

Robert James Minnitt

The excellent article by O'Sullivan (April 1989 *JRSM*, p 221) on the subject of Robert James Minnitt contains one serious omission. The National Birthday Trust Fund was founded in 1928 and gave a grant to support Minnitt in his research. The Trust paid the salary and expenses for his assistant.

The National Birthday Trust Fund was the first organization to send the Minnitt gas and air machines to hospitals all over the world. They were also distributed to Nursing Associations and during the last war to Emergency Maternity Homes. When the National Health Act came into force in 1948, 1775 machines (that is over one-third of those in use) had either been supplied free or under a grant from the Trust.

The National Birthday Trust contributed a great deal to the further development of analgesia in midwifery and also of course to surveys of perinatal mortality, but it appears the contribution made to the development of R.J. Minnitt's work deserves acknowledgment.

DAME JOSEPHINE BARNES

London

Medical student selection

I was interested in Roberts and Porter's discussion paper (May 1989) on medical student selection. Their references over the past 25 years show how long this process has vexed many of us. While recognizing that the selection process may be imperfect, it is difficult to find other comparable techniques. My own experience of working in American medical schools suggests that the end product at least is remarkably like our own and certainly not of superior motivation. Those medical schools applying personality profile testing, as far as I know, use this as a research tool only. American medical schools' selection committees

are also known to be vulnerable to racial discrimination, both positive and negative. Can we then learn from the Army, Civilian Airway or Civil Service selection boards? The former two have extremely clearly defined end products. The objectives of their selection process would therefore be to determine suitability for the application of skills in military matters and flying. The latter process certainly seems to work; the former is very much an unknown quantity. In medicine we need to produce a whole spectrum of individuals with different temperaments adaptable to very different needs of a variety of medical specialties. So it is probably reasonable that the entry is not uniform as far as personality or attainments are concerned.

I sympathize with Roberts and Porter's views in that the present selection process is simplistic. The only advantage of selection based on 'A' levels is that it indicates a certain level of performance attainable. Interviewing, I agree, unless conducted in a considerably more structured and rigorous fashion, is probably not worthwhile and not readily undertaken in this medical school nor in many others. The average 17 or 18 year old male especially may perform poorly at interview unless well schooled beforehand. Roberts and Porter are to be congratulated on raising this issue once again. I think admission to medical school is fairer than it was - women certainly seem to have better opportunities and racial discrimination probably balances out - although it may exist. Medical school selection should perhaps be linked to 'customer satisfaction'. What do the customers actually want? Do they, the government, or the professions know best? Should society have the doctors it wants, those it needs, or perhaps even those it may deserve?! I look forward to discussion based on this provocative report.

S ROATH

Southampton General Hospital
Southampton

Book review

Cervical Smear Test -**What every woman should know**

A Szarewski and A Singer

pp 144 £4.95 ISBN 0-356-150658

London: Optima 1988

Much more needs to be done about cervical cancer, potentially one of the most preventable of malignant diseases. Most squamous carcinoma of the cervix goes through a stage of dysplasia; the surface cells are easily available and can be examined microscopically so that if the assessments are correctly timed, nearly all invasive carcinomas could have been detected early and treated less invasively with better results. Despite this, in the United Kingdom many women die from cervical cancer who have never had a smear performed. A few women do not know about cervical smears; a much larger group know about them but are too frightened to go for one in case it shows an abnormal result. Even if smears are done, some women are unsure what the result of the abnormal smear means which leads to unnecessary anxiety. The

vast majority of results are not perfectly normal and do not really imply malignancy.

Many ways of informing women about the truth of cervical smears are needed and I would recommend this book as a good account for the intelligent woman who wants to know more. It is composed by Dr Anne Szarewski who has spent years in clinics dealing with these women and by Albert Singer, an international authority on cervical colposcopy. Together they have produced an excellent volume which is well illustrated and covers all aspects of the subject. It is extremely readable and would do well as a text for nurses and doctors learning the subject. It is clear, detailed, but it is just a little orientated towards the medical aspects of the subject and, for many patients, it may be a little too technical. For example, in Chapter 3 the technical terms used in the various parts of the National Cervical Cytology Request/Report Form, are used as illustrations throughout and very few patients actually will have seen that form.

This excellent volume is a full, honest account of current cervical diagnosis. It should be read by all doctors and nurses commencing the subject and may be of help to selected enquiring patients. It is recommended to all postgraduate centres and practices that are performing cervical smears in order to give them full information on questions that women may ask.

G CHAMBERLAIN Professor of Obstetrics & Gynaecology
St George's Hospital Medical School, London