At this meeting the following agreements were reached between the representatives of these two committees and were subsequently endorsed by both parent bodies. First the JCC endorsed the two principles recommended by the Council of Postgraduate Medical Education which had been accepted by the Royal College of General Practitioners, the General Medical Services Committee, and the JCPTGP, about the policy for selecting hospital posts and posts in community medicine to be used for gaining the prescribed experience in vocational training:

1. The Joint Committee on Postgraduate Training for General Practice should set the standards for general practice training—including criteria for approval of hospital or community medicine posts for general practice training—and should exercise general oversight of the arrangements.
2. Regional postgraduate education committees, working to the criteria laid down by the JCPTGP, should select posts suitable for general practice training from among those posts recognized by the appropriate Royal College or faculty for training in its own specialty.

It was agreed that senior house officer appointments in general surgery will be considered acceptable for the purposes of prescribed experience as an alternative to accident and emergency appointments. It was also agreed that the constitution of the JCPT should be amended so that the JCC appoints three full members which will represent the Central Committee for Hospital Medical Services, the Hospital Junior Staffs Committee, and the Conference of Colleges.

It was also agreed that the fourth member of the appeals committee should be a consultant in clinical practice nominated by the JCC.

GRAVES MEDICAL AUDIOVISUAL LIBRARY

Graves Medical Audiovisual Library have produced the 1979 catalogue containing over 1,200 tape-slide titles.

For the first time titles are presented as an alphabetical subject index, using MeSH vocabulary (Medical Subject Headings, as used by the United States Library of Medicine and in *Index Medicus*).

Each entry gives the title, author's name, running time, number of slides, a short appraisal, suitable audience, publisher, and the date of publication.

The catalogue in its new format was derived from the print-out of the (Marc) Computer at Southampton University Library.

All tape-slide programmes are now recorded on cassette, 'open reel' tape having been withdrawn at the end of last year. Illustrations are 35mm transparencies.

Doctors wishing to obtain the 1979 catalogue (free) should contact Graves Medical Audiovisual Library, PO Box 99, Chelmsford CM2 9BJ. Telephone (0245) 83351.

NATIONAL HEALTH SERVICE—ALLOCATION OF RESOURCES

Mr David Ennals, Secretary of State for Social Services, has announced that the total allocation to the health service for the year beginning April 1979 represents an increase of two per cent in real terms on the current year.

Gross figures vary but every region will receive at least one per cent real growth in its budget.

TEACHING OF FAMILY PLANNING

A conference on the essentials in contemporary teaching of family planning is being held at the Royal College of Obstetricians and Gynaecologists on 1 June 1979.

Speakers include Mr John Louden, Professor Martin Vessey, Mrs K. Dunnell, Mrs P. Crabbe, Professor R. Harden, Dr E. Wilson, Dr Michael Briggs, and Dr Egon Diczfalusy. Applications and enquiries should be made to the Secretary, Joint Committee on Contraception, 27 Sussex Place, Regent's Park, London NW1 4RG.

CORRECTION

Dr Lionel Kopelowitz, JP, MRCGP, General Practitioner, Gosforth, Newcastle-upon-Tyne, has been elected President of the Society of Family Practitioner Committees. Dr Kopelowitz is interested in vocational training for general practice and lectures regularly on the Newcastle vocational training scheme.

His name was incorrectly spelt in the February issue and this error is much regretted.

LETTERS TO THE EDITOR

URINE INFECTION IN GENERAL PRACTICE

Sir,

In his methodical survey of the usefulness of urine microscopy in general practice (February *Journal*, p. 103) Dr Wilks necessarily deals only with urine specimens which can be sent to the laboratory as well as being examined by microscopy in the surgery. Such specimens generally come from adults, or from children who can voice their symptoms. But especially valuable can be microscopy of samples from febrile babies, samples too small or else too crudely collected to qualify for laboratory examination. When they show pyuria, the diagnostic information is quick and particularly welcome.

J. M. FORRESTER
120 Morningside Drive
Edinburgh EH10 5NS.

UNWANTED PREGNANCY IN GENERAL PRACTICE

Sir,

It is difficult to see the relevance of the article by Dr David Tunnadine (February *Journal*, p. 108) to the provision of NHS abortion services.

Apart from the psychoanalytical presumptions of the discussion, the hypothesis presented is seriously weakened by the absence of any data on control women. Are the personality traits described exclusive to all women requesting abortions? How would the personalities of Miss A. and Miss B. compare with those of matched patients? In addition, what evidence does Dr Tunnadine have that the patterns of doctor/patient relationship described are common to all, or even the majority of, women seeking abortions?

Unfortunately, the lack of such data cannot be remedied by recourse to a theory which suggests that "the basic fault (determining whether a woman seeks an abortion) probably occurs at the time of separation (weaning) from her mother". It would be a pity if the value judgements implicit in this paper

should deter general practitioners from referring women for the abortions to which they are entitled.

