sonal basis. I do not accept that the "family doctor is too busy" for this type of consultation. Many of the conditions listed by Professor Illingworth can be handled adequately during routine consultation times; and in any case many interested general practitioners run similar "no-appointment" child health clinics as part of their usual working week.

I wholeheartedly agree with Professor Illingworth's "firm belief" that lecturers in paediatrics and paediatric registrars should have experience of paediatrics in the community, rather than total commitment to sterile academic paediatrics; but why not acquire the experience in a general practice setting?

BRYAN L ANDERSON

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SIR,—I am delighted to learn that Professor R S Illingworth (24 March, p 797) has worked in child health clinics and welcome his suggestion that hospital-based paediatricians and medical students should have an opportunity to see the paediatric problems that present in the community.

It might be thought from Professor Illingworth's article that a health visitor is but a useful aid in a child health clinic, whereas in many child health centres it is a health visitor who takes the clinics, without a medical officer, and a health visitor who must deal with the many paediatric problems and queries mentioned in this article. Only 46.6% of under-5s ever attend such a clinic, according to figures in the Court Report; many of the paediatric problems of those who never attend are also dealt with by health visitors during home visits.

Professor Illingworth does not tell us on what evidence he bases his statement that health visitor training should be more realistic, beyond his reference to the examination papers. Perhaps his work in child health clinics did not allow him to observe the full range of the health visitor's work and skills? The health visitor training, part of which is undertaken with an experienced health visitor field work teacher, enables a nurse to work with families in the community carrying out health education, advising on child health, detecting deviations from normal, and helping parents to find and utilise the services their children need. Health visitors attend regular refresher courses, and continuing education through lectures and seminars on paediatrics helps them to remain up to date. I would agree that teaching by clinical medical officers is important too, as is the teaching carried out by doctors working in the primary health care team. After the basic health visitor training, as after every other basic training, continuing education and updating are essential.

LINDA DOWNING

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SIR,—Professor R S Illingworth suggests that health visitors have an important role in helping the clinic doctor, but that their training should be more realistic and appropriate facilities should be provided to keep them up to date in their work (31 March, p 866).

We suggest that health visitors are practitioners in their own right with a duty to liaise with all those concerned with health and welfare. Their training enables them to do this in a competent manner, and using the opportunities available both to attend lectures

and to study they are able to remain well informed about current ideas. A health visitor's training includes study of normal human development and deviations from normal, the social factors which influence behaviour, social policy, the social factors involved in health and disease, and the principles and practice of health visiting.

In relation to young children, health visitors are in a unique position in that they visit both mother and baby once the care of the midwife has ceased—usually between the 11th and 14th day after delivery. They usually make this visit having some knowledge about the mother's pregnancy, delivery, and subsequent health and also some information about the baby. The parents are seen subsequently with their children, either at the clinic or at home, by health visitors trained not only to look at individual problems but to observe the total situation. Health visitors learn to deal competently with many minor problems, but they also develop skill at knowing when to refer to others.

The role of the health visitor is to promote health in all its aspects through education. If Professor Illingworth is prepared to learn from health visitors I am sure that he will be able to score a few marks on one of their examination papers.

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Upper gastrointestinal endoscopy

SIR,—I would like to comment on the paper "Upper gastrointestinal endoscopy: its effect on patient management" by Dr C D Holdsworth and others (24 March, p 775).

The authors state that 44 out of the 95 patients underwent a change in their management after endoscopy. This, I think, is a considerable number of patients and thus they correctly emphasise the usefulness of the procedure. However, what is more important is the fact that in their patient population there were at least 95 cases where the clinicians felt that endoscopy was needed in addition to the barium-meal examination. Therefore it seems that in these patients the conventional barium meal proved unnecessary and endoscopy should have been the primary investigation rather than radiology. It would be interesting to know how many of their 2500 endoscopic examinations yearly were preceded by an unnecessary conventional barium meal. I think the number must be high since the clinicians have changed to double-contrast barium meal in one of the centres since this study.

As experience with fiberoptic endoscopy increases all over the country, it seems that the conventional barium meal does not have a place in the investigation of the stomach and duodenum. Why should one bother with conventional radiology when in almost every radiological situation one needs endoscopy either for histological confirmation of the diagnosis (as when carcinoma is speculated), for assessment of progress of healing (as in duodenal ulcers and benign gastric ulcers), or in barium-meal-negative dyspepsia which is persistent?

May I point out that the statement that endoscopy has not been evaluated objectively in conditions other than acute upper gastrointestinal haemorrhage is wrong? There is at

least one study¹ that assesses fiberoptic endoscopy in the diagnosis of gastric carcinoma in relation to the conventional barium meal. The conclusion was that the barium meal has nothing to offer and thus endoscopy is the primary diagnostic tool.

Fiberoptic endoscopy therefore will be even more cost effective if it is not preceded by the expense of an unnecessary conventional barium-meal examination.

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¹ Moshakis, V, and Hooper, A A, *Clinical Oncology*, 1978, 4, 359.

What shall we teach undergraduates?

SIR,—I was interested to see the article by Professor V Wright and others (24 March, p 805) which set out the teaching choices of some 600 doctors. But I was sad to see no mention of occupational medicine. This is an expanding specialty, with probably the largest group of doctors practising predominantly outside the NHS, and is one of the specialties recognised as such by the Joint Committee on Higher Medical Training. Scarcely a year ago a new Faculty of Occupational Medicine was established within the Royal College of Physicians of London, which has already attracted over 500 members and associates to its ranks. In addition, the Society of Occupational Medicine, which dates its antecedents back to 1935, has now nearly 1500 members, of whom between 800 and 900 are thought to be full-time occupational physicians.

Training schemes in occupational medicine will be launched in 1979, but this article makes it all too clear that if the subject is not taught at undergraduate level it is simply not considered when the aspiring doctor chooses his career for a lifetime in medicine.

May I make yet another plea, by no means the first, that the health of people at work is of vital importance, provides a stimulating and varied medical career, and must receive its rightful place in the undergraduate curriculum?

ANDREW RAFFLE
Chairman, Specialist
Advisory Committee on
Occupational Medicine

Joint Committee on Higher
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SIR,—In their most interesting paper "What shall we teach undergraduates?" (24 March, p 805) Professor V Wright and his colleagues appear to have neglected the views of the 600 doctors surveyed when they propose only the best taught specialties remain in the undergraduate curriculum. A majority of doctors did not recommend even one specialty for restriction to postgraduate study. Furthermore, some of the specialties the authors suggest are optional in the undergraduate curriculum were considered suitable for postgraduate study alone by under 1% of doctors.

A survey of 55 first- and second-year clinical students at King's College Hospital (including only those who had not read the above paper) was carried out to determine what priority students gave the specialties listed by Wright *et al.* Two points emerged. Firstly, 95% of students considered that 23 of the 28 specialties should be separately taught in the undergraduate curriculum. Secondly, the results of