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 Secretariat: 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, NANIME, 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

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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 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

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 physcian)	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

spectacular attention-seeking manifestations). By contrast, less than a quarter of the male problem drinkers have a known psychiatric problem (which corresponds with the result for all problem drinkers in the Howden study). Two thirds of our identified female problem drinkers are married to (or separated from) men with drinking problems.

Our register includes those patients who are considered to be 'dry' at the present time, but have had an identified drinking problem at some stage in their lives. Did the Howden study include such cases too, or only active problem drinkers?

R. FAIRLEY

Health Centre
Bridge of Allan
Stirlingshire
Scotland.

PATRICK BYRNE MEMORIAL LECTURE

Sir,

Patrick Byrne was a graduate of Liverpool University. He was the first professor of general practice at an English university. By any standards he was a truly great man. A practising doctor, he established a department of high standards in the true academic tradition. He was a man who could have his head in the clouds and yet his feet on the ground. He guided the Royal College as President and yet found interest and time to be part of the representative body of the BMA, discussing the day-to-day problems of his fellow general practitioners. He, more than any other, was the inspiration and driving force in launching the now accepted vocational training scheme for general practice.

Few of us, whatever our interests within the discipline of general practice, have not benefited from his tireless efforts on our behalf. To recognize his great work, it is proposed to sponsor an eponymous lecture at Liverpool University. I am sure all Members would wish to be associated with this venture. I would be grateful if donations, say £10, were sent to me at the address below. Cheques should be crossed 'Patrick Byrne Memorial'.

G. E. CRAWFORD

10 Hampstead Road
Liverpool 6.

COLLEGE MEMBERSHIP

Sir,

We have been interested to see recent reports in the medical press about a different way to achieve Membership of the College. Recently the committee of the Cumbria Sub-faculty, RCGP, unanimously adopted the following resolution: "The Committee of the Cumbria Sub-faculty calls on the Council of the Royal College of General Practitioners to state immediately and unequivocally that the only method of entry to Membership of the College shall by an examination, the standard of which will be no less rigorous and the format of which shall be no less comprehensive than that which exists at present." The Committee were concerned to note that there were proposals by the Council to give 'middle-aged doctors', who would not sit or could not pass the present examination, Membership of the College by sending an inspecting team round to assess their work and their practices. The Committee believes that this will seriously damage the prestige of the examination in the eyes of everybody, especially the young doctors who are the largest group of people sitting it, and will raise doubts in their minds as to whether it is worth doing the examination at all.

Furthermore these proposals must destroy the College's claim to be the guardian of high academic standards in general practice and will immediately undermine the status of the various departments of general practice in the universities. The professors will certainly not be able to look their colleagues in other branches of medicine in the eye if it is known that the major postgraduate qualification in general practice can be obtained in this second-rate way.

Finally, these proposals are an insult to those 'middle-aged' practitioners who have done the necessary study and have sat and passed the examination.

We are two such practitioners and we urge all those like us to write to the Secretary of the College and to their appropriate constituency representatives on the Council to protest in no uncertain terms so that the College headquarters may gauge the depth of feeling on this issue.

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Cumbria CA5 3HG.

J. D. MITCHELL
37 Brundholme Terrace
Keswick
Cumbria.

DRUG REACTIONS

Sir,

I was interested to read the article 'Dystonic reactions with Dimotapp elixir' (April *Journal*). It seems that many drugs are capable of inducing extrapyramidal reactions (Critchley, 1979), and it is my impression that we are seeing these reactions with increasing frequency in our accident and emergency departments.

Invariably, signs and symptoms are related to the neck, face or eyes: the limbs and trunk may also be involved. Symptoms may be difficult for the patient to describe and even signs may be regarded sceptically by doctors who are unaware of such reactions. Some patients require simple reassurance and advice to stop their medicine; others may need parenteral benztropine mesylate (Cogentin), or procyclidine hydrochloride (Kemadrin) to reverse the reactions, and some patients in both groups will need admission for observation.

It is essential that any patient presenting with strange symptoms relating to the face or neck be carefully questioned with regard to medicines which they may have taken, with particular reference to long-acting phenothiazines, and even any casual transactions with self-appointed drug representatives. In my experience metoclopramide (Maxolon) is the single commonest culprit; the reaction is not dose related (De Silva and Wooller, 1973), and the patient rarely associates the drug with its effects.

MICHAEL CAREW-MCCOLL
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References

Critchley, M.R. (1979). Drug-induced diseases. Drug-induced neurological disease. *British Medical Journal*, **1**, 862-865.

De Silva, K.L. & Wooller, P.J. (1973). Acute drug-induced extrapyramidal syndromes. *Practitioner*, **211**, 316-320.

BALINT GROUP FOR SOUTH WEST

Sir,

May I through your columns invite any readers who would be interested in forming a Balint Group based in the South-West, probably on Bristol, to write and contact me. If there is sufficient interest I have it in mind to organize a single day's meeting to discuss the formation of such a group.

ANDREW CHAPMAN

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