

the stroke patient, and organization and care.

Programmes are available from the Chest, Heart and Stroke Association, Tavistock House North, Tavistock Square, London WC1H 9JE.

### MARIE CURIE MEMORIAL FOUNDATION

The Marie Curie Memorial Foundation is holding a Twelfth Annual Symposium on Cancer at the Royal College of Surgeons of England on 20 May 1980. Information and enquiries can be obtained from the Secretary, Marie Curie

Memorial Foundation 124 Sloane Street, London SW1X 9BP.

### GREEN LIGHT FOR DOCTORS

Mr Norman Fowler, Minister of Transport, has laid before Parliament new Regulations which will allow doctors to use flashing or rotating green beacons on their cars when answering emergency calls. This will enable other road users to identify a vehicle being used by a doctor hurrying to an emergency.

Doctors' cars using green beacons will not be given high speed priority or any legal immunity from observing either speed limits or traffic signals.

### Reference

Department of Transport (1980). Road Vehicles Lighting (Amendment) Regulations, S1 No. 116. London: HMSO.

### JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners have re-approved the Stockport Vocational Training Scheme, which is recognized by the Royal College of General Practitioners for the purpose of the MRCGP examination.

## LETTERS TO THE EDITOR

### WOMEN GENERAL PRACTITIONERS

Sir,

Dr A. McPherson and Dr J. Small postulate several reasons why women are not becoming partners in the Oxfordshire area (*February Journal*, p. 108) and suggest that general practitioners should provide adequate part-time career posts. They seem to have forgotten that general practitioners are independent contractors and are also running a business.

Perhaps as women we should ask ourselves why our male colleagues are preferred as partners. Is it because we have more time off for sickness or family problems? Is it because we are less clinically competent, or have been unreliable partners, or is it because many general practitioners have been frightened away by groups of protesting females, just as we are all frightened of an unknown quantity?

Women have fought hard against sexual discrimination in medical school; maybe in doing so we have made our male colleagues wary of us as partners.

Perhaps we should soften our defences a little and reveal that there are extra qualities in a female partner, making her an asset to a practice.

JACKY HAYDEN

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Sir,

Drs Ann McPherson and Jackie Small state that one aim of their article (*February Journal*, p. 108) is to find out "the ease with which patients, particu-

larly students, may choose the sex of their doctor". They have a section headed *Student population*, which starts with a remarkable statement that "Oxford is a university city with no student health service". Their source of information about the wishes of women in mixed colleges was a "report by the Oxford University Students' Union Co-residents Committee". No evidence is produced that the view expressed was other than anecdotal.

Ignorance can be a dangerous thing. It is pretty clear that the authors, despite the fact that one is an Oxford graduate, are unfamiliar with the structure of Oxford. Oxford is a confederation of quite independent colleges. Each makes its own domestic arrangements without reference to the University. Each, therefore, will choose its own college doctor. That doctor is chosen on merit, and it is hoped that he or she will take a special interest in the problems of students and offer medical care of a high quality. Each college pays its doctor an honorarium, for it appreciates that he or she will spend time on functions that could not normally be expected from a general practitioner under the National Health Service. It is made absolutely clear to the students that they are under no obligation to register with the college doctor. That the majority of students do is perhaps a reflexion of the fact that they are satisfied with the medical arrangements. There are plenty of very able women practitioners in Oxford with whom students could register if they wished.

The University provides a counselling service run by a professional counsellor, which is accessible to all students. It also provides an environmental health

service that deals with medical problems in all university departments. There does not appear to be any hesitancy on the part of students to take advantage of one of the services offered, for example, advice or immunizations when they have reason to go abroad. One in 15 of all students uses our services each year.

The Association of Oxford College Doctors has both female and male members. We are given no information, except secondhand anecdotal assurance, that women students do not get the help they need. The independent Colleges Committee on Student Health has, as far as I am aware, not been consulted by the authors. It would have been possible that it might have been in a position to produce the evidence the authors have failed to provide for us. It would be a great pity if your readers are left with the impression that the Oxford students get a poorer deal than that of students in provincial universities. Though the view may be old fashioned, one may perhaps be allowed to suggest that students who do not like a collegiate arrangement should not have applied to come to Oxford in the first place, but sought their education in a centralized university, where things may be administratively more tidy, but not necessarily better.

BENT JUEL-JENSEN

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Sir,

In their article (*February Journal*, p. 108, 1980), Drs Ann McPherson and