

the consultant to that of a resident registrar, and we seem powerless to stop it. Can anybody please help?—I am, etc.,

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A Case of Confidence

SIR,—Some doctors' comment on the case of Dr. R. J. D. Browne have confirmed the dictum that a medical degree only makes the graduate infallible, and not omniscient; and the Ethical Committee of the B.M.A. have added a rider to their previous ruling, which will make virtually every practising doctor unethical.

The principle of confidentiality is flouted daily in routine practice. The clinician learns directly or from one of his colleagues that his patient has cancer, and he frequently passes this information to the patient's relatives. Not only does he do this without the patient's permission, he doesn't even tell the patient. Now, however, according to the Ethical Committee (*Supplement*, 1 May, p. 30) he may not pass information to a third party without the patient's consent. So much for the sound common sense of the G.M.C.

If a doctor in a rural community discovers that one of his patients is infecting other teenage patients with syphilis, and the young man concerned refuses treatment, the doctor must not enlist the support of the culprit's parents. So even if the new dictum were redrafted to refer only to sexual matters, anomalies would still remain. One must hope that the A.R.M. will emulate the G.M.C. in sensibility, and reject this ill-designed amendment.—I am, etc.,

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Unpublicized Postgraduate Courses

SIR,—The B.M.A. Personal Services Bureau is to be congratulated on its recent booklet entitled *Summary of Regulations for Postgraduate Diplomas and of Courses of Instruction in Postgraduate Medicine, 1971* or, at least, so far as the first part of the title is concerned.

But what of the many excellent postgraduate courses that have not been included? I can think of at least two such courses, namely those in psychological medicine for the D.P.M. at the Hatfield Polytechnic and in Leeds. No doubt other doctors will think of many more and perhaps they could inform the B.M.A. of these, so that they will not be omitted from the next publication. It is particularly important in the specialty of psychiatry, where recruitment has been falling off of late, that details of all existent postgraduate courses be known, since upon them not only depends improved recruitment and morale, but also the very existence of present courses and the future introduction of new ones.

One final point in favour of the multiplication of courses in psychiatry is the fact that there are many family doctors who never received any instruction in psychiatry as undergraduates, but who would welcome the opportunity of joining half-day release

courses primarily intended for candidates for the D.P.M.—I am, etc.,

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** The Secretary writes: When the *Summary* was first produced in 1949 it was intended primarily for overseas graduates planning to visit Britain. We are of course dependent upon the addressees listed on pp. 32 and 33 for information on what courses they have planned. However, there is just not the space to include the growing number of in-service training courses; attention is drawn to them in the General Notes. Dr. Hardman is quite right in saying that better publicity should be available, and the subject is under consideration.—ED., *B.M.J.*

Morbidity in General Practice

SIR,—Dr. D. C. Morrell (22 May, p. 454) is to be congratulated on his clear presentation of a courageous self-searching study.

The implications of his project go beyond the considerations of vocational training for general practice and planning the delivery of medical care. While it is true that his painstaking study was carried through as a research project, much of the information is readily available in our daily work in general practice. In my opinion the true significance of his paper lies in the demonstration of the ability of most general practitioners to demonstrate to themselves and to their colleagues something of the kind of care they are giving.

I am certain that while developments in general practice can be discussed, action is more likely to result from the honest application of this self-audit approach by general practitioners themselves on a wide scale.—I am, etc.,

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Points from Letters

Holiday Service

DR. FRED WRIGLEY (Wellcome Foundation, Ltd., P.O. Box 129, The Wellcome Building, 183 Euston Road, London N.W.1) writes: From 19 July to 31 August a leadership training course, sponsored by the Hertfordshire Scouts Association, will be held in the Lofoten Islands. Two waves of 60 young men will be located in three bases in the Islands, with medical services provided by members of the party. We are short of one doctor to live with the group and stand by for any special emergency, and I wonder if one of your readers would be free to join us for the first three weeks of the expedition. Cost—about £50: a service to the community and a good holiday.

Anthropological Classifications

Dr. J. K. ANAND (London E.7) writes: Dr. Patsy J. M. Watney and others paper (22 May, p. 432) demonstrate how people confuse the terms "ethnic group," "race," "Caucasian," "Asian," and "West Indian." Surely, the West Indians are not a homogenous group in the genetic sense. The Pakistanis from the North West Frontier and adjacent sector of Kashmir are Caucasian, while the "Bangladesh"

Pakistanis are Caucasian with Mongoloid admixture. The term "Asian," while popular in woolly medical and political journalism, can scarcely be considered useful in the anthropological sense . . .

A Case of Confidence

Mr. J. H. TURNER (Medical Student, Purley, Surrey) writes: After reading the correspondence in your columns (10 and 17 April; 1 and 8 May) regarding the actions of Dr. R. J. D. Browne and the G.M.C. Disciplinary Committee, one can only surmise that the writers have missed the essential point of the case, which is not the breach of confidence, if any, that minors do indulge in sexual relations. This can be denied by nobody. It is, therefore, up to the members of the medical profession, both collectively and individually, to decide whether such relations should be prevented from being too disastrous. I do not intend that the profession should condone adolescent sex, but merely that the possibility of the horrors of teenage unmarried motherhood and abortion should be reduced as much as is medically possible. Various clinics, acting one supposes in good faith, attempt to provide contraceptive advice and assistance. The case in question, the action of the G.M.C. Disciplinary Committee, and the attendant publicity can do nothing but harm to such clinics' intentions and thereby frighten just the people who need it most away from the necessary advice . . .

Community Medicine

Dr. W. H. PARRY (Health Department, City of Nottingham) writes: In your leading article "Community Medicine" (22 May, p. 417) you give reference to a paper of mine presented at the Royal Society of Health meeting, November 1970. It might interest your readers to know that this was published in the *Journal of the Royal Society of Health*, 1971, 9, No. 1, 33.

Hiccup

Dr. J. D. MACDONALD (Nairn) writes: I was surprised that only at the end of your leading article entitled "Hiccup" (1 May, p. 234), almost as an afterthought, was mention made of metoclopramide, perhaps better known by its trade name Maxolon. While this drug is most commonly used as an antiemetic or in the post-vagotomy syndrome, it is extremely useful in relieving hiccup and can be given orally or intramuscularly without side effect in the dose recommended by the manufacturer.

Unnecessary X-rays

Dr. NII-LOMOTÉ ENGMAN (University of Ghana Medical School, Accra) writes: In these days when every individual is very much aware of his rights, real or imagined, both the general practitioner and the hospital doctor feel pressurized to x-ray or immobilize, where both these measures in their opinion are clearly quite unnecessary. In such circumstances, I do not feel that one is bowing "cowardly to direction by 'public opinion.'" (10 April, p. 105.) One is simply giving to society what it demands. If there is going to be a change of attitude of lawyers and administrators, I feel that the onus for change lies with the *medical profession itself* to impress on society the reasonableness of such a recourse. After all, if anybody is arrayed before the courts charged with "negligence" an expert opinion will be needed from some eminent orthopaedic surgeon to add his authoritative voice to the accusation of "negligence" before the accused would be condemned. Supposing all the experts in such a case agreed that there is no question of "negligence," and supposing the B.M.A. and the G.M.C. backed this view, do we think all the lawyers and all the administrators would have a leg to stand on? . . .