
COLLEGE NEWS

ANNUAL SYMPOSIUM

13 November 1981. 'The Disabled—Who Are They? Caritas at Work.' Imperial College, Exhibition Road, London SW7. Further details from Miss Elizabeth Monk, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU.

NIGHT TELEPHONE NUMBERS

The College switchboard is now normally open from 08.30-20.00, Monday to Friday. Calls after 20.00 are automatically received by Ansaphone. Members staying in the College can receive calls through these public callboxes: Ground/First floor, 01-589 8710; Third floor, 01-584 7766; Fourth floor, 01-584 8143. The telephones on the third and fourth floors ring on the landings in the bedroom areas, and it would therefore be appreciated if they were not used late at night except in emergency.

For members attending meetings, a special line—01-584 2678—will be installed shortly, with extensions in: Jephcott Room; Administrative Secretary's Office; President's Flat; Penthouse. The bells can be switched off at each extension.

CONCESSIONARY RAIL TRAVEL AND HOTEL RATES

British Rail offer special reduced rates for those attending educational events which take place outside London and last for more than one day. This offer saves 30 per cent on fares. Course and conference organizers should send de-

tails, as soon as they are known, to the Business Travel Executive, British Rail Travel Centre, 4-12 Regent Street, London SW1Y 4PQ, stating how many people are expected to attend. (The number must be not less than 10, but these can be from different points of departure).

The College can arrange reduced rates for accommodation in London at a number of hotels nearby. The discounted rates (1.6.81) are as follows:

Single	£12.80
Single with bath	£18.00
	(£22.50, luxury rooms)
Twin	£21.00
Twin with bath	£27.00
	(£32.50, luxury rooms)
Extra bed	£ 8.00

Rates are inclusive of service and continental breakfast and exclusive of VAT. Bookings should be made through the Accommodation Secretary, RCGP, 14 Princes Gate, London SW7 1PU.

The same group of London hotels offers discounted rail travel for guests staying two or more nights. Again, bookings should be made through the Accommodation Secretary, allowing at least seven days for the issue of rail tickets.

MRCGP EXAMINATIONS

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.

October/December 1982

Written paper: Tuesday, 26 October 1982.

Orals: In Edinburgh and London during the week ending 11 December 1982. Closing date: 2 September 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:

Application fee	£125.00
Re-application fee	£ 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.

MEDICAL NEWS

PREVENTION OF PSYCHIATRIC DISORDERS

The College's report on *The Prevention of Psychiatric Disorders in General Practice* (February 1981) is being followed up by the Mental Health Foundation, which is to hold a conference in Oxford on 12 and 13 September. The conference was advertised in our June issue, and full details and application forms can be obtained from Mrs Deirdre Laing, 8 Wimpole Street, London W1M 8HY.

APPOINTMENTS

Dr Bernard Reiss, who is in practice in Cambridge and is Director of Studies in General Practice at Cambridge, has been elected a Fellow of Hughes Hall.

Dr Chester White has been re-elected a Fellow of Darwin College, Cambridge. Originally elected after his appointment as a senior assistant in research in the Department of Medicine at Cambridge,

he has now joined a teaching practice in Cambridge.

SIMG-JANSSEN PRIZE

The SIMG-Janssen Prize is an annual award granted to assist the successful applicant to carry out a research project. The competition is open to European general practitioners. Applicants should submit (in English, German or French) a research proposal of no more than 1,000

words describing the significance, aims, hypotheses and methods of the project which they propose to carry out. The value of the award is 30,000 Belgian francs with a further 20,000 Belgian francs to be made available on completion of the research, which should be within two years. Applicants should submit their research proposals by 31 October 1981 to the Secretary of the Jury, SIMG-Janssen Prize, SIMG Secretariat, A9020 Klagenfurt, Bahnhof Str., 21/VI, Austria.

WONCA CONFERENCE, 1983—CHANGE OF DATE

The date of this conference has had to be changed, and is now 20-24 May 1983. Details will be available later in this *Journal*, or from the Office of the Secre-

tariat: 4th Floor, 70 Jolimont Street, Jolimont, Victoria 3002, Australia.

