doctor arrives in her new area of residence and finds no established post in the specialty vacant: the creation of a supernumerary post may just enable her to avoid breaking her training programme. The BMA and Medical Women's Federation were both very anxious that some central funding for such trainee doctors could be arranged so that a grant could be attached to a doctor and enable authorities and boards to provide training posts not necessarily foreseen in their budgets. Unfortunately we failed to persuade the DHSS of the usefulness of this plan.

I would agree that general practice is a suitable field for a woman doctor with family commitments, and fortunately now vocational training can be accomplished part-time over a longer period to achieve comparable standards to those reached in the customary three-year programmes. I hope that the experience of Dr Celia Oakley (28 August, p 541) will not deter young women from planning this career. Conditions vary throughout the country and a considerable number of married women have completed this plan and become qualified for principalship in general practice. Many group practices are glad to welcome such a partner, and a carefully considered contract can ensure that, while she is substantially engaged in general practice (or even only opting for a smaller list and abated basic practice allowance), she can arrange the necessary time free from commitment to patient care to meet her domestic responsibilities. Indeed, it is interesting to note that while in fact recently a smaller number of male graduates of British universities have been entering general practice the actual numbers of doctors on the lists of boards and family practitioner committees have increased in official statistical returns; this is due to the numbers of overseas graduates and women doctors becoming principals.

It is not widely enough known, I believe, among those concerned that, as well as the postgraduate dean being available to advise, many authorities and boards have designated a number of administrative medical staff to have particular responsibility for the plans to enable women doctors to train and make as full a contribution to the NHS as possible. A considerable number have also appointed advisors to women doctors who are available for a variable number of sessions to advise and help women with training and establishment in posts. A number of these appointments are, in fact, held by the liaison officers of the Medical Women's Federation mentioned by Drs Henryk-Gutt and Silverstone.

The suggestion of a regional or central agency for placing doctors is difficult to envisage in general practice, where the traditional methods of advertising vacancies continue. However, women doctors who have completed vocational training and heard of no opening via the medical press, advisors to women doctors, or Medical Women's Federation liaison officers should consider inquiring from the administrator of primary care services or the secretary of the local medical committee, both of whom may know of local situations where they could obtain the kind of medical work they are seeking.

JOAN K SUTHERLAND

Edinburgh

SIR,—Dr Celia Oakley, writing from the cardiology department of the Royal Postgraduate Medical School (28 August, p 541), finds that some married women "who carry on working but are badly organised at home earn women in medicine a bad name." In the course of 25 years in the anaesthetic department of a district hospital I have noticed that the women are as reliable as the men.

Does the difference in the type of hospital account for the difference in our experience? One would expect the staff recruited to a postgraduate medical school to be much more academically orientated than the staff coming to a general hospital. The latter women seem to find it easier to produce an acceptable standard of practice. This perhaps suggests that to choose women for medical schools on the basis of their academic attainment is mistaken.

FRANCES MARGARET ULYATT

London SE27

School pregnancies

SIR,—May I congratulate you on your leading article (4 September, p 545) highlighting the problem of unwanted teenage pregnancies. I am not sure I can congratulate you on your solutions. I think your initial premise was incorrect, that the greatest deterrent to contraception in this age group is the irregularity of sexual contact or the fear of parental retribution if regular contraceptives were available to be discovered.

My impression is that adolescent sexual behaviour can be divided very roughly into two groups. One group deliberately seeks sexual contact for the sake of sex and I believe, perhaps naively, that this is a small group at this age level. On the whole this group is probably precocious enough to have an idea of contraception and to have made some sort of arrangement, however inadequate. The majority in the second group I suspect have no intention at the outset of their relationship of allowing things to develop into a full-blown sexual contact and therefore do not contemplate contraception even when it is readily available. Inevitably they are overwhelmed by the unaccustomed forces of the natural physical and emotional responses to the opposite sex.

I believe that a "sustained campaign" to "describe the dangers and disadvantages of a sexual relationship in early adolescence" would do little to alter the incidence of unwanted pregnancy in either of these groups and that publicised censorship of this nature could do additional damage to the young people who do have to cope with an unplanned pregnancy.

May I suggest that the answer must lie in allowing children to acquire an early insight into the physiology of sex and reproduction and that there is no doubt that ideally this should come from the home and the family? Our problem is to provide this information and guidance where the home is inadequate or incapable of providing it. I am not sure that it is known who should bear the brunt of this responsibility. Certainly there seems to be a minimum of consultation and research between educationalists, gynaecologists, and psychologists in this important field. May I suggest we start here rather than go to industry or our advertising colleagues as you suggest in your leading article?

DEREK COLLINSON

Basingstoke, Hants

SIR,—I write in strong support of your leading article on this subject (4 September, p 545) and the wider implications associated with sexual activity in adolescence. This society has made a particular study of this problem and is pleased to note that the medical profession is, through your article, made aware of the extent of the problem. As you rightly explain, the solutions are not easy and call for more effort on the part of adults to set a responsible example.

All the more disappointing, therefore, that the BMA should, through its Family Doctor booklet "Teenage Living and Loving" by James Hemming, BA, PhD, suggest to young people that sexual relationships before marriage are acceptable "provided that they are honest and caring," advice which is both useless and scientifically misleading. If the medical profession has any part to play it is surely to support parents trying to rear children in the present permissive climate and to resist strongly the temptation to provide contraceptive advice for the under-16 girl. For assisting her to break the law and run the risks that early sexual behaviour so often leads to does nothing to enhance the opinion that the public has of our profession.

STANLEY ELLISON
Chairman,
The Responsible Society

London W1

SIR,—Your leading article (4 September, p 545) on preventing schoolgirl pregnancies is welcome. From our experience of helping 44 000 young couples a year to control their own fertility we would suggest four more ways to help the growing number of sexually active teenagers prevent conception by making contraception more accessible.

(1) Youth advisory centres should be opened and advertised by all area health authorities to complement the family doctor service.

(2) Girls under 16 already risking pregnancy or who know they are about to should be welcomed, not lectured, when they request contraception.

(3) All birth control clinics should provide pregnancy diagnosis, pregnancy counselling, and referral for abortion where indicated alongside their contraception service.

(4) Restrictions on publicity of contraception should be removed. You rightly point out that a marketing campaign might "convince adolescent boys that it is not manly, responsible, socially acceptable, or desirable to make girls of 14 or 15 pregnant." Although advertisements for condoms appear in the press and on billboards, they are prohibited on television by the Independent Broadcasting Authority.

CAROLINE WOODROFFE
Chairman,
Brook Advisory Centres

London W1

SIR,—While I do not underestimate the anxieties or the reality of some of the problems which have prompted it, it cannot be often in a lifetime that one can be the living witness of a respected journal (leading article, 4 September, p 545) ignoring a century's progress in understanding of the human dilemma and returning to advocating policies which, in that time, have been shown to be totally self-defeating. And not only this but into which in this time we have gained some understanding of why.

It is somewhat less than a century since Freud, through his clinical work, started to