

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

Rosslyn Tower
18 St John's Avenue
London SW13.

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.

RONALD LAW

9 Wrotesley Road
Willesden
London NW10 5UY.

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

Longstone House
Dromkeen
Co. Limerick
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