MEETINGS AND COURSES

The Future of General Practice—European Trends

Norwich, 1-3 September 1981. Jointly sponsored by the University of East Anglia and the Norfolk and Norwich Institute for Medical Education. Further details from Miss D. Rutherford, NAN-IME, Norfolk and Norwich Hospital, Brunswick Road, Norwich.

Transactional Analysis

Royal College of General Practitioners, 6, 13, 20, 27 October 1981. Further details from Miss Elizabeth Monk, Courses Secretary, The Royal College of

General Practitioners, 14 Princes Gate, London SW7 1PU.

The Sick Doctor

Royal College of General Practitioners, 7 October 1981. Further details from Miss Elizabeth Monk, address as above.

PSORIASIS AND CANCER

The Department of General Practice in Dundee tell us that two weeks after their article appeared in our May issue, 15 practices, representing at least 42 doctors, expressed an interest in the project. Since the department aims to recruit 100 individual doctors, further applications should be made without delay to Department of General Practice, West Gate Health Centre, Charleston Drive, Dundee DD2 4AD (Tel: 0382-66313).

LETTERS TO THE EDITOR

CHILD HEALTH

Sir,

I was very interested to read the correspondence between Professor Court and Dr Donald (March *Journal*, p.182). I spent two years in hospital paediatrics before becoming a general practitioner. I have also worked as a Community Medical Officer in Well Baby clinics.

It is very difficult in general practice to find time for routine screening. About 120 babies are born each year in our practice. It takes me an afternoon a week to examine them all routinely three times in the first 18 months and to complete their immunizations. Follow-up of special problems, pre-school examinations and boosters take up further time.

I am certain that for screening and prevention, it is better seeing the babies with their parents in the surgery than in a community or hospital clinic. The general practitioner, working with the health visitor, knows far more about the family and their medical history than the community or hospital doctor does.

I hope if it is envisaged that community medical officers will work as general practitioners that money will be made available for routine screening in their own practices.

R. A. P. STOTT

50/52 High Street
Epsom
Surrey KT19 8AW.

PROBLEM DRINKERS AND THEIR PROBLEMS

Sir,

I enjoyed the original article 'Problem drinkers and their problems' (March *Journal*) by clinical staff members of the Howden Health Centre. Their findings provided much useful new observation and information. However, their study did not attempt to define identified problem drinkers, apart from noting that "the doctors used a variety of terms to describe problem drinkers".

In our practice, over the past five years we have established a confidential register of patients with drinking problems, based on the Shetland Practitioner Survey check list of at-risk categories.

To date, we have identified 99 patients (see Table) out of a practice population of 5,434 as having a drinking problem (cf. Howden study: 106 patients out of a practice population of 9,763). We also have our clinical suspicions about a number of other patients (not included in our register). Interestingly, the male:female ratio is broadly similar in both lists, but our known prevalence rate of drinking problems is 4.5 per cent in males over 18 years and 0.7 per cent for females over 18 (cf. Howden study: males 3.3 per cent, females 0.5 per cent).

The Howden study noted that separation from spouse (or co-habitee) was relatively uncommon in problem drinkers. Over two thirds of our male problem drinkers are married and living with

Categories of problem drinkers

Patients with multiple 'at-risk' characteristics, including at least one of the factors listed	Male	Female
Diagnosed alcoholic (by psychiatrist and/or physician)	52	11
Alcoholic symptoms (black-outs/DTs/shakes, etc)	10	3
Patient or relative has asked for help with problem drinking	18	1
Patient smelling of drink at a consultation and/or drink-related conviction and/or family history of abnormal drinking	4	—
Total	84	15

their spouses but less than half of our female problem drinkers are in comparable domestic circumstances. Furthermore, over three quarters of our identified female problem drinkers have other known psychiatric problems (including a high proportion of severe forms of personality disorder with