

Warm welcome in Wales

ONE of the interesting features of the Royal College of General Practitioners is the emphasis placed on the faculties. The constitution provides for a majority of the members of Council to be elected by the faculties, and this system thus ensures faculty control of all major issues of policy.

The important role of the faculties is also emphasized by giving to a different faculty each year sole responsibility for organization of the Annual Spring Meeting. A happy tradition has arisen whereby a symposium is held on the Saturday before the meeting itself which takes place on the Sunday morning in association with the William Pickles Lecture.

The 1979 meeting, held for the first time for many years in Wales, was notable for its great success. The South-East Wales Faculty of the College achieved records in several respects. The Welsh Council symposium on computers was packed out and had to overflow into a second lecture theatre; 290 came to the faculty dinner; and both the symposium on "The Joneses" and the Annual Spring Meeting itself were extremely well attended.

The social programme was also successful with a happy gathering kept in cheerful mood in characteristically Welsh style.

Dr Harvard Davis chaired the Welsh Council symposium and the subject of the applications of computers in general practice was topical and much needed at a time when several individual practices in Britain have already bought micro-computer systems.

The Prestel and Exeter demonstrations were impressive, more so than some of the other lectures.

The symposia in association with the Annual General Meeting in November have been organized in turn by the main committees of the Council and have retained a traditional style. Meanwhile the freedom given to the faculties has led to some interesting experiments. Certainly the trend in the last few years has been consistent and exciting and has led progressively towards the study of day-to-day problems occurring in ordinary consultations in general practice.

Dundee, for example, pioneered the move into small groups. Exeter added a Friday afternoon and moved for the first time into general practices, Walsall examined audit and prescribing and Cardiff produced 15-minute case presentations and paired comment in a culmination of the all general practitioner lecturer theme.

The 15-minute paired presentations linked by the five areas of the *Future General Practitioner* (RCGP, 1972) all focussed on day-to-day problems of general practice.

The result was remarkable and a huge audience was kept both interested and entertained throughout the day and considerable learning took place. The opening presentations by Dr David Coulter and the comments by Dr Nigel Stott were particularly valuable.

Dr Derek Llewellyn was outstanding as Chairman of the Saturday symposium and speaker at the dinner. The day-to-day burden of administration was energetically faced by Dr Terence Reilly.

Faculty tradition is strong in the College and greatly to be encouraged. The Spring General Meeting is gradually establishing itself as one of the principal events of the College year. It is to be hoped, indeed it can be expected, that continuing education in general practice will be further developed at the next Spring Meeting which will be held in the heart of Lakeland in April 1980.

Reference

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: British Medical Journal.

New way of measuring insulin

To improve plasma glucose control, we administered insulin via the subcutaneous route in seven ambulatory patients with juvenile diabetes (12 to 17 years of age), using a portable infusion pump at a basal rate with pulse dose increments before meals. After two to four days, the mean plasma glucose (± 1 S.E) of 94 ± 5 mg per deciliter was markedly lower than when insulin was given by conventional methods in the patients' usual dose (243 ± 28 , $p < 0.01$) or in a total dose equivalent to that administered with the pump (150 ± 15 , $p < 0.01$). Maximal fluctuations in plasma glucose were also 50 to 150 mg per deciliter below those observed with conventional treatment ($p < 0.001$). Glycosuria was eliminated in six of seven patients during pump treatment. None of the subjects had hypoglycaemia. These results demonstrate that plasma glucose can be lowered to normal in ambulatory patients with brittle juvenile diabetes using a portable, subcutaneous insulin infusion system for two to four days. The feasibility and value of the long-term application of this technique need exploration.

Reference

Tamborlane, W. V., Sherwin, R. S. *et al.* (1979). Reduction to normal of plasma glucose in juvenile diabetes by subcutaneous administration of insulin with a portable infusion pump. *New England Journal of Medicine*, **300**, 573-578.