

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

Jackie Small state: "Some women patients are seeking women doctors." For a potentially sick female deliberately to choose a female physician amounts to sex discrimination. It is equivalent to a male invalid insisting on a male nursing sister.

If there are insufficient numbers of female family practitioners in a certain area because of a lack of applicants, what should the committee do? Forcibly appoint females to the district regardless of other considerations?

LEON SHIRLAW

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DIABETIC KETOACIDOSIS

Sir,

The following appeared recently in a journal: "Too many patients are allowed to pass into diabetic ketoacidosis because of delay in diagnosis or poor management of diabetes during inter-current illness. We still see patients, not previously known to be diabetic, who have consulted their general practitioners with symptoms which should have suggested the diagnosis but whose urine was not tested. In an analysis of 27 consecutive coma patients . . . 15 were new cases. In 12 of those the urine had never once been tested, though they had visited their general practitioners on a total of 41 occasions" (Pyke, 1980). Further comment is unnecessary.

H. W. K. ACHESON

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Reference

Pyke, D. A. (1980). Diabetic ketoacidosis. *Journal of the Royal Society of Medicine*, 73, 131-134.

INTRAUTERINE GRASP

Sir,

Several years ago there was much correspondence in the medical journals about the intrauterine cry and more recently much has been made of the intrauterine sneeze. I recently had an experience which was novel and I wonder whether the intrauterine grasp has ever been encountered by any of your readers.

Whilst attending a young woman in labour, I made a pelvic examination and found that the presentation was breech. The membranes ruptured during the examination and while checking to see whether or not there was a loop of cord

prolapsing, I encountered the fetal hand which was down beside the sacrum. When I tried to flick it out of the way with my index finger, the hand closed around my finger and held on to me firmly for what seemed like several minutes. No doubt this was simply a reflex but I wonder whether this is the first recorded case of the intrauterine handshake?

J. A. MCSHERRY

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MEDICAL INFORMATION

Sir,

The Medical Information Review Panel is a committee of 13 members of the medical and information professions which will have met six times during the two-year period for which its grant was awarded by the British Library. Its Chairman is Sir Ronald Gibson, CBE.

The Review Panel is trying to discover gaps in information where research projects would be appropriate, which would benefit both provider and user of medical information. During the last few years research has been initiated in such topics as drug information, the use and management of clinical information, and the information needs of different groups of users within medicine.

The Panel is now coming to the end of its discussions and will report in September. As Research Officer, I should like to hear of any research project, whether planned or completed, private or publicly funded, related to information in medicine. Would anyone with news of such research please write to me at the address below. I shall be happy to provide further information about the Review Panel on request.

PENELOPE E. COCKERILL

Information Research Officer
Medical Information Review Panel

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URINE MICROSCOPY IN GENERAL PRACTICE

Sir,

May I add to Dr K. D. P. Thomson's recommendation of the McArthur microscope for use in general practice (January *Journal*, p. 62)?

This small instrument, measuring 4" x 2½" x 2", is capable of excellent resolu-

tion at magnification of up to 1200x. Using the lying drop method, urine can be examined very rapidly in the consulting-room, or at the bedside, without centrifuging and it provides accurate and consistent results.

Although equivalent results can be obtained using a bench microscope and a counting chamber, the McArthur microscope is much easier and quicker to use, especially in a busy surgery and where space is at a premium.

Dr K. M. D. Coltman (1978, 1979) of Aysgarth has made a detailed and scholarly analysis of the use of the McArthur microscope in her practice over several years and anyone interested should read her papers.

I am not sure of the current price of the McArthur microscope. On my list the microscope with times 40 and times 400 objectives, Abbe condenser and lamp costs £315 + VAT. It is manufactured by Prior Scientific Instruments of London Road, Bishop Stortford, Herts, CM23 5NB.

RICHARD GARDNER

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1 Stevenage Road
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References

Coltman, K. M. D. (1978). A new technique for detecting urinary tract infection. *Practitioner*, 221, 243-246.
Coltman, K. M. D. (1979). Urinary tract infections. New thoughts on an old subject. *Practitioner*, 223, 351-355.

THE JOURNAL

Sir,

I must take strong exception to the publication of the article "Chest pain among oral contraceptive users" (January *Journal*, p. 33). No doubt Dr Williams benefited greatly from carrying out his survey—and an interesting student project it seems to have been—but surely it was no more than that. The ambitious conclusions he draws may have been statistically valid, but it is quite unacceptable to rule out a link between oral contraception and chest pain from the study of a mere 500 woman-years.

It worries me that many papers of this calibre have been included in the *Journal* recently. While such an editorial policy may do a little towards the important College aim of fostering research, it does nothing to gain the College badly needed credibility in the eyes of the ordinary thinking doctor. In my view, the main value of such projects is to give the author experience in collecting and recording data. The results