

Doctors who may need help in preparing a programme, or advice on script writing, are invited to discuss the matter with the Library Assistant Medical Director.

New titles

Four new titles have been issued:

Emergency plaster techniques—Dr T. Darby (Ref: VC25S). Laparoscopic techniques in gynaecology—Mr P. Steptoe (Ref: VC26S). Operative choledochoscopy—Mr B. S. Ashby (Ref: VC27S). Orthopaedic and neuro-surgical aspects of spina bifida occulta—Mr C. C. James (Ref: VC28S).

Details of existing and new titles can be obtained direct from the Graves Medical Audiovisual Library, Holly House, 220 New London Road, Chelmsford, Essex CM2 9BJ.

Open day

At the recent open day held by the Audiovisual Library there was great interest in the microfiche exhibit.

UNIVERSITY OF WESTERN ONTARIO, CANADA

Dr C. B. Freer, MRCP, from the Department of Community Medicine, University of Glasgow, has completed a study programme, the first of its kind, designed by the Department of Family Medicine at the University of Ontario, Canada to provide organized higher training for those involved, or intending to be involved, in academic general practice.

This was a full-time degree programme and Dr Freer was the first person to complete the degree to become Master of Clinical Science (Family Medicine). The programme was supported by a Kellogg Foundation Fellowship.

Further information can be obtained from Professor I. R. McWhinney, Department of Family Medicine, University of Western Ontario, Canada.

SEAT BELTS

The French Government has decided that French motorists in France must wear seat belts in towns at all times. It has also been decided that motorists must use dipped headlights in towns at night.

Reference

Guardian (1979). 12 July.

See *Letters to the Editor* (p. 623).

LAMBETH, SOUTHWARK AND LEWISHAM AHA (TEACHING)

The Secretary of State for Social Services, Mr Patrick Jenkins, has issued a direction under the National Health Service Act 1977, the effect of which is to remove all powers from members of the Area Health Authority for Lambeth, Southwark and Lewisham.

He will appoint commissioners to manage this authority, and in the meanwhile their functions will be exercised forthwith by the South-East Thames Regional Health Authority.

UNITED STATES OF AMERICA

The House of Representatives has now approved a total of \$45 million in federal funding for family practice education for the fiscal year 1980.

Reference

AAFP Reporter (1979). No. 8, p. 15.

NINTH WORLD CONFERENCE ON GENERAL PRACTICE AND FAMILY MEDICINE

The American Academy of Family Medicine will be hosts for the Ninth World Conference to be held in New Orleans from 5 to 9 October 1980 and once again the Royal College of General Practitioners is arranging group travel for those who are interested. The meeting will coincide with the Annual Convention of the American Academy.

In addition, the travel agents (VIP Travel Ltd, 42 North Audley Street, London W1) will be happy to arrange visits to other parts of the United States for those who wish to extend their stay.

Because of the present favourable exchange rate for the £, it has been possible to bring down the price for the return air journey, plus 7 nights at the conference hotel (bed only), to less than £450 per person. As this is an educational exercise, those who are going might wish to discuss with their accountant the possibility of charging this as an expense for tax purposes.

LETTERS TO THE EDITOR

WOMEN GENERAL PRACTITIONERS

Sir,
Your editorial on women general practitioners (April *Journal*, p. 195) quotes Stevens (1978) as having described the "nurturative female mentality" and "aggressive male instrumentality" and it suggested that this may fit women and men for different professional roles.

I write on behalf of one of my patients to claim her academic priority! In her pioneering studies on women scientists, Burrage (1973) drew attention to the fact that amongst graduates at that time 25 per cent of doctors were women but only seven per cent of scientists, despite the higher academic stan-

dard required for entry to medical school. Even more telling, she found that a significant number of women scientists had turned to the natural sciences only after abandoning an original intention to enter the medical or paramedical professions. Her studies demonstrated important demographic differences between women scientists and women in the population at large, and linking her own findings with Parsons and Shils' (1951) description of instrumental and nurturative orientations, she advanced the hypothesis that the nurturative role, largely culturally imposed upon women, was one of the factors that had led them to turn to medicine rather than science. Her research on this subject occurred at a time

when Kelly (1974), in a review article, could say: "Very little research has been directly concerned with . . . the factors which dissuade women from science. Indeed only two completely relevant recent studies have come to hand—Seear *et al.* (1964), and Burrage." Kelly's later review (1976) is also essential reading for anyone interested in this topic.

Interestingly, Leeson and Gray (1978) point out that the preference of women for medicine rather than science is also present in the socialist countries, where there are more women scientists, but even more women doctors.

The fact that Burrage did not follow up her work is in itself an indication of the way in which our society wastes female talent. Had Hilary Burrage been

a man it is almost certain that she would have continued her work and devised further studies to test her hypothesis. Instead, she left academic life to indulge in childbearing and childrearing, and is only now—six years later—beginning to turn her thoughts towards the continuation of her earlier work.

