Letters to the Editor

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Sir,

At a recent meeting of the South-West England Faculty Board there was discussion about the need to encourage the active participation of more College members. It was felt that this would be best achieved by organizing meetings for members living within a small geographical area—perhaps a radius of 20 miles. In his recent paper on the future of the College Dr Irvine (March Journal, p. 146-153) suggested that more activities should devolve on the faculties, encouraging more local participation.

1. The Academy does not examine candidates for the American 'Boards' in family practice. This is done by a totally separate group in parallel with other specialty groups. Incidentally, re-examination is required every seven years. I realize that the Royal Colleges have a long tradition as examiners and grantors of diplomas but the separation of this task on the American model must surely be worth considering!

2. The College appears to be a rather highly centralized organization. The Americans traditionally are organized at a State level and this federal structure places far more responsibility and initiative on the State chapters. Headquarters happens to be in Kansas City and the organization does not seem to suffer from the fact that it is not located at the national capital. Is the present British structure not too tightly centralized? Does the College headquarters have to be in London?

3. The State organizations play a very real role in continuing education and the annual state meetings are something of a social and scientific occasion to be enjoyed from time to time. The national meeting is a colossal organization, which I personally do not like, but it gives many individuals the chance to visit a new city. The standard of the speakers and the presentation of exhibits and papers are high indeed!

I hope these observations may be of interest to you and the readers of your Journal.

1. The fact that a patient lived in a row of ill patients with diphtheria was declared free from the disease after weeks. We were allowed to come home and were not allowed to see him. Gifts had to be handed in at the porter's lodge and we were either not returned or fumigated. He was given large doses of 20,000 units of diphtheria antitoxin and we were told there was a danger of reaction to the horse serum from which it was prepared. He recovered but was not allowed to come home until he had had three successive negative swabs, because of the danger of the carrier state. Six weeks after his admission, he was declared free from the disease and discharged.

I next encountered diphtheria in 1938, as a student. We were Schick tested and later shown a row of ill patients with swollen necks—the bull neck of diphtheria—who were forbidden to sit

Journal of the Royal College of General Practitioners, August 1978 507