dissatisfaction I heard expressed went far beyond the usual grumbling.

By contrast, the Academy of Family Practice in this country has never been more popular. Many factors may be responsible for this contrast, but I wish to suggest one or two striking differences which may be at least partly responsible for the differences in attitudes.

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.*

J. DE M. VINK
Diplomate American Board of Family Practice
1004 Fir Street
Longview
Washington 98632
USA.

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.

I have noticed what an administrative burden is carried by the faculty secretary, a fact noticed also by Dr Irvine, who recommends more secretarial help. I believe that the organization necessary to encourage local participation would be helped enormously if the College were to use a computer to register all members (and fellows!); doctors could be registered in categories according to where they lived. At the press of a button, for example, all those in the South-West England Faculty, County of Devon, or those living within a 20-mile radius of Exeter, could be identified. The focal point of each area would be determined by the faculties and would often, I suspect, be the local postgraduate centre.

Such a computer facility would clearly need regular updating, but this need not be difficult. I believe it would be of great administrative help to the faculties; it should prove cost effective, and it would make the organization of local participation much easier.

CLIVE STUBBINGS
Trainee Representative
South-West England Faculty
18 Cherry Tree Close
Exeter
Devon EX4 5AT.

BALINT SOCIETY TRAINEE GROUP LEADERS' MEETING

Sir,

Following our meeting at Oxford last December, we have made some valuable contacts with trainee group leaders in various parts of the country. There have been several suggestions that we should have a further meeting in the autumn to share problems and ideas on trainee group leadership.

We hope to arrange another whole-day meeting at Oxford on Saturday, 4 November 1978. Any suggestions about the form that this meeting should take would be welcome. We propose an initial demonstration group, with trainees brought by their trainers to the meeting. In the afternoon we propose to spend rather more time in small group discussion, concerned with the aims and techniques of leading case discussion groups for trainee general practitioners.

I hope readers will note the date in their diaries and inform any colleagues who might be interested. Meanwhile I should be glad to hear any comments about the proposed meeting and to know who would be interested in attending such a meeting.

CYRIL GILL
Honorary Secretary
Balint Society
11 Briardale Gardens
London NW3.

ANAPHYLAXIS AND THE COMMUNITY NURSE

Sir,

Your recent editorial, "Anaphylaxis and the community nurse" (May *Journal,* p. 261) advises doctors and nurses to renew ampoules of adrenaline "perhaps annually". There is nothing as vague on the box of ampoules that I bought today (30 May 1978). It states quite clearly that the product can be used until February 1980.

J. D. WIGDAHL
Gayton Road Health Centre
King's Lynn PE30 4DY.

DIPHTHERIA: A REMINISCENCE

Sir,

When one looks back at diphtheria, it is difficult to recall the worry and anxiety provoked in doctor and patient alike by this dangerous disease.

In the winter of 1920, my brother aged six had a sore throat. The doctor diagnosed diphtheria and sent him to the Southampton Isolation Hospital. He was put on the danger list and we were not allowed to see him. Gifts had to be handed in at the porter's lodge and 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