

getting them to take an adequate dose and experiencing pain relief without unpleasant side-effects, the next day they had gone back to homeopathic doses.

The contrast with patients in hospital who readily accept opiates is marked. The comfort of being at home seems to give them the courage to do without so much analgesia. I should be interested to know if refusal of adequate analgesia is common among patients dying at home.

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THE JOURNAL

Sir,

I have been an ardent supporter of the RCGP since the day it was born. I still am. I am full of admiration for those marvellous people who had the foresight to dream up and actually start the College. It took great dedication and tenacity: no-one except those few originals ever thought it would emerge from its chrysalis, let alone grow into the respected body it is now. It has come to stay, is held in as high esteem by the general public as are the other Royal Colleges, and has definitely put general practice on the map.

In my view it has one blot. A large unhappy blot: its *Journal*. I have tried over and over again to decide why I do not like the *Journal*. Most of the articles if taken separately seem reasonable, but when put together the appetite wanes rapidly. Apart from the jargon, the endless statistics, the controversial articles which never seem controversial, the inconclusive conclusions, the overwhelmingly dull topics—there remain only the summaries of the main articles to whet the appetite rarely, and usually to prevent me reading the main text.

When Update took over the publication I was full of new hope. I fear this rapidly faded. The print and the lay-out are impeccable. So what is really wrong?

I have thought long and frequently on this and have reached a sad conclusion. I find it terribly dull, and insufferably boring. It does not at all seem to reflect the vital, exciting, ever changing, constantly challenging world of general practice. I have never yet found one 'live' article which makes me want to jump for joy, burst a blood vessel, get hot under the collar or even keep it for future reference. And I never ever get a laugh; yet every day in practice has its humour, from which I learn.

You, Sir, who yourself write so well and speak so eloquently, please take no offence. Get your staff together and have another look at our *Journal*, which

should reflect our College as an index reflects a book. Find out if I alone hold these views. I suspect not. Try a 'Journal audit' and find out the views at the grass roots. (How's that for jargon, the new infectious ailment?!)

Try a transfusion. Be erudite, by all means, but interest always, teach sometimes, and bore never.

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PERSONAL CARE

Sir,

It is to be hoped that the simultaneous publication of two articles by Dr Pereira Gray and Dr Russell (November *Journal*, pp. 666 and 679) reviewing the limitations of combined lists and large group practices reflects the numerical ascendancy of those who are tending towards a radical change in general practice.

Combined lists are usually contrary to the development of that close understanding between patient and doctor which is the continuing hallmark of the art of general practice. Their continuance, despite all the shortcomings, is fostered by a reluctance to enjoy the full responsibilities that come with having one's own list, whether it be inside or outside group practice. Despite the iniquities of the NHS (which are a reminder of our lack of virility rather than of a failing of our patients), if we are to do ourselves and our patients justice in our difficult task at the interface between the capabilities of modern medicine and the daily lives of our patients, we cannot forever escape a reversion to personalized primary care. The heartening paradox found even by the less altruistic of us is that accepting a marginally greater commitment removes many of the problems currently resident in our work.

These two prophetic articles deserve study by all who have an interest in the future of their own practices in particular and primary care in general. They portend the end of the era when we became one of the butts of British humour because of our apparent unwillingness to adhere to the traditions of being caring family doctors in favour of the transient glamour and superficial ease of being part of a depersonalized system. Whilst the application of such idealism may not be universally acceptable, it is the inevitable way forward if we are to alleviate job dissatisfaction and partnership discords, and it is probably the only way in which we can

exploit fully the ever increasing potential of our future.

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HOSPITAL POSTS FOR VOCATIONAL TRAINING

Sir,

I was recently looking at job advertisements in the *Journal* and came across one advertising four places in a well known vocational training scheme. On closer scrutiny I was surprised to see that two of the rotations advertised included no paediatrics, and the other two included no obstetrics. All four included three months of ENT and ophthalmology.

I am deeply worried that this sort of scheme, with the convenience of a package holiday, will become the 'normal' way of entering general practice, whereas the doctor who chooses suitable individual house jobs and does a separate trainee year will become a rarity. There is no doubt in my mind that the latter method, assuming it included paediatrics and obstetrics, would provide a more adequately trained general practitioner.

Enthusiasts for vocational training schemes will, of course, point to the half-day release course as being the great advantage of such schemes. Any benefits this may have, and none has been proven, cannot possibly compensate for the lack of clinical experience in vital subjects.

When vocational training schemes first originated, many doctors were anxious that these would be used by consultants to fill unpopular house jobs. Their fears cannot be allayed yet.

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WOMEN GENERAL PRACTITIONERS

Sir,

I have read with interest the correspondence following your editorial. Recently I gave a lecture to a group of trainees about the problems of finding a partnership, and as one third of the trainees were women, the discussion naturally covered the problems that they might encounter.

Many women will opt for part-time partnerships. By working over 20 hours