regret it later after the grievous deed is done.

Apart from the fact that no doctor can be quite sure that the patient will not recover or at least partially recover, intractable pain can usually be relieved or eased by modern pain-killing drugs, without the need for overdoses to relieve suffering. Furthermore, if the patient is comatose, euthanasia would of course be unnecessary. And what a problem it would be for the doctor to decide. No—please never, never legalise euthanasia.

JOHN W FISHER

Paignton, South Devon

Computers for general practice

SIR,—In "Computers in general practice: feasibility study" (27 September, p 884) it is stated that "A small 'first-generation' computer system should be used by practice staff or the GP. . . ." Purely for the sake of accuracy, I should like to point out that the generations of computers are defined by the technology which was used to build them. Thus "first-generation" machines (mid-1940s) used valves and "second-generation machines (mid-1950s) used transistors. The "third generation" uses integrated circuit hardware, and new software technology came in about the mid-1960s and is still with us.

The correct term to use in the context of the article is "microcomputer," as in recommendation (13), as compared with the larger and increasingly more sophisticated machines. The microcomputer is relatively cheap, small, easy to use, and (if we allow for its present shortcomings) could in my opinion be of enormous value to GPs and thus their patients. The reservations about choice, etc, are clearly set out in the recommendations and should be strongly heeded.

RONALD B WHITE

Flore, Northants NN7 4LU

Community medicine: a second chance?

SIR,—As your leading article states (27 September, p 826), there is a second chance to replan community medicine.

The exciting elements of community medicine, its preventive aspects, were destroyed by the reorganisation of the Health Service in 1974, and thus recruitment inevitably suffered. To these diminished preventive functions were added two quite separate activities—administrative medicine and certain services for the clinical care of children.

Preventive medicine does not need another eulogy. Every oration, every medicopolitical speech, every plan pays lip service to it. We now have an opportunity to act. We need departments of preventive medicine to serve each district. Located at a hospital, they would give a service to all those requiring advice, help, and support on preventive medicine—general practice, hospital practice, district local authorities, social services, voluntary services, etc. Each department of preventive medicine should be a depository of information on international and national data on the natural history of disease and should be a source of advice on the application of these data to each district. In collaboration with medical and other colleagues, it should initiate desirable preventive action locally. It should contribute to national research on preventive medicine. This is the department whose help I need as a clinician. Job satisfaction in this important field would return and recruitment would be stimulated.

In the proposed new reorganisation we need administrative medicine at just three foci—at the Department of Health and Social Security, at regional health authority level, and at departmental level in hospitals. At this last level a consultant would undertake it by agreement with his colleagues and with the help of an administrative assistant; he would act as adviser in the local practice of that specialty directly to the district health committee and indirectly to the RHA and the Department.

The clinical care of children should be allocated where it belongs—to general and hospital practice. Individual day-to-day clinical care should go to the general practitioner and specialist clinical care to the paediatrician. Important screening services for infants and school health should be organised in one clinical preventive service based on general practice, or paediatrics, or both.

Community medicine is an ambiguous term invented to cover confusion. Let us face the reality of the situation. We need administrative medical officers and we need consultants in preventive medicine; the two fields are distinct and disparate specialties. One of the lessons learned from large-scale reorganisations is that they cover areas which are too large and produce errors which disrupt the whole service. Experiments on the lines described, either in one interested region or in a number of districts scattered throughout the country, would avoid past pitfalls and produce valuable guidelines for the future.

J G HOWELLS

Institute of Family Psychiatry,
Ipswich, Suffolk IP1 3TF

Women in medicine: training and appointment schedules

SIR,—There is an answer to the accommodation of women in the medical careers structure—namely, that appointments for both men and women should be based on five- or 10-year "tenures."

Let us assume that entry to medical school or basic science courses are so arranged that qualification occurs at the age of 25. The years 25-30 would then be spent in junior hospital posts or the GP training schemes, and the years 30-35 at senior registrar level. Thereafter consultancies for men might be divided into junior (35-45), middle (45-55), and senior grades (55-65). Once appointed a person would expect to retain his grading but might move from a peripheral consultancy (35-45) to a teaching post (45-55) and then on to an administrative post (55-65), or even at the senior level out to a more leisurely peripheral post. The same system would allow for a clinical research investigator grade (usually 35-45). It would also allow those who wish it actually to change specialty—for example, cardiology to chest medicine, metabolism or immunology to nephrology.

Remember that psychological studies show that those who keep on the move have higher-than-average intelligence and achievement motivation. Moreover, the system would ensure a fairer share of the cake and a fairer distribution of talent to peripheral posts, where the value of independence is so much the greater. Given the necessary flexibility, and backed up by the computer, women should then be able to withdraw or become part-time for elective five-year tenures.

E N WARDLE

Newcastle upon Tyne NE3 3DE

Legionnaires' disease and the media

SIR,—Harvey Marcovitch is unjust to the doctors concerned in his review of the Thames Report programme on legionnaires' disease (4 October, p 939). The lack of information provided by the doctors on the programme was due rather to the editing than to the doctors taking part. It is hardly surprising that when an interview is compressed to less than half its original length important pieces of information, such as the retrospective nature of the diagnosis and the widespread occurrence of the organism in public water supplies, are omitted or appear garbled. These problems are compounded when those interviewed believe (perhaps naively) that they are contributing to an information programme rather than a witch hunt.

Dr Marcovitch appears surprised at the interviewees' lack of ease in front of the cameras. When the few minutes of interview shown in a finished programme are filmed in the course of a two-hour interrogation I think that even he, with his experience of the media, would have some difficulty appearing at ease and communicating in plain English.

JUDITH HILTON

London E17 9RX

Acquiring skills of facilitation

SIR,—The fact that my partners and I are not fully trained facilitators has evidently leaked from some data bank, and in consequence we have been invited to an advanced course facilitators workshop to be held in Windsor Great Park under the auspices of the British Postgraduate Medical Federation. "The objectives of this workshop is [sic] to enable doctors to acquire skills of facilitation to enable them to run advanced courses," we are told. "There will be consultation with participants but it is anticipated that the facilitators will describe and discuss educational and organisational aspects." We are also promised that "outside speakers who have recently gained such experience will help participants."

The blurb tells us neither what the courses that our skilled facilitation will enable us to run might be about, nor what it is that we shall describe and discuss educational aspects of, nor what the facilitators will consult the participants about, nor finally what the outside speakers have recently gained experience in. However, we should be consoled by the fact that "participants will be invited to produce and demonstrate implementation of plans."

I have unfortunately already committed myself to attending that week a refresher course (or is it a workshop?) at our local hospital, which it is anticipated will facilitate participation and implementation of the prosaic subject of surgery. So I shall probably never know what I have missed.

J R JAMES

Southsea PO4 0SU