

VOCATIONAL TRAINING SCHEMES

The Joint Committee on Postgraduate Training has reapproved the following scheme: North Middlesex Vocational Training Scheme.

NEW YEAR'S HONOURS LIST

CBE

Frank Rutter (New Zealand)

OBE

Paul Freeling
Ralph Augustus Arthur Rustom
Lawrence
Kenneth Michael Parry

MBE

George Will Morrison

MRCGP EXAMINATION

The dates for the next MRCGP examinations are as follows:

October/December 1981

Written papers: Tuesday, 27 October 1981.

Orals: In Edinburgh and London during the week ending 12 December 1981.

Closing date: 3 September 1981.

May/July 1982

Written papers: Tuesday, 11 May 1982.

Orals: In Edinburgh during the week ending 26 June and in London during the week ending 3 July 1982.

Closing date: Thursday, 11 March 1982.

The written papers will be held in London, Birmingham, Leeds, Manchester, Exeter, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres maximum) number of candidates.

It may be necessary to limit the total numbers, and candidates are therefore advised to apply well in advance of the closing dates. The application fee is as follows:

	1981	1982
Application fee	£100.00	£125.00
Reapplication fee	£75.00	£93.75

Candidates withdrawing from the examination after the closing date for applications forfeit 40 per cent of the full fee. Application forms may be obtained

from the Examination Administrator at the College.

1981 UPJOHN TRAVELLING FELLOWSHIPS

The Upjohn Travelling Fellowships are awards of money made to enable general practitioners to undertake post-graduate study of their own choosing.

The Fellowships are open to registered medical practitioners working in general practice in the UK and Republic of Ireland and who have not held an Upjohn Fellowship within the previous five years.

Application forms and conditions of acceptance are available from: The Secretary, Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

Closing date: 19 June 1981.

Correction

In the list of new members printed in our March issue, we omitted an asterisk which should have indicated that Dr C. M. Thompson was awarded a distinction. Our apologies to Dr Thompson.

MEDICAL NEWS

ORTHOPAEDIC WAITING LISTS

The DHSS has published a report of a committee chaired by Professor Robert Duthie which looked into the reasons why so many people wait so long for orthopaedic surgery. One area of good practice which the report commends is to give general practitioners direct access to physiotherapy departments. There is little new in the report, which is full of examples of Richard Crossman's dictum that, more than new advances, the NHS needs wider application of what is already done in the best centres. The report therefore recommends pre-admission assessment of patients (this can reduce time spent in hospital), better management by abolishing the waiting list system and substituting a simple date for admission well in advance, and much more co-operation between orthopaedic surgeons and physicians in geriatrics.

Source: DHSS (1981). *Orthopaedic Services: Waiting Time for Out-patient Appointments and In-patient Treatment*. Report of a Working Party to the Secretary of State for Social Services. London: HMSO. £4.95.

DHSS STATISTICS

The report of the DHSS study team (guided by Sir Derek Raynor) has recommended 99 ways of cutting the cost of statistical work in the DHSS, and thinks that over £1.55 million a year could be saved by 1985. Although on the face of it each of the recommendations does not appear to presage a major reduction in information, we may be forgiven a small worry that we may as a result be able to find out even less than we can at present about what the nation's biggest employer of labour is doing. It is frequently said that a huge amount of work is done by the DHSS,

but singularly little is known that is useful to those planning health services; will the Raynor proposals merely save money, or will the planners be able to get on with their job unhampered by irrelevant data?

CARDIAC ARRHYTHMIAS

The European, Danish and Swedish societies of cardiology have produced a small booklet which gives concise and on the whole dogmatic guidelines about how general practitioners should deal with cardiac arrhythmias. Classifying the arrhythmias by the electrophysiological abnormality into 11 groups (e.g., atrioventricular block—second or third degree), the cardiologists list the symptom, effects and need for treatment. The booklet's main use is to remind us—yet again—how often it is best to leave arrhythmias alone unless they are

causing symptoms which are worse than the side-effects of the drugs used to treat them.

For a free copy, write (with a stamped envelope at least 8 inches by 5 inches) to Ms Julie Stone, British Heart Foundation, 57 Gloucester Place, London W1H 4DH.

