

before a doctor can be regarded as properly trained for general practice. While I would not disagree that there has been a growing need for a definite schedule of vocational training, need the schedule be so long, so poorly paid, so comprehensive, and so involved that it becomes unrelated to what a general practitioner really needs to know? It also effectively excludes other doctors working outside the National Health Service—for example, in H.M. Forces—where there is no provision for extensive training in general practice as a junior medical officer; and the questions in the examination which are concerned mainly with administrative aspects of the National Health Service—for example, mental, social, and geriatric services, etc.—the Service medical officer does not become familiar with. And, anyway, what advantage would membership have for a Service general practitioner?—I am, etc.,

C. J. LYDEN.

Limassol,
Cyprus.

REFERENCE

¹ *Report on Special Vocational Training for General Practice*, 1965. Royal College of General Practitioners.

General Practitioners in the Hospital Service

SIR,—It was most stimulating and interesting to read the article on the future role of the general practitioner in the hospital service by Drs. E. O. Evans and E. D. McEwan (18 January, p. 172). The seven conclusions are encouraging but a little disappointing in that it will probably take so long for them to be implemented.

For the past seven years this centre has been providing diagnostic and treatment facilities for general practitioners, including a minor operations theatre. The amount of work is always increasing, and it is generally felt that such outpatient facilities specially for general practitioners could easily be provided, separately and at little expense in general-practice departments of local hospitals.—I am, etc.,

B. H. PENTNEY.

South-east London General
Practitioners' Centre,
London S.E.15.**Social Workers and Unmarried Mothers**

SIR,—As a social worker specializing in the care of unmarried mothers and illegitimate babies, I am most concerned at the lack of information given to doctors, particularly general practitioners, relating to the problems and needs of such cases, and the facilities available to help them.

Many doctors are not aware that cases can be referred direct to their social worker, or that she is trained to deal with the care and the emotional problems of unmarried parents and their families. She can arrange accommodation in a mother-and-baby home, or sometimes with a private family, and also make arrangements for fostering and adoption. Even if a girl decides to keep her child it is not often realized how much advice and support are needed to ensure the future

stability of them both. I have also found that several doctors are still under the misapprehension that it is possible for an adoption to be arranged quite easily whatever the circumstances, and that the mother does not have to see the child in these cases. As a general rule this is not possible these days, and confusion could be avoided if more facts were known.

My colleagues and I find that the doctors we have approached have been most co-operative and have welcomed any information we could give them, and doctors themselves have suggested that we try to find some way of publicizing our work. Illegitimacy is a growing problem which affects the whole of society, and we feel that everything possible ought to be done which will either help to prevent or combat its effects.—I am, etc.,

CYNTHIA FOXALL,
Social Worker,
Board for Social Responsibility.

Salford, Lancs.

Assistant Surgeons

SIR,—I welcome the letter from Mr. T. H. Berrill, of Coventry (25 January, p. 250). I wrote to your columns in the same strain three to four years ago, but my suggestions went further than those of Mr. Berrill. With the advent of the National Health Service in 1948 the position of assistant surgeon was abolished overnight, and we now have the incongruous position where consultants in other specialties (for example, anaesthetists) are appointed at 29, whereas surgeons are appointed consultant on the average at 38–40. Thus the anaesthetist may do 10 years longer as a consultant than a surgeon, and draw a larger pension.

It is time we stopped expecting men of 36–40, with families at school, to wander round the countryside living in council houses and furnished lodgings before they finally are made consultants.

I agree with Mr. Berrill we should resurrect the position of assistant surgeon, appoint him at 30, allow him to be full-time or part-time, to do domiciliary visits, and have one-third of the beds on a surgical firm. The job of senior registrar in surgery should be abolished.—I am, etc.,

G. GORDON CROWE.

North Staffs Hospital Group.

Service Abroad

SIR,—It is sadly evident to those who work abroad that for all the sophistication of modern communication the situation far away never really gets through to those at home. Perhaps all the descriptive efforts (whether picaninny-romantic or Oxfam-sober) that are broadcast, photographed, penned in national dailies or in letters home hide more than they succeed in revealing. I am convinced that if more people really did know what it was like, more of them would come. If doctors, for instance, truly realized on the one hand the need (and the world of difference between "we need more doctors" said in England and Africa), and on the other

hand the sheer pleasure of working here, the attraction as well as the logic and justice of coming themselves would be irresistible. As it is, everyone says, "More men are needed," but hardly anyone actually goes.

This hospital is an example of an attempt to bring modern design and practice to rural Africa. From its plenum-ventilated theatre and sterilization service to its colour code for illiterate patients, it is aimed at enabling a small staff to provide the best service possible for a lot of patients. It is new, and bristling with exciting possibilities, of which the mobile clinic and preventive village work are perhaps the most limitless. Patients start queuing 48 hours before each clinic, and hundreds are turned away each day.

Yet not merely can we not find an experienced surgeon or the other staff needed—even a locum from March to November this year (any creed or shape) seems too much to ask of the British profession.

I know too well the problems of families, and those of interrupting a career if one comes for a limited period only. But since when have the British found these insurmountable obstacles? The patients have their problems, too.—I am, etc.,

P. H. SNELL.

Protestant Hospital,
Dabou,
Ivory Coast Republic.**Points from Letters****Otitis Externa**

Dr. J. M. SIMISTER (Ward Blenkinsop & Co. Ltd., Wembley, Middlesex) writes: There is a small but perhaps important omission in Squadron Leader G. P. E. Beaney's paper which you quote in your leader on this subject (11 January, p. 70). The ribbon gauze wicks he used were in fact impregnated with a steroid as well as with hydrargaphen (Ototrane ribbon gauze; hydrargaphen/prednisolone ribbon gauze—Drug Tariff). . . .

Doctors and the Developing Countries

Dr. S. M. KHAN (Christchurch, Hants) writes: The developing countries have inherited a system of education which does not suit them. The majority of people live in appalling conditions in villages. The training which a doctor receives is inappropriate to the needs of the society. He wants to be a "big man," working in a "big hospital" in a "big city." He takes the E.C.F.M.G. (Educational Council for Foreign Medical Graduates) examination, or eagerly awaits his voucher for staffing the less popular posts in the developed countries where he spends most of his productive years in self-training.

Underdeveloped countries do not need Ph.D.s so much as they need people who can teach elementary hygiene and vaccinate against smallpox so that the disease is not exported to other countries whose doctors have helped in its eradication from their own countries.

Uncontrolled Immigration

Dr. M. K. DATTA (Queen's Park Hospital, Blackburn, Lancs) writes: . . . I think it is high time for the British Government to consider arranging an examination for foreign medical graduates—on the lines of the American examination for proper selection of candidates—to save young doctors the heartbreak and frustration of unemployment. The successful candidates could be given jobs on the result of the examination.

If this is not feasible at least the appointments should be made through universities. This will at least enable the doctors to come here with a sense of security.