fees have been paid for this work. The suggestion that we should give the same service for half the fee, especially in this age of inflation and rising wage demands, is morally wrong and totally unacceptable, as by our contract of service we cannot refuse to attend these patients.

I understand our negotiators continue to make representation to the Department for abolition of the lower rate fee and I hope they will press home their arguments.—I am, etc.,

R. A. ANDREW

Leven, Hull

Vocational Training for General Practice

SIR.—The concept of vocational training is an excellent one and many new schemes are developing throughout the country. I have had experience as a trainee in such a scheme (8 March 1969, p. 632), and I would agree with many of the comments of your special correspondent about Ipswich (19 June, p. 704). Several of the trainees in Ipswich felt that the experience in obstetrics required by different individuals varied considerably, and this depended on future interests in general

practice. This problem can apply to other specialties, and the trainee general practitioner who does, for example, six months medicine or three months paediatrics, but finds that he develops a particular interest in one of these subjects, may find difficulty in getting further experience in that speciality of his choice.

There is a danger in giving too broad a selection of subjects in any training scheme as this results in fragmentation of interest. The main emphasis in postgraduate education for general practice must be on internal medicine and where practicable at registrar level. Most aspects of dermatology, ophthalmology, etc. are seen in general medicine, and attendances at outpatient clinics in "minor specialties" can be arranged. The increasing tendency of paediatrics and psychiatry to work from a community base rather than a hospital base should result in training in child health and psychiatric disorders being more easily integrated in projected programmes.

The majority of vocational training projects have specific posts to offer young doctors, and the advertisements may appear attractive at first glance. However, individual

doctors vary considerably and after graduation at approximately 23-24, a young man or woman may wish to use his or her own initiative in finding experience, rather than choosing a three-year scheme which may in fact have too many short appointments with limited responsibility. There are certain dangers in producing a "clever doctor" with considerable knowledge of varied specialties and the M.R.C.G.P. under his belt.

The boom in postgraduate education is encouraging, provided the long-term results are satisfactory. I am still a young doctor but I do believe that "the art of general practice" depends more on good common sense and not the number of letters after one's name. The general practitioner of the future can never know everything. He will have to focus his attention on certain aspects of medicine; he will have to be a "specialist" as opposed to a "super specialist"; and the planners of vocational training schemes have a difficult task in providing the appropriate experience for potential practitioners.—I am, etc.,

D. J. G. BAIN

Livingston,
West Lothian

Points from Letters

Hospital Staff Appointments

Dr. S. K. GOOLAMALI (London N.W.2) writes: As a sequel to the correspondence of Dr. J. de Sviat (22 May, p. 470) and Dr. M. A. Arif (5 June, p. 593) I should like to make some comments about hospital staff advertising in general. When one considers that certain posts may involve a contract of two years or longer, the information given by certain hospitals and the kind of details left to the candidate to find out for himself are quite alarming. Could not all hospitals incorporate particulars such as the number of beds the hospital has, and more importantly the number of beds the successful candidate would be responsible for? They could avoid ambiguous or uncertain terms such as "time off is normally allowed for attendance of approved courses," or "a higher qualification is desirable," or again "the post involves some duties in—wards." Would it not be more illuminating to give the number of beds in—ward that the doctor would have to look after? . . . Once it becomes appreciated by both employer and employee that the job involved is a two-way process, with the best of intentions on both sides, the result can only be a favourable one.

Pruritus

Dr. I. A. SHORT (Western Infirmary, Glasgow, W.1) writes: I was sorry to see a common error perpetuated in the educational article entitled "Other Sexually Transmitted Diseases—II" (29 May, p. 507). Twice "pruritus" is spelled "pruritis." May I remind you that this word is not an "itis" but is derived directly from the Latin word for itching.

Cigarette Dependence

Dr. D. L. SCOTT (Manley, Cheshire) writes: I read with interest the two-part article on cigarette dependence (8 May, p. 330, and 15 May, p. 393). . . . Dr. Russell writes: "There is no really effective drug or psychological treatment that has been shown to have any advantage over simple supportive counselling." I do not doubt the validity of this statement as applied to groups, but I also feel that this may not be so applicable to the individual. Individuals are individuals; they react individually to any

treatment approach. They generally react better to any method which they have intrinsic faith in (that is, surgery, drugs). This generalization applies in many spheres of medicine. It seems a pity, therefore, that the use of hypnotherapy—so frequently maligned by our profession—did not even get an "honourable mention" in the final paragraphs on ancillary measures. It is my experience that hypnosis sometimes (but not always, naturally) is successful in stopping persons smoking when other methods have really been tried and failed. Success is surely more important than ways and means. . . . All involved in this smoking problem—whether they use hypnosis or not—could read with advantage the October 1970 number of the *American Journal of Clinical and Experimental Hypnosis*. The entire journal was devoted to this subject (six articles). . . .

Part-time Work for Women Doctors

Dr. EVE M. PITT (Penicuik, Midlothian) writes: We moved to Edinburgh six years ago, since when I have been totally unsuccessful in finding a regular part-time job in my own speciality of anaesthetics though I have had offers in general practice, etc. . . . There is plenty of demand for summer locums but these do not pay for the car during the winter. I calculate it costs £250-£300 p.a. to maintain oneself in a state of readiness for work, what with car, home help, defence union, etc., and even summer locum work barely covers this. It would be much more useful if the authorities were to publish occasional lists of the kind of vacancies arising in each area. Then the younger women could plan their postgraduate education, and those of us who are trained could try to persuade our husbands to move to a region where both could hope to obtain work.

Abortions and Legal and Medical Ethics

Dr. J. SLOME (London W.1) writes: Referring to the "unwanted pregnancies irresponsibly acquired," may I remind Dr. D. Hooker (5 June, p. 585) that approximately 45% of all pregnancies terminated are in married women with two or more children, and that their request for abortion shows considerable personal and community responsibility on their part.

Concerning the "unavoidable guilt and emotional conflict in so many women who have had abortions," what statistical evidence has Dr. Hooker for this observation? In approximately 100 married women whom I have personally asked their feelings four to six weeks postoperatively not one indicated any feelings of guilt or conflict, only gratitude that they had come out of their problem well and contented. . . .

Dr. F. S. MOONEY (St. Helens Hospital, St. Helens, Lancs) writes: Dr. D. Hooker's letter (5 June, p. 585) is timely. We must realize, before it is too late, that the ethics of our profession are in danger of total eclipse. We still appear to be unaware even now that our legislators have brought us to the point where the only capital offence is to be unwanted, and that the only individuals liable to the death penalty are innocent unborn children. . . .

Radio Communication in Practice

Dr. N. A. SILVERSTON (The Surgery, Tunbridge Lane, Bortisham, Cambridge) writes: I am in receipt of an Upjohn Travelling fellowship in order to study the place of radio communications in medical practice. I am anxious to visit doctors (both general practitioners and in hospital departments) who utilize radio telephones in their work and, in particular, schemes which relate general practitioners, ambulances, and accident departments of hospitals on a common frequency. I should be very grateful if doctors using any form of radio communication would kindly write to me at the above address.

"Attachment"

Dr. J. BOWLBY (Tavistock Clinic, London N.W.3) writes: A Penguin edition of a book of mine entitled *Attachment* has recently appeared with a lamentably inappropriate cover-design, but I am glad to report that the publishers have willingly agreed to cease issuing further copies and to rebind with a new design. Meanwhile, unfortunately, some thousands of copies already in the hands of booksellers are difficult to recall. Will those who happen to see one please bear in mind how deeply I dislike the present design?