THE VOLVO PRIZE

The Swedish motor car firm awards an annual prize for a clinical report on investigation and management of back pain. One of the authors of the latest prize-winning entry is a general practitioner, Dr Ray Million, of Eccles, who wrote, with colleagues from the Rheumatic Diseases Centre, Hope Hospital, Salford, on the assessment of the progress of the back pain patients.

HEALTH VISITING IN THE 80s

The Health Visitors Association has prepared a small booklet defining what health visiting is about and what its

priorities should be. General practitioners will be interested in the long section about what kind of management structure there should be, and how health visitors can work with doctors. It is made plain in the document what a very different philosophy health visitors have from community nurses, social workers and doctors.

Health Visiting in the 80s is available, price 40p, from HVA, 36 Eccleston Square, London SW1V 1PF.

IRISH TRAINEES

The second annual general meeting of Irish trainees in general practice was held in Galway in October 1980, and the secretary of the National Trainee Organization of the Republic of Ireland has sent us a report of it. Education, business and entertainment were provided in a mixture that attracted 35 trainees, as well as teachers and interested general practitioners—the professional life of Irish and the UK trainees obviously has many similarities. No doubt we will be even better informed after the Spring Meeting in Dublin next year.

MEETINGS AND COURSES

The Mental Health Foundation

Conference on psychiatric disorders in general practice, Oxford 12-13 September 1981. For further details contact Dr Richard Thompson, Assistant Director, The Mental Health Foundation, 8 Wimpole Street, London W1M 8HY.

Preventing disablement

International seminar sponsored by the DHSS, Leeds Castle, 8-12 November 1981. Further information from the DHSS press office, Alexander Fleming House, Elephant and Castle, London SE1 6BY.

Stroke patients

'Are we Meeting the Needs of Stroke Patients?', The Chest, Heart and Stroke Association, 24 June, Bloomsbury Centre Hotel, Coram Street, London WC1. For further details contact the Association at Tavistock House North, Tavistock Square, London WC1H 9JE.

LETTERS TO THE EDITOR

PREVENTION

Sir,
It is a sad reflection of our College and the profession that the only recommendation to be put in bold type in the College's report on health and prevention in primary care on page 14 states (I paraphrase) "Additional incentives will have to be offered to general practitioners". While I concede that extra staff and computers cost money, we could do a lot more in every consultation if we just asked ourselves as we end a consultation if we have discussed preventive measures.

DONALD GAU
Senior Lecturer in General Practice

The Middlesex Hospital Medical School
Central Middlesex Hospital
London NW10 7WS.

Reference

Royal College of General Practitioners. (1981). *Health and Prevention in Primary Care. Report from General Practice 17*. London: RCGP.

VAGINAL DISCHARGE

Sir,
During 1979 the *Journal* carried a series of letters discussing the management of vaginal discharge in general practice, in particular the problem of diagnosing gonococcal infection in young women in the practice situation. A letter from Moss and Patman (November 1979 *Journal*) pointed out that most regimes advocated for investigating vaginal discharge in the primary care situation would miss several pathogens. It has become a cause of concern to us that, in the absence of readily identifiable vaginal pathogens, practitioners may move into the area of psychosexual diagnosis before physical pathology has been fully excluded.

One common symptomatic genital sexual pathogen in women is *Haemophilus vaginalis*. This is a small gram-negative micro-aerophilic rod, the clinical implication of which has often been ignored in practice. Several studies have identified this organism as the causative pathogen in large numbers of women with previously unexplained vaginal discharge. The organism produces charac-

teristic clinical features, and there is a thin homogeneous discharge, usually grey or white. This may or may not be profuse but is usually offensive in smell and may be described as 'fishy'. It is associated with a high vaginal pH of 5.0 to 5.5 compared with the normal 4.0 to 4.7. It is not uncommon for the presenting complaint to be that of offensive vaginal odour. This may have been commented on by the sexual partner and is a considerable cause of distress to the patient. Many patients have had repeated courses of anticandida therapy without success.

We wish to report that, as a result of repeated diagnosis of this condition in the Department of Genito-Urinary Medicine in Doncaster, attempts were made to make a specific microbiological diagnosis of this condition in general practice. In a period of two months, four cases have been identified in the practice and these have been confirmed with smear and culture examination. In addition to the endocervical charcoal swabs to exclude *Neisseria*, swabs were sent in Stuart's medium from the posterior vaginal vault for culture for *Haemophilus vaginalis*. In addition, air