

pinch of salt, as cases were randomly selected (not consecutive), were aged over seven years, and in two thirds no cause at all was identified. Krech and colleagues (1976) report laboratory findings on 60,000 serum samples, and found a 23 per cent incidence of *M. pneumoniae* among 1,555 patients with "acute respiratory infection". They conclude, as Dr McSherry quoted, that "*M. pneumoniae* is the most frequent cause of acute infections of the respiratory tract", which is of course nonsense. It is only possible to conclude that, by the method used (serology), *M. pneumoniae* was the most commonly identified cause.

Secondly, it is curious the way things coincide. I am currently looking after a 10-year-old girl with pneumonia who, contrary to my previous experience, got steadily worse on amoxycillin and for 24 hours was quite worrying. She is now getting slowly better after a change to erythromycin at six days. Radiography excluded staph. pneumonia and she presumably has *M. pneumoniae* (too early for serological diagnosis).

It is often difficult and can take a long time to formulate a reasonable policy of management, but I think now, based on this case, previous experience and the literature, that in future I shall treat pneumonia in children with erythromycin as first choice to accommodate the known 20 per cent incidence of *M. pneumoniae*, but in adults will continue to use amoxycillin first.

And a further three weeks later he provided the final chapter:

On reflection, the conclusion to treat colds/coughs with erythromycin during an epidemic is possibly suspect, because how does one recognize an epidemic—by an outbreak of pneumonia in children perhaps? I have never consciously recognized one.

For completeness, the villain of the piece, the 10-year-old girl (now better), did indeed have mycoplasma pneumonia (titre 40, rising to 640).

Returning Questionnaires: Who Pays?

Sir,
I have this morning received a questionnaire concerning attitudes to postgraduate education from Dr Major of Northampton. This is the second or third questionnaire received in recent years which is accompanied by neither a stamped addressed envelope nor an explanation as to why not. I therefore do not intend to reply to this, or to similar questionnaires.

R. S. L. THOMAS

The Surgery
New Wokingham Road
Crowthorne RG11 6JL.

With both writers' permission, we asked Dr Major for his comments:

Dr Thomas is probably not the only GP whom I circularized with the question-

naire about postgraduate education in the Oxford Region to have been disgruntled at receiving it, but he is the only one to have written (by 1st class post) to inform me of the fact, without enclosing the completed questionnaire! All I can say in mitigation is that the Thames Valley Faculty Board allowed me to send the forms and bore the cost of printing and postage. One hundred and sixty 2nd class letters cost precisely £20. Double that sum and you have the reason why reply-paid envelopes were not included. Complaint is often made about increasing subscriptions to professional organizations—I've done it myself. I thought to try and keep costs down.

May I use your columns to thank those GPs who co-operated with my survey.

D. H. MAJOR

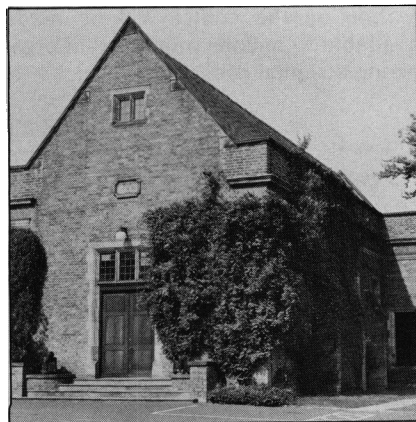
30 East Park Parade
Northampton NN1 4LD.

Correction

In Dr E. S. Hodgson's letter on occupational health (*July Journal*, page 451) the word 'not' was missed out of line 2 in the second paragraph. The sentence should have read "I am not sure that we continue to believe that they are of much value." Dr Hodgson assures us that one of the cornerstones of his practice is that he is almost totally opposed to pre-employment medical examinations as a case-finding exercise.

REPORT

Early Years in Practice



The conference centre at Alderley Park.

RECENTLY the College has been turning its mind to the increasing numbers of young doctors taking its examination, wondering what commitment these people feel they have to the College and what expectations they may have of it.

The Midland Faculty Board felt that young principals in general practice deserved special attention. Many seemed to disappear from the postgraduate educational scene, no doubt because of their new practice and other commitments. The problems and stresses of this stage of general practice were well remembered by Faculty Board members and it was therefore

proposed, in September 1981, that a course aimed at recent members of the College be organized.

A timely offer of the Alderley House Conference Centre at Macclesfield as a venue was made by ICI Pharmaceuticals as evidence of their interest in general practice education, and this was gratefully accepted. A programme for a two-day residential course was devised and entitled 'Early Years in Practice'.

Eligibility to attend was widened to include recent entrants to general practice, and Section 63 (zero rating) approval was obtained. The course took place on 4-6 March 1982, Thursday afternoon to Saturday lunch.

ICI Pharmaceuticals proved to be generous hosts and the programme opened up a tour of their research departments.

The main aims of the course were to provide members with an opportunity to examine their clinical activities, exchange opinions and views with their