hospital with 50% more beds than this.—I am, etc.,

W. E. TATTON BROWN,
Ministry of Health. Chief Architect.

M.R.C.P. Examination

SIR,—During the past few years there has been a great deal of shuffle and reshuffle of rules and regulations for M.R.C.P. examinations. Various parts of the examination have been introduced, and I would say that Part 1 examination of the London M.R.C.P., which is a multiple-choice question paper, is very good in assessing the capabilities of the candidate.

I do not understand why a candidate who has been thoroughly assessed by this multiple-choice question paper should be required to take up Part 1 again and again after he fails in Part 2. Why cannot this Part 1 examination be made a little more thorough, if necessary, and made permanent like the primary F.R.C.S.? Why should there be any partiality to M.R.C.P. candidates in this respect, whereas an F.R.C.S. candidate does not have to appear in primary examination again and again?

Is it not time for the physicians to realize the need for making the Part 1 M.R.C.P. examination much more comprehensive, but permanent, like the primary F.R.C.S. examination?—I am, etc.,

Norwich,
Norfolk.

R. M. GROVER.

Medical Students and the Royal Commission

SIR,—Several weeks have now elapsed since the publication of the Royal Commission's Report on Medical Education and we as students have now had time to assimilate our views.

The report is largely based on views we have had for a number of years that the course as it stands now is too congested and too factual, and that a large part of medical education should be received in the doctor's postgraduate years. However, the teaching received by the newly qualified doctor is often hardly adequate for his present needs and would fall far short of the suggested requirements. The duties of a student are such that most of his time can be devoted to learning; those of a house-doctor permit little time for his own education. We fear that shortening the clinical course, though it is desirable in theory, may place an extra burden on the shoulders of the junior doctor.

The members of the Commission, like us, are concerned by the too rigid division between the more academic preclinical course and the rather more practical clinical course. We certainly agree that the examination hurdle between the two should be made less formidable, and that clinical topics should be discussed in the preclinical course to give this course more relevance to medicine in practice. Basically we are in agreement with the Commission's recommendations on changes in the medical school curriculum, and we are particularly pleased that they strongly advise schools to allow their students elective periods. These are periods in a student's course when he can travel to another part of the world and study medicine practised there in a different environment on a different

population. This has proved particularly valuable to students. It has not only helped them in their understanding of medicine but also in their understanding of many of the world's problems, and it has broadened their outlook on the world.

During the preregistration year most young doctors have to live in the hospital, and, as already implied, we are pleased that more time is recommended to be given to the house-officer for his future education. Also we are pleased to see that the Commission strongly recommend that married quarters should be provided where necessary. The medical course is a long one, and at the end about 20% of students are married and many of them, because of inadequate facilities, will have to live alone for a year, apart from the

odd days and week-ends off. Apart from the many personal problems this presents to the young family, it also means that in many cases the young and not-very-well-off doctors are having to support two homes. This is a further strain put upon the young doctor, and is a situation that should be remedied as soon as possible.

In conclusion, we of the B.M.S.A. welcome the basic tenet of this report that we will need more doctors and a more efficient use of the facilities available for medical education.—We are, etc.,

GEOFFREY J. LLOYD,
President,

PAUL ABRAMS,
Education Officer,

British Medical Students' Association.
London W.C.1.

Real Reasons for Emigration

SIR,—The B.M.J. for 20 January has just arrived here, and I would like to add some thoughts on the emigration problem highlighted in the letter from Dr. A. M. O. Blood (20 January, p. 186) and the review of Ann Cartright's book (20 January, p. 169).

A significant factor in this matter which I have not seen emphasized is the geography of Britain in comparison with that of the countries to which many emigrants are going. Back home no one is ever more than a few hours from a good hospital and an expert doctor, and so no one but the expert doctor or his subordinates has any real excuse for tampering with hospital-style "interesting" cases. This is not altogether the fault of the N.H.S., either; although it is conceivable that in an "all private" service people would go more readily to others besides the acknowledged consultants for at least the minor things.

This restraint on any but the best tackling the "interesting cases" is fine for the consultant and his team, as it is for the general

practitioner who is quite content with general practice as it presently exists in Britain, but it is far from fine for the substantial group of doctors who would dearly like to have a go for themselves, but who just do not make the consultant grade. For this sort of person the ideal place of work is a small town fairly cut off from the big centres by either long distances or rugged terrain, where he can in all good conscience tackle in his small hospital a great deal of interesting material with benefit to those in the town and to himself, but not (unfortunately) to the country that trained him for this work but cannot offer him anything comparable *because of its kindly geography*. For I cannot honestly see that any amount of refurbishing of the N.H.S. can make an emotionally satisfying niche for this type of "neither/nor" doctor. If we do not want him to go abroad to the job he fits best then stop training him for it.—I am, etc.,

Hospital Evangelico,
Lamas, San Martin,
Peru, South America.

NOEL GREENHALGH.

Review Body Report

SIR,—In common with many of my colleagues, part of my week-end has been taken up in going through the latest report from the Review Body (11 May, p. 360), together with the Memorandum of Evidence given to the Review Body (11 May, *Supplement*, p. 127) on behalf of the profession.

Our team of negotiators deserves our sincere gratitude and unstinted praise, but my reaction must be that it was all so much wasted effort by these busy and dedicated doctors. This sentiment is not born of the fact that no general increase in remuneration was granted. Few of us had any hope in that direction, so that I had no feeling of disappointment, but having read the two documents referred to I experienced a sense of complete frustration.

There was brought home to me as never before the hopeless position in which we now find ourselves. We are no more than fettered slaves ensnared in a web of political humbug. A once proud and honourable profession must now go cap in hand, at an appointed time, to plead its cause before a

panel of Government-appointed individuals who, it would appear, regard themselves as not only judge and jury but also prosecuting counsel. Under these conditions it is doubtful if the Review Body serves any useful purpose.

Is it worth the expense to the profession as a whole and the heavy burden cast on a chosen few, to gather and present detailed evidence, only to have such evidence virtually ignored? Would it not be as well to do business directly with the devil we know?—I am, etc.,

Glasgow.

JOHN MACKAY.

The First Cuckoo?

SIR,—Is this a record? Last evening my house-surgeon removed a coin from the post-cricoid pharynx of a 3-year-old child. It proved to be a new fivepenny piece.—I am, etc.,

Tunbridge Wells.

J. D. TRETOWAN.