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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Dean of Studies

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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.

JOHN MILES

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Glen Urquhart
By Inverness.

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.

LINDSEY BATTEN

Little Squerryes
Hosey Hill
Westerham
Kent.

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 metaphors and four illogicalities all on one page.

CONRAD M. HARRIS
Department of General Practice
St Mary's Hospital Medical School.

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

lack of logic for which women are famed.

Fortunately for us, if we reach the age of 50 safely, then we have an improving health record and this is acknowledged in the rates offered by one insurance company. The Medical Sickness Society, whose rates do not reflect this improvement, bracket women doctors with women dentists (who seem a very sickly lot) and this increases our disadvantages.

Most women doctors are healthy and, I am sure, give as good service as do men. Nevertheless, the majority of sufferers from demyelinating diseases, rheumatoid arthritis, and other autoimmune diseases are women. Why should your correspondents expect women to be an exception to this rule?

RUTH MACGILLIVRAY
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References

MacGillivray, R. (1978). Sickness rates for women doctors. *World Medicine,* **14**, 7.
Medical Sickness Society (1976). *BDA News.*
Reynolds, M. (1975). Medical aspects of permanent health insurance. *Post Magazine and Insurance Monitor,* 3 July.
Reynolds, M. (1976). Insurance and the handicapped. *Post Magazine and Insurance Monitor,* 25 March.

Sir,

We wish to congratulate you on your editorial (April *Journal,* p. 195) which presents a fair picture of the current role and difficulties of women in general practice, though we regret the out-of-context and therefore provocative quotations made from it in the national press.

It is encouraging that the last paragraph welcomes an increasing influx of women practitioners and calls for the will to create part-time opportunities.

Working at local level for the Medical Women's Federation, we realize that a group much in need of this welcome and support are women with growing children, who are striving for a reintroduction into general practice. If the woman was previously a principal, perhaps a full-time principal, she may be shocked to find that she feels a second-class citizen for the first time in her professional career. We are also told that the slightly older age group returning to work are worried about the new possibility of further examinations which were not a concern in their previous career.

The welcome in your editorial, which we hope College members will take a lead in initiating, depends on simple actions. We know of women writing to enquire about regular part-time work who have not had their letters answered or who have been ignored until a sudden telephone call requested them to stand in for a practice at short notice and at an unsociable time. Being an odd-time disposable locum is perhaps not what the returning doctor had in mind.

If your readers know of doctors wishing to return to general practice in their area we hope they will seek them out and give them a little friendly support. Perhaps they could be invited to meetings and if part-time work is not available perhaps they could be introduced to someone who can provide it. Above all, please answer their letters or telephone calls at least with a friendly word. These doctors will undoubtedly re-establish themselves but let it be with kindly thoughts about those who made some small gesture to help them.

A. J. MARY CHISHAM
Chairman
L. T. NEWMAN
Secretary
London Branch, Medical Women's Federation

GENERAL PRACTITIONERS IN HOSPITALS

Sir,

There is a strong desire in hospitals that the pyramid of specialist training should be reduced and there should be fewer on the rungs of the ladder leading to hospital specialization. Doctors in these training grades have also provided a service to patients, and the reduction in their numbers will leave a slight medical vacuum.

The new general practitioners now emerging, with excellent hospital training, might well wish to follow some of their patients into hospital and treat them under hospital consultants' supervision. There is at present neither the financial incentive to do this, nor a well recognized way of organizing such an approach.

They order things differently in the USA, and it would be interesting to know from our American colleagues what level of competence is required from a doctor before he is allowed to care for his patients in hospital, the working requirements made of him, and how his work is supervised by the consultant in charge of the wards. Perhaps it would be appropriate for our College to approach the other Royal Colleges and discuss where such methods of working might be appropriate, and the standards that would need to be set.

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VASECTOMY

Sir,

I would like to refer to a letter (April *Journal,* p. 251) from Dr L. N. Jackson, Honorary Director of the Crediton Project in Devon, about male sterilization, and to a full-page advertisement appearing in the same issue of the *Journal* (p. 253) also from the Crediton Project.

As a general practitioner for the past 10 years and as an associate of the College, I would like to put on the record my total disagreement with such sterilization operations. I am also against female sterilization.

There are so many pressing problems in the world today waiting to be solved that I consider these operations unjustified, since they represent:

1. An unnecessary mutilation of the human body.
2. The denial of free will on the part of the patients.
3. An onslaught on Christian belief and practice.

I also feel that abortion is completely unjustified and can be classified only as an attack on human life—which indeed is sacred.

My delay in writing is that the *Journals* were not reaching Ireland during the recent postal dispute.

ROBERT P. GILL
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Ireland.

SHOULD WE LOOK FOR GONORRHOEA?

Sir,

In his letter (July *Journal,* p. 433) Dr Thompson raises questions for which it is difficult to provide effective and practical solutions. We feel we should indeed be thinking of gonorrhoea in general practice in women complaining of vaginal discharge, and although we offer no rigid plan of management, we suggest the following as a basis for discussion.

Selection from the practice population of those patients in whom there is a strong case for gonorrhoea investigation could be based on previous