

and become increasingly disinclined to pay their constantly increasing subscriptions. We must hold the enthusiasm of our members, especially the increasing number of young doctors who have just completed their vocational training. Small local groups seem to be the most likely way to involve and keep our members.

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Sir,

I could not help feeling very disturbed by the letter from Dr E. W. Sturton (November *Journal*, p. 682) full of waspish adjectives and peppery parentheses, attacking our College. What self-interest could persuade a man who, to use his own words, "having spent years fuming at this absurd innovation", decided that it was a question of "If you can't beat 'em join 'em"? His letter suggests that having joined us, then he could beat us! Furthermore, he claims that passing the examination at his first attempt exonerates him from being accused of 'sour grapes'! I should like to tell him that he can be accused of much more: he has not joined us, but infiltrated us, out of self-interest.

I joined the College at its inception in 1953 as an associate. I had high ideals, like many younger doctors. Apart from the College, there was nothing to guide or inspire us, and the times were daunting indeed. I deeply resent any young doctor today boasting that he has passed the examination at first attempt when voices have cried in the wilderness and made the way straight for him. Why has Dr Sturton not been to the organization room at the College headquarters and learned how to monitor his performance, for this is the way to dispel the drudgery and issuing of sick notes which are his great complaint? How dare he say the College is "supposedly working for the improvement of standards", or that lecturers were "conjuring spurious erudition out of what is really only common sense" and that "he quickly tired of being told" by people who were "supposed to be experts"? He pontificates that "general practice is largely an art which can be learnt but not taught". Those who think that delude themselves.

The strength of the College lies in the support it gives to its members and the contribution they make to it. Dr

Sturton's contribution is at present purely negative, his letter being full of the same "incredible arrogance" he detects in the College hierarchy. The College can do without this kind of abuse: it welcomes constructive criticism.

Finally, let me tell Dr Sturton that the examination is not, as he supposes, condemned as a valid test of competence by the fact that many excellent established family doctors have failed. I know 'excellent' doctors who have failed; but when I have talked to them they have been fair enough to admit that they were perhaps not quite so excellent as they imagined. The list of qualities Dr Sturton listed as desirable in a good practitioner did not include humility. I would place it high on my own list, and that is the sharp point of my disagreement with him.

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### WHY NOT WRITE ENGLISH?

Sir,

I am grateful to Drs Miles and Harris for correcting my English (November *Journal*, p. 683). Good English has much in common with good general practice; neither is easy and in each it is impossible to please all men all the time. Such difficulty, however, must not be allowed to prevent the attempt.

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### WOMEN GENERAL PRACTITIONERS

Sir,

I would just like to point out to Dr Susan Brown (November *Journal*, p. 683) that:

1. I don't run a home—my bedsit is always chaotic and covered in files.
2. I haven't yet reproduced and I don't think I will—personally I couldn't handle the pressures on me to be a full-time general practitioner as I want, and have children (because there are not adequate facilities for women general practitioners to cope physically and mentally with small children and a job unless they are *exceptional* women).

3. I don't have any children to rear, nor do I intend to.

I am sorry if I gave the impression that I feel "superior to my male counterparts". I don't. I am trying my best to be anti-sexist in working for a better society for both women and men but it is difficult.

KATY GARDNER

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### ETHNIC MINORITY GROUPS

Sir,

We are trying to compile a list of surveys and research related in any way to the health care needs and difficulties of ethnic minority groups in Britain.

We feel that much useful work related to ethnic minorities is being done at present all over the country but that many of the results are never publicized.

We would, therefore, like to compile a list of relevant projects which have been completed or are being undertaken now, so that people working on connected subjects can contact each other and share ideas, information, and skill. The list would include both small and large projects, informal surveys run by people working in the field as well as those which may be more formal and based in universities and other institutions, work with local as well as national relevance, and practical projects as well as academic research.

We should be very grateful if anyone who is doing any kind of research and would like to share their results would send us his/her name and address, and a short outline of the project, its aims, and the group(s) it deals with, as soon as possible.

If enough appropriate information is received it will then be collated and made available at small cost from the King's Fund Centre.

Replies should be addressed to Colette Taylor at the address given below.

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Pathway Further Education Centre  
MARLENE HINSELWOOD  
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