

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?

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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'.

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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 be 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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DRUG REACTIONS

Sir,

I was interested to read the article 'Dys-tonic reactions with Dimotapp elixir'

(April *Journal*). It seems that many drugs are capable of inducing extra-pyramidal 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 benzotropine 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.

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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.

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