, so that the interested reader can trace almost all the major work done on this topic.

Volume two—the study text, is the Open University course. In simple terms, it involves studying a paper from the reader, reading a number of comments on it, answering questions and checking the answers, and even reading comments on one's likely answers. I was staggered at the efficiency of this technique for making one actually 'study' a subject, rather than superficially glancing over it. The course is complete. Unlike other Open University courses this one is not tied in with any broadcasts, and at the end of it one should have an excellent understanding of all forms of child abuse.

However, this is a relatively large treatise on a relatively small subject. It would be encouraging to think that every general practitioner would have the inclination and the time to study this course but, as we all know, there are an infinite number of equally important subjects in general practice. Should the reader find the time, I am quite certain he will not be disappointed with this first-rate work.

DAVID HASLAM