STEPHEN J. WATKINS

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References

- Burrage, H. F. (1973). *Women scientists*. M.Sc. Dissertation, University of Salford.
- Kelly, A. (1974). *An Unfair Profession*. University of Edinburgh Centre for Educational Sociology.
- Kelly, A. (1976). Women in science. *Durham Research Review*, 7, 36.
- Leeson, J. & Gray, J. (1978). *Women in Medicine*. p.43. London: Tavistock Publications.
- Parsons, T. & Shils, E. A. (1951). *Towards a General Theory of Action*. London: Harper and Row.
- Seear, N., Roberts, V. & Brock, J. (1964). *A Career for Women in Industry*. Edinburgh: Oliver and Boyd for London School of Economics.
- Stevens, J. L. (1978). Unpublished lecture at Postgraduate Medical Institute, Exeter.

TRAINING STAFF

Sir,
In the June issue of the *Journal* (p. 372) you were kind enough to publish a letter setting out the terms of reference and activities of a joint working party set up by the Royal College of General Practitioners and the Association of Medical Secretaries earlier this year.

The working party wishes to collect and examine documentation relating to:

1. Practice handbooks or notes for the use/instruction of receptionists and secretaries.
2. Job descriptions of practice ancillary staff.

If any member can help by sending us such documentation we should be most grateful to receive it.

S. OLIVER
Chairman

RCGP/AMS Working Party
14 Princes Gate
London SW7 1PU.

ROLE OF PRACTICE NURSES

Sir,
We should be most grateful if general practitioners who are interested in the

education and role definition of their own directly employed nurses would contact me at the address below. The University is running a pilot course for practice nurses this autumn and would very much appreciate the help of general practitioners in telling us what their nurses are doing, what they would like them to do, and what they consider to be the medico-legal problems in nurses doing hitherto medical (as distinct from nursing) tasks. A three-year study by Dr B. L. E. C. Reedy of the University of Newcastle-upon-Tyne shows that practice nurses are extending their role considerably and it would help us to have the views of your readers about this.

Y. V. DAVIDSON

Course Co-ordinator
Royal College of Nursing
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BEHAVIOURAL PROBLEMS IN GENERAL PRACTICE

Sir,
May I comment on your excellent editorial "Behavioural problems in general practice" (*June Journal*, p. 323). I write as a social worker married to a general practitioner. Yes, I know of the mutual antagonism between some general practitioners and social workers!

It is gratifying that at last some general practitioners are now aware of the "non-physical element" of their patient. However, these enlightened general practitioners are certainly paying, I feel, for their pill-orientated colleagues who dish out tranquillizers and other unnecessary medicines (at great cost to the country) instead of *listening*. Most patients have been led to expect a medicine for everything, including the common cold, which we know gets better by itself! People have lost confidence in themselves *not* to go to a doctor.

Obviously, tranquillizers are relevant to some conditions. I think all general practitioners, social workers, and nurses should be made to see the play "Whose Life Is It Anyway?". In it the chronically paralysed patient refuses tranquillizers from the well meaning, but misguided, housemen on the grounds that they were prescribed for him because the doctor could not accept the fact that there are patients who cannot be helped medically—except to die—and who think. The patient suggests that the housemen should take the tranquillizers!

I speak as someone who has multiple sclerosis, so I ask for no heroics, just an acceptance that some patients are

actually quite intelligent and sometimes know what is best for them. My general practitioner does, thank goodness!

Finally, in most cases—except where the medical condition is paramount and relevant to general practitioner counselling—I think there are other professions better trained (most general practitioners are not anyway) to do counselling, like social workers and marriage guidance counsellors.

MARGARET HOWLETT
Social Worker

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A4 RECORDS

Sir,
Dr R. M. Milne (*June Journal*, p. 373) asks for evidence of the value of A4 records. As far as I am aware, there is no-one who can give him objective evidence that medical care is improved as a result of converting records from the old medical record envelope to A4 format.

Dr Milne has found that the act of conversion has forced him to examine carefully the contents of the brown bags stuffed with cardboard and paper in his practice, and this has given him more information about his patients.

Any practitioner who subsequently comes to care for his patients will be able to get that information without the same scramble, and any information which Dr Milne records in the future, such as that relating to immunizations performed, past illnesses, screening procedures, and investigations, will be organized, each in its own place and easily found. Having used the medical record envelope for 18 years and the A4 format for eight years, I have no doubt that I prefer the latter.

I have never seen any comments from general practitioners who use medical record envelopes who receive patients from practices using A4 records. What do they do with the old A4 record? Does its presence create any difficulties?

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Sir,
I am sorry that Dr R. M. Milne (*June Journal*, p. 373) has feelings of guilt about A4 records, because our article (*February Journal*, p. 85) recorded the