

been notably free from the corrupting jargon to which Dr Walker takes exception and with which, it must be admitted, our College has been identified in the past.

We have all surely moved on. Today's trainers are expected to be able to inspire as well as to instruct; to add to our knowledge of general practice, not just purvey it. Furthermore, what is wrong with the concept of a relatively sheltered working environment where young doctors can be supervised while encouraged to acquire competence, the habit of self-criticism, and an attitude to self-education which will stand them in good stead throughout their professional lives?

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WHY NOT WRITE ENGLISH?

Sir,
Reading Dr Hull's excellent article on the writing of English (*August Journal*, p. 481) reminded me that many years ago when engaged on the same crusade I wrote a contemptuous and stirring piece on the use of the cliché. Good hard-hitting stuff it was. Clichés, I said, are witless devices to conceal the witlessness of their authors: destroyers of thought and malignant corrupters of style, pits dug by the devil.

The thing was duly published, and when I saw it in print I noticed—to my shame—that in my swingeing peroration I had used a particularly disagreeable example of the breed. At that moment I became the Founder President of the Clanger Club—which proud position I hold to this day. By virtue of this office I now invite Dr Hull to apply for membership, for has he not, in his first paragraph, perpetrated the splendid solecism of adverting to the *latter* of three possibilities?

I think I can promise him election by my membership without a single black ball. Welcome, Dr Hull.

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Sir,
Warm thanks to Dr Hull for his article, "Why not write English?" (*August Journal*, p. 481). It concerns the whole

profession but general practice most because we, most of all, must explain to and discuss with patients the nature, likely course, causes, prevention and treatment of their ailments and interpret the reports and suggestions of hospital doctors in words they can understand. An illiterate bacteriologist may not matter much; an illiterate general practitioner ought not to have patients.

The problem is not new. About 30 years ago the Editor of a leading medical journal told me that almost every published paper had had to be rewritten in his office, though I fancy this would not have been so at the turn of the century.

Now, as Dr Hull says, students come to believe that to write jargon and despise grammar well becomes a member of our profession. To write "on a number of occasions" for "often", "at this point in time" for "now", "geriatric" for "old" and "like" for "as" is to write like one who has absorbed his medical education.

I am cheered by Dr Hull's observation that "new-entry students . . . write interesting articles". It suggests that if medical teachers could be persuaded to mend their ways, good doctors, able to communicate, would emerge; but I still fear a chief cause lies deeper and that if—as we should—we wish to breed literate doctors we must reduce the quantity of fact—or alleged fact—we require preclinical students to learn and persuade schools to go on teaching English to late teenagers who opt for medicine and not abandon them utterly to the 'science side'.

Should we not also use 'multiple choice' very sparingly at and after school? It has solid virtues but that it saves both parties prolonged mental effort may rather be a fault.

Lastly, from its foundation, I have hoped the College would feel that to make sure general practitioners shall be well educated men and women was a first duty. Could not Council have a session on literacy for practising doctors? Dr Hull's article would make a good starting point.

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Sir,
"Why not write English?" asks Dr F. M. Hull (*August Journal*, p. 481), and his plea must be supported. It was most enterprising of him to draw attention to his cause with three grammatical errors, two solecisms, two badly mixed meta-

phors and four illogicalities all on one page.

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WOMEN GENERAL PRACTITIONERS

Sir,
I thought that your editorial (*April Journal*, p. 195) on women general practitioners gave a balanced and realistic resumé of current thinking. It was therefore with considerable surprise and amusement that I read the subsequent correspondence on this rather contentious issue.

Dr Gardner and Dr Cunningham (*July Journal*, p. 433) appear to be trying to convey the impression that not only are they equal to their male counterparts but also in many ways vastly superior. This superiority, it seems, is based solely on their ability to manage a home, to reproduce, and subsequently rear children. How dreary it is to hear this argument trotted out time and again!

As Dr J. S. Norrell so rightly points out (*July Journal*, p. 433), they certainly leave me squirming with embarrassment and serve only to confirm a long held impression that women have only one enemy in medicine—that is themselves.

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Sir,
I have taken an interest in this subject for some time and published some of my conclusions last year (*MacGillivray*, 1978).

It is surprising that Drs Ward and Bryan (*August Journal*, p. 496) are unaware of the available statistics which have been requested by and sent to the Medical Women's Federation on at least two occasions. The best references that I know are Reynolds (1975), subsequent correspondence in *The Post Magazine and Insurance Monitor* on 4 and 11 September, 9 October and 6 November 1975, Reynolds (1976), and a letter from the Medical Sickness Society which appeared in *BDA News* (1976) and was quoted by George Adams in *General Practitioner* on 24 March 1978.

Those doctors who claim the advantages of our sex (skills in caring) while ignoring the disadvantages (increased susceptibility to crippling diseases in the third and fourth decades) display a