

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*.

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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.

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.

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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.

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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.

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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

up because of the cardiotoxic effect of the diphtheria toxin. The following year, I encountered another patient who was breathing with some difficulty and was subsequently diagnosed as having laryngeal diphtheria.

Diphtheria immunization was being widely introduced at that time and I well recall seeing propaganda posters on the hoardings when I visited Hereford in 1942.

The following year my sister found that when she drank tea it returned through her nose. In fact she had a diphtheritic paralysis of the soft palate. There had been an epidemic in South Wales, where she had been staying, and her sore throat had been misdiagnosed. A few weeks later, she had difficulty in standing and walking and complained of a feeling of numbness in the arms and

legs. Gradually a severe paralysis of all four limbs occurred, which only slowly resolved after several months of bed rest.

In 1945 diphtheria was prevalent in West Europe and a few patients with sore throats among the POWs I was attending proved to have this disease. After the liberation of Singapore, we heard tales of cutaneous diphtheria, which seems to have been prevalent there as an infection of abrasions.

Because of these experiences, when I was first in practice I regarded every sore throat with grave suspicion, but gradually my fears abated and in 30 years of general practice I have not met a single case, though patients sometimes tell me about their experiences. One patient told me that she and several members of her family had become

seriously ill and two of her children had died—all in the course of one week.

This short account, beginning 58 years ago, seems to tell the whole story: the sore throat, the bull neck, the cardiac failure, the palatal paralysis, the peripheral neuritis, the cutaneous and laryngeal varieties, the tracheotomies, the swabs, the carrier state, the antitoxin, the immunization—and thankfully our present delivery from the threat and anxiety caused by diphtheria.

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BOOK REVIEWS

HELPING MENTALLY HANDICAPPED SCHOOL LEAVERS

*National Development Group for
the Mentally Handicapped*

*Department of Health and Social
Security, London (1977)*

10 pages. No charge

The extent to which a society is aware of and willing to make provision for its most vulnerable members is one index of its degree of civilization. Among the handicapped, the mentally handicapped present many of the biggest problems, both in terms of their own unhappiness and the impact their disability makes on their family, friends and institution.

The principle of co-ordinating services to help the mentally handicapped is therefore to be welcomed, and the existence of a National Development Group for the Mentally Handicapped, who are available to give advice, from Alexander Fleming House, Elephant and Castle, London SE1 6BY, deserves to be more widely known.

The recent pamphlet, however, published in May 1977, on *Helping Mentally Handicapped School Leavers* is in many ways limited and disappointing.

It starts from an important base in noting that the 16 to 20-year-old age range has a high rate of hospital admission, and it identifies that "the family may experience a significant worsening of their standard of living since one parent may have to leave employment in order to look after the mentally handicapped individual; this

situation may produce severe stress". It totally ignores general practice and ends without once mentioning the general practitioner who will be clinically in charge of the patient in the home and will almost invariably be involved with the emotional stresses on the other members of the family.

In identifying a list of the professions who should be involved in the assessment procedure (paragraph 11), the general practitioner is omitted whereas health visitors get a mention in passing in paragraph 12.

The emphasis made on the need for a written plan and the involvement of the parents is to be welcomed, but unfortunately there is no mention of the need to send this plan to the primary health care team.

The National Development Group ought to be strengthened immediately by the inclusion of a general practitioner with an interest in handicap, and some community thinking ought to be inserted into its work before it progresses any further.

D. J. PEREIRA GRAY

PERIPHERAL NERVE BLOCK

F. L. Jenkner

Springer-Verlag, Vienna (1977)

116 pages. Price £6

Relief of pain is an aspect of medicine in which all medical practitioners have an interest. Professor Jenkner, who is Head of the Pain Clinic at the Out-

patient Institution in Vienna, has produced a monograph on the indications for peripheral nerve block, describing both pharmacological methods using local anaesthesia and electrical methods using transdermal stimulation. Originally written in German, the second edition has been translated into English.

An introductory section summarizes the mode of action of local anaesthetics, tabulates the various agents that may be used, and describes the complications that may ensue. This section includes a comprehensive survey of the sites of pain projection with details of both segmental and sympathetic innervation and diagrams of the limb dermatomes.

The main section describes in detail the introduction of nerve blocks ranging from the moderately easy, for example the ulnar and pudendal nerves, to the more difficult ones, such as the coeliac ganglion. The indications and techniques are clearly described and illustrated by extremely good sketches.

As the author states, difficult cases should be handled by anaesthetists but doctors in other disciplines may well find in this book individual blocks which they would be competent to carry out. It is unlikely that many British general practitioners will wish to buy the monograph, as the majority of the applications are not in their usual range of work. However, a doctor who, for example, is involved in caring for a large number of patients with terminal malignant disease may wish to learn how to carry out several of the nerve blocks so clearly described, thereby adding to his therapeutic armamentarium.