

Fellowship

Recent correspondence to the *Journal* suggested that not all Members know enough about the process of creating Fellows. The President has therefore consulted the Fellowship Committee and sent us the following account:

It is open to any doctor who is a Fellow or a Member of the College of more than five years standing to nominate for Fellowship any Member whom they regard highly. Two other sponsors must be found; they must also be a Fellow or a Member of more than five years standing.

The criteria for Fellowship are that:

1. The candidate must have made a significant contribution to the science and practice of medicine or to the aims or work of the College.
2. The candidate must have been in general practice or its equivalent for at least ten years and a Member of the College for at least five years. He or she must have fulfilled his or her obligations to the College, including continuing postgraduate study, and must be a doctor to whom the College motto is particularly appropriate. In addition, service to any organization which may directly or indirectly benefit general practice or medicine as a whole, or the health and welfare of the community, may be taken into account.

Obviously, when suggesting a name, it is essential to keep these criteria in mind. It is possible that they are not displayed sufficiently.

Forms for the recommendation of candidates—and for each of the two sponsors—can be obtained from Princes Gate. They have to be completed under specific headings such as:

his/her local professional standing; his/her membership undertaking about continuing education, and the sponsor's particular reasons for believing that he/she is a proper person to receive this honour of Fellowship.

When the forms are completed and sent back to Princes Gate, they are sent to the Provost of the candidate's Faculty, to ensure that the Faculty knows of no objection to the candidate's election, which might not be known to the sponsors or nominator.

Finally the forms are scrutinized by the Fellowship Committee, which consists of six Fellows who are Council Members and six Fellows who are not.

The information given on nomination forms remain confidential to members of the Fellowship Committee and may not be disclosed to any other person.

It is obvious that a central committee cannot have local knowledge. The burden of nomination and election to Fellowship therefore lies chiefly with sponsors and Faculty Provosts. It is unusual for the Fellowship Committee to object, except when important information is missing or when there is obvious doubt whether the criteria have been fulfilled.

This system could fail to pick up any candidates who have not been noticed (self-nomination disqualifies). The Chairman of the Fellowship Committee (hitherto the President) therefore writes to Provosts at regular intervals, asking them to examine the Faculty lists for any worthy candidate who might have been neglected.

Nomination Dates

Fellowships are awarded at the Spring Meeting and at the AGM in November.

The closing dates are:

For the AGM in November 1982, 20 August.

For the Spring General Meeting in April 1983, 10 December.

Nomination forms which arrive after these closing dates have to be held back until the next meeting of the committee.

Received with thanks

For the past three years the St Mary's and St Charles's vocational training schemes have celebrated their existence with a dinner at the College. Somewhat shyly, the organizers ask us how they are to say "what a good place the College is for this sort of occasion, and how impressive the consultants and trainees who had not been in it before found it. It makes an excellent setting in which to bring together not only the trainees, GP trainers and consultant trainers, but also the regional advisers, and the administrative and secretarial staff from personnel and postgraduate departments who do so much of the background work. We have now had three dinners there; the last was on 26 February, with superb catering by the secretarial staff of the department of general practice at St Mary's Hospital Medical School".

Need we say more?

Communications Division

The newly appointed Chief Medical Officer of the Health Education Council, Dr Jim McEwen, has been appointed to the Divisional Executive.

MEDICAL NEWS

Graves Medical Audiovisual Library

Charges

The Graves catalogue, which lists over 1,000 audiocassette/slide programmes and gives details of loan, subscription, and sale prices, is available free of charge. The programmes are suitable for individual study or small group discussion meetings.

Until 1977 the Library was a service provided by the College for its members. As it is now a separate charity, from April 1982 the Library is no longer

able to allow concessional rates to College Members. Most Members, however, have access to local hospital and postgraduate centre libraries, which have subscriptions to GMAL.

New Titles, Summer 1981

Paediatric Dermatology. Dr Alan Watson, Lecturer in Child Health. 28 mins. 35 slides. Clinical appearances and basic management of conditions causing dermatitis, erythema and urticaria in children.

Chronic Arthritis in Childhood. Dr Barbara Ansell, Consultant Rheumatologist. 20 mins. 40 slides. Indicates the patterns, features and problems of the more common conditions.

Rheumatic Complaints in Childhood. Dr Barbara Ansell, Consultant Rheumatologist. 15 mins. 40 slides. Differential diagnosis of arthritis in childhood.

Penicillamine. Dr E. C. Huskisson, Consultant Rheumatologist. 25 mins. 45 slides. The nature and use of penicillamine in the treatment of arthritis.

