among women—from 41 per cent to 38 per cent.

The total fall in prevalence was due mainly to the fall in the proportions of men and women who were light smokers (fewer than 20 cigarettes a day); the proportions of men and women who were heavy smokers (20 or more cigarettes a day) remained fairly constant, so average weekly cigarette consumption rose during that period.

Between 1976 and 1978 prevalance fell from only 46 per cent to 45 per cent among men and from 38 per cent to 37 per cent among women.

Reference

Office of Population Censuses and Surveys (1979). General Household Survey 1978. *OPCS Monitor,* GHS 79/1, 29 May.

LETTERS TO THE EDITOR

WOMEN GENERAL PRACTITIONERS

Sir,

Your editorial (April *Journal,* p.195) on the plight of women doctors was sensitive, timely, and welcome.

You mention some of the reasons why others regard women as a 'disadvantaged' group (Maynard and Walker 1978). I cannot accept it wholly that married women doctors with children are at a disadvantage *because* they are married with children. There are other married professional women who are able to combine their careers with family commitments.

One of the more realistic disadvantages of married women doctors is their relative lack of mobility. If the career prospects of a man take him from one part of the country to another, his doctor wife will be restricted to those opportunities that are available to her in the locality of her husband's work, and if she finds a practice—unless her husband is established—her partners will be rightly suspicious that she will stay in the practice for a limited time only.

I submit that it is up to the couple to decide whose career opportunities will determine the permanency, or even relative permanency, of the woman doctor's place of work—preferably before they marry. It is perfectly possible to plan one's career as well as one's family—and even in the absence of domestic help, perhaps it is not beyond the ingenuity of a couple to plan their life to deal with childhood illness, fetching the children from school, and all the other 'problems' which are part of normal living.

I feel that, while of course there are events in any family's life that will make it more difficult to cope with work, the sudden discovery of the married women doctor's 'special situation' is but a forerunner of the discovery that doctors' attitudes to their work *have* changed in general. In the past, doctors moulded their private lives around their practices—now more and more the practice is being moulded to suit the doctor's private life.

Some doctors are men and some are women, and the contribution they make to their practices depends on their skills, knowledge, and attitudes—above all, on their human qualities, on their ability to marry *Scientia* with *Caritas.* And it is their ability which should make them participate in continuing education, in executive committees, and in organizing vocational training courses, and even represent their faculties on College Council. They should be there not as women or men, but as doctors, with a special contribution to make.

KATIE SCHÖPFLIN

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Reference

Maynard, A. & Walker, A. (1978). *Doctor Manpower 1975 to 2000: Alternative Forecasts and their Resource Implications. Research Paper Number 4.* London: HMSO.

Sir,

"Married women doctors need encouragement" proclaims a recent editorial (April *Journal,* p. 195). But they also need jobs, and other statements in your otherwise sympathetic article may make it more difficult for them to obtain these.

You find it necessary to justify "latent prejudice in the medical profession" with a reference. You should have done the same for three other comments. Data, please, to prove that women doctors lose more time for sickness in the 30 to 50 age group; that prove married women principals are providing inadequate personal continuing care, and who precisely thinks employers and colleagues are finding female physicians less reliable sources of cover. I cannot believe that women doctors alone use the deputizing services.

Your *Journal* is widely read and these statements have already been quoted in the national and medical press. You should either provide evidence for them, of a quality you would normally require to substantiate statements in the remainder of the *Journal,* or publish a retraction.

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Sir,

I must thank you for the very understanding editorial about women general practitioners. I like your general conclusions. The understanding of caring is basic and at times it can be a noose around our own necks. There is a risk of becoming irritable, but that is a weakness *we* do not recognize.

The paragraph on flexibility is very good. It provides the answer to our fewness on committees or councils, which must by their nature be at fixed hours; when they last for a day or so and at a distance we fear them greatly. Tolerant husbands are not referred to—they can make the whole difference to availability and to success!

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Sir,

It is unfortunate that a national newspaper should highlight your editorial (April *Journal,* p. 195) with the phrase "women doctors less reliable than men". I do not dispute that our biological function may limit some in their contribution to a medical career for varying lengths of time but I cannot accept that we have a greater sickness rate. You, fortunately, have not produced any statistical evidence in support of your claim, and I have been unable to find any to disprove it. Are male colleagues not at greater risk from