SHEILA ADAM
DAVID COSTAIN

3 Horwood Close
Headington
Oxford.

TEACHING MEDICAL SUBJECTS TO SOCIAL WORKERS

Sir,
The Liaison Committee between the British Association of Social Workers and the Royal College of General Practitioners is currently considering the requirements for teaching medicine and related subjects during social work training. We realize that medical subjects are taught to a varying extent in most courses of social work training. We have made limited soundings of opinions on the subject among doctors and social workers, but we would like to know more about what actually happens in training courses.

It would be much appreciated if doctors who teach on social work training courses would write to us and let us know what happens. In particular we would like to know what is taught, by whom, and the amount of teaching time that is involved. We would also appreciate a brief assessment of the value of such teaching.

Correspondence should be addressed to the Secretary of the Committee, Miss D. G. Dedman, BASW/RCGP Liaison Committee, Department of Social Work, The London Hospital, Whitechapel, London E1 1BB.

G. KEELE
Chairman

Theatre Royal Surgery
Theatre Street
Dereham
Norfolk NR19 2EN.

MEDICAL EVIDENCE OF INCAPACITY

Sir,
In the January issue (p. 44) there is an unsigned 'snippet' entitled "Medical evidence of incapacity" which deserves comment because it appears to carry great authority.

However, it fails to distinguish between advice and certification. Of course a practitioner must advise his patient on the time and extent of resumption of all forms of activity, including naturally resumption of work.

Certification, on the other hand, is a process of advising a petty bureaucrat of the DHSS for the security of the public purse.

That employers so frequently use sight or copy of Med 3 is probably not a breach of confidence in that the patient hands the certificate to the employer and incurs the full responsibility himself. It is, however, a breach of the practitioner's copyright and fraudulently deprives the practitioner of his fee. This custom is now contrary to the policy of the Conference of Local Medical Committees and of the British Medical Association.

The suggestion that serious disease may be detected early because of the need to attend early for a certificate is probably vastly offset by those who do not attend with serious illness because the doctor is always "so busy"—issuing certificates and necessarily examining, and probably treating, large numbers of patients with straightforward self-limiting illnesses and minor injuries.

DERMOT LYNCH

The Surgery
281 Hounslow Road
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Feltham
Middlesex TW13 5JG.

SELECTING TRAINERS

Sir,
It was with astonishment that I read Dr Oakley's stirring defence of the Kent Trainer Selection Committee's method of selecting trainers (February *Journal,* p. 117). It is good to see that they adhere to the criteria laid down by the Joint Committee on Postgraduate Training for General Practice (1976).

Why then was I deferred for a year by the self-same committee because I had not been a principal for *five* years when those criteria of which Dr Oakley writes clearly state three years?

It seems that whilst Oxford and the North of England areas are to be soundly condemned by Dr Oakley for not adhering to the criteria in asking for the possession of the MRCGP, Kent are to be admired for altering a far more arbitrary criterion.

Experience rules OK, Dr Oakley?!

JOHN F. GRACE

Hurstmere
2 Colewood Drive
Strood
Kent.

Reference

Joint Committee on Postgraduate Training for General Practice (1976). *Criteria for the Selection of Trainers.* London: JCPTGP.

Sir,
I could not agree more with Dr John C. Oakley (February *Journal,* p. 117) about the selection of trainers. I would add that a trainer does not need to be trained to be a trainer, as some members of the profession would have us believe. Surely, teaching and 'putting things over' to people is an art and one is either capable of communicating ideas or not. This is something we should have learned by now from our school and student days; that is, that you are either capable or incapable of teaching, and that is an end to the argument.

I would like to disagree with Dr M. Modell (December *Journal,* p. 759) who suggested that the MRCGP examination should have a 'clinical' unit; I suggest that he not only insults the young doctor who has already qualified and who has passed several clinicals in his finals, but also insults his distinguished panel of examiners by imputing that they were not capable of determining whether the student before them was capable of conducting a clinical examination.

M. E. GLANVILL

Jocelyn House Mews
Chard
Somerset.

BUTTERWORTH MEDICAL DICTIONARY

Sir,
I hope you will allow me space to redress the effect of your curt dismissal of the *Butterworth Medical Dictionary* in your recent review of its second edition (December *Journal,* p. 762). Your complaint was that it contained none of the newer terms used in general practice. Although you did not specify any of the terms for which you had sought in vain, it is likely that most of them are defined in standard dictionaries of the English language. Terms such as 'psychodrama', 'role play', and 'behaviour modification' can be understood in this way. Other hybrid terms such as 'collusion of anonymity' and 'standardized residuals' are better worked out in discussion with a tutor.

Since receiving this fine work as runner-up to the Butterworth Gold Medallist I am perhaps the only other general practitioner to possess a copy. It seems to me a great landmark in medical publication, a marvellous example of the lexicographer's art, and a work without which few medical authors could now make their contributions. In anatomical nomenclature the NA (Paris) terms are incorporated where appropriate without marching ahead of the education of doctors who are still more familiar with the Bir-