History-Taking in Skin Patients. Dr Ian Sneddon (lately) Consultant Dermatologist. Despite its visual nature, the diagnosis in the majority of skin patients can and should be made from the history.

A full catalogue and summer list is available from the Graves Audiovisual Library, Holly House, 220 New London Road, Chelmsford, Essex, CH2 9BJ.

Mental Health Foundation

The economic recession and the consequent public expenditure cuts are badly affecting the income of some of the less glamorous charities. Cats, dogs and horses still seem to be doing well, but the mentally ill pull less at the public's heart- and purse-strings. The Mental Health Foundation is one such charity facing a severe crisis, and it recently mounted an exhibition about its work in the House of Commons. We note that no GP is a trustee of the Mental Health Foundation, and that no GP sits on the Foundation's research committee, its general projects committee nor its evaluation committee; the Institute of Psychiatry's general practice research unit is represented by a consultant psychiatrist. In a list of 66 studies funded by the MHF and its predecessors since 1955, we could find no mention of a GP. However, in a recent press briefing (1 March) which announced the exhibition, the MHF has drawn attention, with detailed figures, to the amount of mental ill health being dealt with by GPs in the community.

Meetings and Courses

The Adolescent in Hospital

Organized by the National Association for the Welfare of Children in Hospital. Imperial College, Exhibition Road, London SW7. 28 September, 10.30 - 4.15 p.m. £16 with lunch, or £11.40 without lunch. Booking forms and further details available from the Conference Secretary, NAWCH, 7 Exton Street, London SE1 8UE. Tel: 01-261-1738.

Northampton

General Medical Refresher Course, 1 - 5 November 1982. Details from Dr Christopher Elliott-Binns at the Cripps Postgraduate Medical Centre, General Hospital, Northampton NN1 5BD.

BASICS, Annual Symposium

Gonville and Caius College, Cambridge, 22-25 September. Section 63 approval. The theme of the symposium will be the pre-hospital management of accident victims. Further details from The Symposium Secretary, Beaulieu House, Bottisham, Cambridge, CB5 9DZ.

Medical Women's Federation

Residential refresher course. 20-24 September. Postgraduate Medical

School, University of Exeter. £140 including accommodation. Further information from the Director, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW.

Cervical Smears—How to do Better

Why do 13 per cent of clinical cases of carcinoma of the cervix give negative smears? Some reasons are to be found in a useful booklet produced by the British Society for Clinical Cytology. Brief and clear instructions about techniques are given, and the illustrations sensibly emphasize common abnormalities which are not cancer. Everyone who takes cervical smears could usefully spend a few minutes revising the technique with the help of this booklet. Copies are obtainable from Dr Elizabeth A. Hudson, Histopathology Department, Northwick Park Hospital, Harrow, Middlesex HA1 3UJ (Price 50p including postage and packing).

Queen's Award

May and Baker Ltd has been awarded another Queen's Award for Technological Achievement (their fourth). The award recognizes the pioneering work which has gone into the development of metronidazole ('Flagyl') in the treatment of anaerobic infections.

LETTERS

Antibiotics

Sir,
May I comment on your editorial "Antibiotics in General Practice" (April *Journal*, pp. 205-208). In the section on UTI you say that there is no argument about antibiotic need in proven infection. Since most infections are self-limiting (Waters, 1969) this statement may be difficult to support and the practicalities must surely depend on the circumstances. Do we need to treat asymptomatic bacteriuria in non pregnant adult women, for example, and if so, why?

You quote my *Update* paper (Brooks, 1980) in support of a statement that in adults bacterial diagnosis of apparent infection is advisable before treatment. However, in that paper and elsewhere (Brooks 1978, Brooks and Mallick, 1978, 1982), I argue that prior investigation is usually unnecessary in adult women except in certain circum-

stances which have become progressively clearer over the years. Incidentally, this view does receive support from outside general practice.

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References

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Waters, W. E. (1969). Prevalence of symptoms of urinary tract infection in women. *British Journal of Preventive and Social Medicine*, 23, 263-266.

Mothers and their Children's Symptoms

Sir,
In his editorial on mothers and their children's symptoms (*March Journal* p.144) Professor Emery concludes that our study "supports those who call for increased education of young parents in the care of their children and stresses the need for inadequate parents to be identified and helped". We would like to make three points in response:

1. Professor Emery appears to have misunderstood our analysis. The 74 episodes of illness which occurred in our study were defined by a symptom score of six or more on one day, or a major symptom present on three consecutive days. We realize that this is rather a crude method and that our