account for its supposed beneficial effect?

Recent observation of a patient who had severe psoriasis showed that her serum calcium was slightly below normal and her nails were cracked. I prescribed a calcium preparation called 'Sandocal', to be taken three times daily, and she noted a marked improvement in her psoriasis. 'Sandocal' was discontinued after about six weeks and her psoriasis returned. Is there any possible relationship? Has there been a report of the effect of calcium in psoriasis?

I look after a residential centre for retarded children where there is a high incidence of Down's syndrome. An observation has been made that there appears to be a higher incidence of carcinoma in one or other of the parents of mongoloid children, compared with parents of other children in the centre. Is there any evidence to substantiate this observation?

P. J. HENRY

Medicentre
Stephen Street
Sligo
Eire.

AGM 1977

Sir,

Saturday afternoon at the AGM can be viewed as a partnership meeting. For the first time ancillary staff had produced some ideas: the doctors sitting in their white coats facing the staff were a little put out as no preparation had been made for this contingency. The practice chairman was dogmatic, the junior partner persuasive and a little overbearing, while the senior partner kept his head down as the resolutions from the staff led to discussion.

When one secretary suggested that the practice was better than the one down the road the junior partner replied that the practice policy was not to praise themselves or to belittle the practice down the road, but to strive to do better.

By the time three or four of the staff's ideas had been discussed the doctors' policy emerged. Any ideas produced by the staff would be taken away and looked at by people who knew what they were talking about (i.e. the doctors) and the staff would be told of their decisions later.

As this junior receptionist left to catch a bus home, the sixth item on the staff's list having been briefly discussed, the practice chairman was saying "Now we've got that one out of the way, we may be able to get on a little faster." The next stage will be that the staff will become more vocal, will demand a share in policy-making and will eventually turn the meeting from a charade into a "meaningful exercise in co-operation"-participation by staff in the decision-making process!

Having seen the process slowly emerge in our practices, it will be fascinating to observe the operation on a bigger canvas.

R. V. H. JONES

1 Major Terrace
Seaton
Devon.

NUMBER 15 PRINCES GATE

Sir,

I learn from the November *Journal* (p.645) that the College has agreed to purchase the adjoining house at Princes Gate. I understand that the reason is twofold: that the College is growing out of its present accommodation, and that "investment in good property is likely to be a better hedge against inflation in the years ahead than holding stocks and shares".

The sum quoted to do this is a staggering £323,000. One of the reasons frequently heard from the *majority* of general practitioners for not joining the College is that the leadership is out of contact with ordinary practitioners. Surely this action confirms this view?

I appreciate that a move away from the prestigious Princes Gate would be regretted by some members, but there are others who feel that concentrating College resources in this way diminishes the influence of the College in other parts of the UK.

I have little knowledge of investment but regret that a no longer wealthy profession owns a building worth nearly £1m, in one of the most expensive parts of the country, while the membership subscription continues to rise without evident benefit to country members.

A provincial or suburban manor house would provide a large building (prestigious even) with considerable parking space, at a tenth of the present investment, releasing a large sum for the provision of income for maintenance with a considerable residue to be used in improving general practice, which is what the College is all about.

P. J. ELLIS

Kildonan House
Horwich
Bolton BL6 5NW.

H & C IN ALL ROOMS

Sir:

As a 'rank and file' member of the College who happened to stay in the College accommodation recently, I wish to draw your attention to a rather unpleasant inadequacy.

There is no running hot water for the guests in their rooms. In this day and age, in the centre of a capital city, this is incomprehensible. One does not know whether the Kennedy family minded the absence of hot water, but I am sure the average doctor would willingly pay more to enjoy this basic amenity. Perhaps a government grant might be made available for this improvement?

K. A. JAFRI

7 Pikemere Road
Alsager
Stoke-on-Trent ST7 2SA.

EPIDIDYMO-ORCHITIS

Sir,

A condition that seems to worry general practitioners much more than urologists is acute epididymo-orchitis.

About once a year on average I see a man with a history of frequency and dysuria, together with the sudden onset of acute testicular swelling. Generally I take a deep breath as I know he is going to be off work for many weeks and will need a fair amount of medical attention.

However, recently two men with this syndrome have been treated with high doses of steroids: prednisone tablets, 60 mg were given daily, for five days, with cephalexin ('Ceporex') 250 mg t.d.s. for seven days, and they recovered surprisingly quickly—both were back at work within a fortnight.

It was impossible to perform bacteriology, for various reasons, on their urine, although in the past it has never seemed helpful.

I have written to Professor Blandy in the Department of Urology at the London Hospital. He knows of no evidence about this and suggests that sensitivity of organisms may be very important.

I wondered if your readers might like to comment on this treatment and/or possibly undertake a controlled trial?

P. GRAHAM

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London E6 2BT.

MRCGP COURSES

Sir,

I feel I should comment on Dr M. Townend's fears about courses which prepare candidates for the college examination (November *Journal,* p. 697).

When the College decided on a compulsory examination for membership, MRCGP courses became inevitable. Many practitioners will find the examination an unfamiliar, perhaps