which should be sent to J. E. Knight at the Department of Health and Social Security, Alexander Fleming House, Elephant and Castle, London SE1.

REHABILITATION—THE NEW ERA

The British Council for the Rehabilitation of the Disabled is holding a seminar at Tavistock House South, Tavistock Square, London WC1H 9LB on 1–5 July 1974. The Chairman of the seminar will be H.R.H. The Prince Philip, Duke of Edinburgh and applications should be made to the Conference Secretary, REHAB, Tavistock House South, Tavistock Square, London WC1H 9LB.

CORRESPONDENCE

WHAT KIND OF COLLEGE?

Sir,

At the outset, I should state that this letter constitutes my own personal views and that my intention is to provoke considered views by other members of the College.

I left London in 1965 (having been active in the West London Faculty). Since 1968, I have been in a semi-rural practice. In the last eight years, I ask myself has my opinion of the College changed? Yes, it has. As a young man of 35, I felt that the College was the ideal body to promote higher standards in, and the standing of general practice. Now, I consider that the College has got too big and too remote. Why is this? Presumably, because the College is looking after the biggest specialty of all, namely general practice. We learn that the College is being inundated with doctors wishing to take the M.R.C.G.P. examination. We read the *Annual Report* of the College and we find that the same names appear over and over again on all the multiplicity of committees.

I really feel that the College should make much more effort to produce an impact on the periphery and to include the periphery within itself. I ask, how does the College accurately know the views of the periphery at the present time? Returning to general practice in 1968, I contacted my local faculty. What were the problems? In a rural district, the distances involved make attending meetings more difficult than in London. Why are not some of the larger faculties sub-divided so that smaller groups of members living in neighbouring towns could be allowed to get together and hold their own meetings; even if only to exchange views on the College itself!

I tried recently, unsuccessfully, to talk on these lines (while attending a residential course) to one of the local faculty board members. He didn't really want to listen to my views and merely said that the Board were looking into the problem—end of subject. But, as our Faculty Board have asked for views in its recent newsletter, I was not exactly encouraged by his attitude nor of the sincerity of the newsletter. Dare I say "closed shop"?

First and foremost, I am a doctor to help patients, if I can. Secondly, if given the opportunity I would like to participate in general-practitioner training, preferably in my own practice and not in a university department. Thirdly, and most important, I like to feel I *belong* to our College.

I wonder what our younger and newer members feel of the College? Do they ever get any real opportunity to meet either the College officers or members of the local Faculty Boards? Are Faculty Boards keen on co-opting keen, young or new associates or members to get new talent from the grass roots? For that matter, are the College central committees keen?

Our College, in my view, has a great responsibility (far more than the other Royal Colleges) to represent and encourage all members of the largest specialty of all. If the College continues to emulate the other establishment-conscious Royal Colleges it will have singularly failed. Is it too much to hope that the Council and some of the Faculty Boards will consider this point of view? No doubt we shall see by the reaction to this letter in your columns.

J. D. W. WHITNEY

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Lichfield,
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CONSENSUS

Sir,

Dr Howie is quite right when he says in his paper on respiratory illness (December *Journal*) that "note must be made of the possible correctness of minority points of view." Surely the emphasis should be even greater: if eight of the most experienced seldom use antibiotics even in major illnesses, they presumably have good reasons for doing so; they must be percipient enough to notice whether their patients are ill for much longer than their colleagues.

In the same way, some doctors manage—perfectly well, one must again assume—to prescribe antibiotics for only 33 per cent of their patients; the ones at the 96 per cent end of the scale must be giving huge amounts of antibiotics to people with nothing more than a cold.

Dr Howie talks about a consensus, and proposes to set this out as standard practice for teaching, but I cannot accept his paper on two scores: one is that the consensus contains far too big