On the other hand, if facilities are continually denied the general practitioner for the ordinary care that he is trained to provide, his job satisfaction will also deteriorate. The quality of any medical care is directly related to the satisfaction a doctor has from managing the diagnostic work-up and treatment as much as he is capable from training and experience. The less satisfaction derived from any job, the poorer will be the quality of work.

Today initial contact a patient makes with the medical care services is made in the community, since most problems brought to a general practitioner do not need the facilities of a medical centre. This is so for economic reasons as well as being true medically. Who will do this job if more of the job satisfaction of general practice is given up or assumed by the hospital service?

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TRAB test

SIR,—The report by Scrutator (3 July, p 57) states that "the standard is related to that expected of a British qualified doctor who has completed the preregistration year and been granted full registration." This was the terminology used by the Overseas Committee of the General Medical Council, and, although I approved that committee's belated conversion to my campaign for a test for overseas doctors, I felt that the term "related to" was unsatisfactory.

It was my last appearance as a member of the General Medical Council in June 1975, and I said that I knew of only two kinds of relations, rich relations and poor relations, and that with the protracted conversion of the General Medical Council to hold a test at all it was highly likely that the TRAB test would become a poor relation of the standard of a graduate from a British medical school. I suggested we use a term which was more explicit and which could be checked and proposed that "equivalent to" be substituted for "related to". Sir John Richardson, the president, said he thought this was a reasonable amendment which he could accept and this was confirmed by representatives of the Overseas Committee and the council in general.

I hope that there has been no going back on this decision, for things could well deteriorate to any "related" level that was thought to be expedient. If Scrutator is mistaken he should make this clear; if not, then the elected members of the council have urgent work on their hands.

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*.*Scrutator says that the phrase which Professor Myre Sim criticises was taken from the fourth report of the Temporary Registration Assessment Board.—Ed, *BMJ*.

Compelling needs of our hospitals

SIR,—Dr M Elderkin (9 October, p 864) thinks it absurd that half of the new graduates in medicine will soon be women when so few women doctors continue in full-time work and many give up medicine altogether. It is unfortunate that a consultant should make such a Victorian suggestion to the Royal Commission.

It seems reasonable to think that there is an equal distribution of aptitude and ability for a career in medicine between the sexes. As one who is still battling with the intricacies of HM 69/6 I find that the absurdity lies in a system which is unable to provide part-time training posts in suitable specialties. Children can occupy a relatively short period in the working life of a woman, and it is only at this time that a full-time commitment may not be possible. Why should able women be deprived of a fulfilling career, or indeed why should the community be deprived of their skills?

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SIR,—Dr M Elderkin (9 October, p 864) gives further currency to the myth about "disparities between the . . . career earnings of hospital doctors and general practitioners . . . already interfering with recruitment into the specialties." According to Dr J A Muir Gray¹ the number of consultants in England and Wales increased by 68% between 1959 and 1973, the number of senior registrars by 95%, the number of registrars by 58%, and the population by 7%, but the number of GPs diminished by 3% during the same period.

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¹ Gray, J A M, *World Medicine*, 1976, 12, 55.

Smoking and genitourinary infection

SIR,—In undertaking a systematic study of patients attending the subfertility clinic run by one of us (GD) the opportunity arose to include a section in the questionnaire concerning smoking habits. Patients were asked as a matter of routine whether they had any history of genitourinary infection (GUI). In all, from April 1973 to December 1975, 3074 subjects had attended the clinic, their mean age being 30.5 years (SD=5.6 years). When classified according to their smoking habits it appeared (see table) that GUI had occurred with the same frequency among light and medium smokers as among non-smokers, but that the proportion of GUI cases was higher for the heavy smokers and much more so for the very heavy smokers. The percentage GUI was also found to be higher among the ex-smokers but in general these had ceased to smoke recently and after the period of infection. These differences remained highly significant when the GUI rate was standardised for age. When the type of infection involved was taken into consideration, it was found that the effect could be attributed to the cases of urethritis, which accounted for 59% of the infections reported and in 72% of which gonorrhoea had been mentioned explicitly.

The more frequent occurrence of urethritis among heavy smokers could be due simply to a difference in sexual behaviour. However, the considerable and regular increase observed in

the rate of GUI with the quantity smoked implies rather that there may be a biological explanation. Transmission of infection following a single exposure to risk depends on several factors, among which individual susceptibility has been cited, and may be related to the subject's immune response potential.¹ In addition animal experimentation has demonstrated that cigarette smoke and its derivatives have an immunosuppressive effect on the humoral^{2,3} and cellular⁴ responses.

The fact that the risk of GUI is increased only for the heavy smokers resembles closely the observations of Schmauz and Cole⁵, who reported finding that the risk of cancer of the renal pelvis or ureter is increased only at very high levels of tobacco consumption, whereas the risk of bladder cancer is increased for all smokers. They suggest that this difference may be due to the rapid transit of urine through the former organs as opposed to storage in the latter.

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¹ Holmes, K K, Johnson, D W, and Trostle, H J, *American Journal of Epidemiology*, 1970, 91, 170.

² Thomas, W, Holt, P G, and Keast, D, *Nature*, 1973, 243, 240.

³ Roszman, T L, and Rogers, A S, *American Review of Respiratory Diseases*, 1973, 108, 1158.

⁴ Chalmer, J, Holt, P G, and Keast, D, *Journal of the National Cancer Institute*, 1975, 55, 1129.

⁵ Schmauz, R, and Cole, P, *Journal of the National Cancer Institute*, 1974, 52, 1431.

Referred itch

SIR,—Referring to Dr P R Evans (9 October, p 839), this syndrome is not confined to the skin. One of my patients assures me that he regularly observes that, when he lies quietly in bed with his eyes closed and there occurs a sudden unexpected noise, he sees a blinding flash all over the visual field. This does not occur if he expects a noise or if he concentrates, waiting for one. It does not seem to matter how strong the noise is so long as it is unexpected. The visual flash seems to be elicited in the form of a trigger reaction. I can assure you that this observation comes from an entirely reliable patient.

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Hairy legs

SIR,—Your leading article on this subject (2 October, p 777), while covering the conventional methods of treating excessive hair growth, makes no mention of the use of cyproterone acetate, an antiandrogen with marked progestational effects. Extensive

Occurrence of past infection according to smoking status

Smoking status	Non-smoker	Smoker					Ex-smoker	Significance
g/day:	—	1-9	10-19	20-29	30-39	≥40	—	(χ^2 , 6df)
No of patients	793	404	586	715	162	113	301	—
% GUI	13.0	14.6	13.1	16.6	24.7	30.1	18.3	P < 10 ⁻⁶
% Urethritis	7.4	7.9	7.3	9.9	13.6	22.1	10.3	P < 10 ⁻⁶