

The second aspect that I find rather disturbing is the tendency for general practitioners to live in an area well away from that in which they practise. This, of course, is very understandable in the inner city areas where the general living conditions are not particularly desirable and where one would not particularly wish to bring up one's children; but I notice that, even where these conditions do not apply, the tendency to divorce one's private life from the work of the practice is gathering momentum. I suppose it is a matter for a difference of opinion as to how much general practitioners should be involved in the general life of the area in which they work, whether they should join local organizations and societies and whether they are averse to meeting their patients in a social, as opposed to a professional, environment. My own opinion is that it is right for general practitioners to take some interest in the activities of the environment in which they practise and become part of that community and not just transient visitors when they happen to be working. I wonder what other members of the College feel about this?

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MONOSYMPTOMATIC HYPOCHONDRIACAL PSYCHOSIS

Sir,
For some time now I have been interested in studying patients who present with a false conviction of disease, abnormality or alteration in a single part of the body or a single organ system, when this solitary delusional belief is unaccompanied by other features of psychotic disturbance, does not occur in the context of significant cerebral pathology and does not represent the most prominent manifestation of a clear-cut primary pathological disorder of mood (severe depression or anxiety). For perhaps understandable reasons these patients tend to seek referral to general physicians or surgeons, dermatologists, venereologists, plastic surgeons, parasitologists, dental surgeons and so on rather than to psychiatrists.

I am currently collecting data with reference to such patients. This exercise involves the responsible physician/surgeon in completing a fairly straightforward questionnaire containing items related to the personal and family history of such patients, the specific nature of their complaint and its evolution and their therapeutic history. I

wish to invite any of your readers who believe they may have encountered such an individual in the relatively recent past, and who might wish to assist me in this exercise, to contact me so that I can give them further information about the project. I would, of course, guarantee that the patients would remain anonymous and that the information acquired would be used for my own personal research purposes.

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MEMBERSHIP OF THE COLLEGE

Sir,
I felt less in the wilderness on reading Dr Griffiths' letter (April *Journal*, p. 250); at least there are some other voices crying out against the MRCGP exam in its present form.

I voted against the introduction of the exam and still think that the following, amongst others, are important criteria of membership: efforts to keep up to date—by attending courses, post-graduate meetings, group discussions and seminars; a willingness to support College activities, for example by teaching, doing research, attending meetings and serving on committees; overt demonstration of good practice administration and good clinical note keeping; and encouraging others to join the College.

Perhaps all who wish to join should be 'associates' for 12 or 18 months. During that time they could be assessed by members along the above lines; possibly some form of examination could be available for young doctors, but I am not sure about this, nor of the form that it should take. At the end of the 'probation period' the doctor would automatically become a member if he or she fulfilled the standards required.

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TRENDS IN GENERAL PRACTICE

Sir,
I wonder how many others have written to complain about the misleading title which you have advertised as *Trends in General Practice, 2nd edn., 1979*. Normally a 'Trends' series means that new editions contain substantially new material, if not actually new articles. Already possessing *Trends 1977* I was

looking forward to some new ideas in 1979—not just a slightly updated edition. Unfortunately, if in the future a really new 'Trends' is produced, I for one will miss it, presuming it is simply another edition of the original 1977 issue. Someone needs to give some thought to future titles!

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SPRING MEETING

Sir,
The Spring Meeting of the College in Glasgow, shrouded in a soft Scottish mist, was memorable for its conviviality if not for its academic content.

Discussing its purpose with a colleague afterwards, he dismissed it as nothing more than an opportunity for Members and Fellows to socialize, but I think otherwise. Why could it not be a forum for stimulating debate? It was disappointing that the three papers entitled "Profiles of Practice" produced little or no discussion, although they raised two of the most important problems facing general practice today: how are doctors to be encouraged to work in areas of gross social deprivation and is the move away from single-handed practice towards group practice a move towards improving the quality of care offered to patients or not? I believe the reason for the paucity of comment was the size of the audience—if the meeting had been given the opportunity to split up into small groups (there must be few doctors who have not had some experience of interacting in such an environment), discussion would probably have been lively. In particular, the authors of these papers could have participated and would have been questioned more closely and personally complimented on their presentations.

This leads me to another point. I find it a disturbing feature of the Spring Meeting that indiscriminate praise of each paper presented is an injustice to those that richly deserve it.

Finally, I think the Chairman of Council was deceived by the 'docility' of his audience. The silence which greeted his report was probably due to those present reflecting that, whilst we have our Easterhouses and our Brixtons, the leaders of our College might expend their energies more profitably at home than abroad.

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