After a further period of 10 years or so in active practice election to fellowship should occur—perhaps automatically: and this I submit should carry full consultant status, with the right to be called out in domiciliary consultation at public expense on the same terms as the hospital specialist. An arrangement such as this would bring three benefits: first, the G.P. would have a stimulus to improve himself and a goal at which to aim. Secondly, the senior man of experience and ability could replace some of his routine work by consulting practice, thus easing his own burden. And, thirdly, a valuable form of consultant opinion would become available for other G.P.s—a form of second opinion which is likely to become extremely rare when all specialists are exclusively trained in hospital and laboratory.

Of course the definition of the scope of general practice, which would have to precede the arrangement of an examination of this sort, would present difficulties. These, however, should be soluble provided that the examiners themselves are, or have been for the main part of their professional lives, in general practice.—I am, etc.,

Shrewsbury. JOHN C. RYLE.

SIR,—Competence in general practice can only be acquired by experience. It cannot be assessed by examination.

An early result of the proposed College of General Practice would be that the newly qualified man would have to take another examination and adorn his name with still more letters before he could hope to be considered for a vacancy in any executive council area. Have we not had enough of what Professor Harris has called the tawdry diplomas that clutter up medical education ?

Some of your correspondents complain that our prestige has slipped. That is partly our own fault. Others say that our pride must be restored. How can it be restored by pretending that something correctly described as *general* can also be a *specialty* ?—I am, etc.,

Rugby. W. J. BOLD.

SIR,—While wholeheartedly supporting the idea of a General Practitioner College, the practitioners in the Winchester area have anticipated its need by setting up an association for general practitioners, which is now known as the E.C.1 Club. The objects of this club are: to encourage "the meeting of one's colleagues socially"; the exchange of views and opinions on matters clinical; the discussion and ventilation of problems and topics affecting a general practitioner.

The first half-hour of our meeting is covered by the phrase "reconnaissance and refreshment," which gives everyone a chance to meet colleagues from outlying areas. We have no formal lecture on an abstruse subject of rare pathology, but a consultant guides, referees, and sums up our discussions on any subject. The advantage of this mode of procedure is that we, knowing the gaps in our knowledge, have the choice of any consultant (who is always a man of experience) rather than a lecturer chosen for us by our consultant colleagues. We find practitioners travelling from as far away as 25 miles to attend a meeting, which shows that some such society or club of this nature is needed.—We are, etc.,

P. A. T. LOWDEN.
Winchester. GEORGE SWIFT.

Reducing Dislocated Hip

SIR,—May I suggest what I think is an improvement on the current method of reducing a posterior dislocation of the hip-joint ?

Anaesthetize as usual, but, instead of laying the patient on the floor, put him on his back on the operating table in the usual way, flex the hip and the knee to a right angle, and put the limb in the neutral position as regards rotation. An assistant, standing on the side of the normal hip, grasps the iliac crests and fixes the pelvis. The operator, facing the patient's feet, inserts his appropriate shoulder into the right angle made by the knee flexed on the thigh. To do this he has to bend forward, perhaps 30 degrees. He grasps the leg by the ankle, merely to preserve the right angle, and straightens his spine.

I have had the chance of doing this four times, and in each case the reduction was instantaneous and the effort required minimal. Even a surgeon who thinks he has a "disk" need have no fear on this score. I can think of no method less likely to inflict further damage to the torn capsule, the preservation of whose blood supply is so vital if avascular necrosis of the head of the femur is to be prevented.—I am, etc.,

Birmingham, 29. J. B. BAIRD.

Do You Smoke ?

SIR,—Last week I sent a letter personally to every man and woman on the *Medical Register* of the U.K. asking them to help me. I asked them to fill in a very simple form about their smoking habits. I tested the form, earlier this year, by sending it to 200 doctors taken at random from the *Register*; they nearly all answered. This suggests that the form presents no grave difficulties, and the response has emboldened me to cast my bread upon the waters and to appeal to the whole 60,000.

My aim, I need hardly say, is to add up the returns statistically without any regard to individuals. I hope to be able to divide the profession into about four broad categories—heavy smokers, moderate smokers, light smokers, and non-smokers—and then, over the next few years, and with the help of the Registrars-General of the U.K., measure the mortality of each group in relation to the certified causes of death. Cancer of the lung is by no means the whole interest; other points of importance may well emerge.

This, I think, is a new method of approach—looking forwards in a normal population rather than backwards in declared patients. If it succeeds I hope to extend the inquiry; but clearly the medical profession with its close interest in research should come first. May I, therefore, repeat my appeal through your columns ? If every doctor, whatever his field of work, will spare only a moment or two this research can be founded on a firm basis and in time give, I believe, firm and important answers.—I am, etc.,

London, W.C.1. A. BRADFORD HILL.

POINTS FROM LETTERS

Examining the Dead

Dr. M. ASTON KEY (Southsea) writes: A clergyman told me some years ago that he began his student days in the faculty of medicine, but afterwards changed to that of theology. While a medical student he won a prize, offered for the best proof of the fact of death, by saying that the absence of the red glow familiar to us all when a hand is held before the light of an electric bulb was the best and simplest evidence. Shortly after this I was hastily called to the bedside of an old lady patient of mine with severe heart disease and who had suddenly expired. All the usual signs of death were present, but I thought I would put this fresh test to the proof. The patient's companion was present also, but neither she nor I could detect any difference between the appearance of the deceased lady's hand and our own when tested by the bulb of a reading lamp.

Clinical Directives in R.A.F.

EX-NATIONAL SERVICE M.O. writes: Having read the astonishing letter by "Squadron Leader" (October 20, p. 973) I could not let it go unanswered. During my period of national service I, like "Medical Officer," was pestered with frequent clinical directives. One directive stated that medical officers should not diagnose a woman as being pregnant unless she had (*a*) amenorrhoea, (*b*) a (palpable abdominal) swelling of the uterus. Presumably the writer of the directive had not heard of the Friedman test. Another directive stated that all medical officers should note that one millilitre was the same quantity as one cubic centimetre of fluid. These are but two examples, and they serve to show the type of mind that constructs these directives for the attention of conscripted medical officers.

Correction.—Mr. PHILIP B. MAIR (Ciba Laboratories, Ltd.) writes: In the *British Medical Journal* (September 8, p. 570) the word "linguet" is used without the usual inverted commas. It is, however, our registered trade mark.