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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Southampton's 10th anniversary

SIR,—As a graduate of Southampton University Medical School, I found your leading article on Southampton's 10th anniversary (12 June, p 1730) of great interest. I would like to raise some points.

It is difficult to be objective in assessing the success of the new medical school in its output of doctors. What criteria can be used to assess the ability of any group of doctors? Should one take into account the number of graduates who have gained a higher qualification, or, alternatively, the numbers that have been sued for malpractice by their patients. Clearly neither of these are good indicators on how good or bad a doctor is. Probably the best method of assessment is the impression created on other doctors, and in this respect it is reassuring that most clinical teachers in the district general hospitals in the Wessex region consider Southampton graduates to be at least as good as those from other medical schools, although these teachers are likely to be biased in favour of Southampton graduates.

My own impression of Southampton graduates is that the best graduates are as good as those found anywhere and equally the worst graduates are as bad as those found anywhere. I think it is impossible to say at this early stage what the general ability of those qualifying from Southampton is compared with other graduates.

My own impression of the course was that it was certainly enjoyable, and I think much may be learned by "conventional" medical schools from the Southampton course. In particular, one of the best features I think is the "farming out" of medical students in their final year to district general hospitals in the region, spending only a small proportion of their time in the teaching hospital itself.

The main advantages of this are that common conditions are seen by the medical student rather than the rare conditions that tend to congregate in academic units within teaching hospitals, and there is a good teacher-to-student ratio. Often there is only one medical student on a firm of three to four medical staff and this means that he has more attention paid to him for teaching, and he is frequently allowed to act as a "mini-houseman" but under close supervision.

The fourth-year project, which takes up most of the student's time in the fourth year, is certainly controversial, and in my opinion it is not necessary to spend such a large proportion of undergraduate time doing research in depth within a very narrow field. There is a wide diversity of opinion, however, among Southampton's graduates on the value of this study in depth.

The thing one remembers most from the teaching at Southampton was the enthusiasm and real interest that the teachers showed from preclinical through to clinical work.

Your leading article suggests that there was an unexplained reluctance to enter surgery; I would disagree with this. Of the hundred or so graduates who have been qualified long enough to be eligible for the fellowship regulations, there are five who are fellows of the Royal College of Surgeons, and I know of several more graduates who are following a career in surgery but are not yet eligible to take the examinations.

Your article also mentioned that there was reluctance to enter obstetrics and gynaecology, and as far as I am aware there are no graduates from my own cohort of students who have entered this field, but this is by no means unique among medical schools, as Parkhouse's studies on career preferences of graduates qualifying in Britain have shown.

At present the difficult problem of defining criteria by which graduates may be assessed is yet to be overcome, but if it is, and Southampton graduates are shown to be as good as—or better than—graduates from other medical schools, then the curriculum of every medical school in the country must be reviewed.

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Gall-stone dissolution and recurrence: are we being misled?

SIR,—Dr G M Fraser and others (19 June, p 1873) raise an important point in relation to the relative accuracy of oral cholecystography and ultrasound. There are indeed important