

MEDICAL NEWS

Meetings and Courses

Contemporary Issues in Mental Health

Advance notice and call for papers for a two-day multidisciplinary conference focusing on recent developments and directions in the provision of care for the mentally ill. The conference will be held at Imperial College, London, on 21 and 22 April 1983. Topics will include: primary health care, access to services, innovations in community treatment, evaluation of new patterns of care, unemployment and mental health, changing professional roles, transcultural themes and medical psychology. For details contact: Richard Coleman, CIMH Secretary, Claybury Hospital, Woodford Bridge, Essex.

Towards Better General Practice

A residential course to be held at New College, Oxford, 17-20 April 1983. Apply to Mrs M. Wolfson, 5 Tyebeck Court, Kingsthorpe, Northampton.

The Clinical Basis of General Practice

A residential course to be held at the Cripps Postgraduate Centre, North-

ampton, from 1-5 November 1982. Apply to Mrs V. Benstead, Cripps Centre, Northampton General Hospital.

Down's Syndrome: Let's be Positive

One-day conference at the Association of Professions for the Mentally Handicapped, 123 Albert Street, London NW1 7NF. Applications, by October 15, to Miss A. F. Whittaker.

People in the News

Professor Marshall Marinker, of Leicester University, has had conferred on him an honorary MD by the University of Tampere, Finland. He has also been appointed Director of the MSD Foundation, in succession to Mr Karl Sabogh. Professor Marinker will take up his post later this year.

Mycoplasma pneumoniae Infections

In one of its periodic reviews the *Communicable Disease Report* (CDR 82/26,

2 July 1982) recounts the surveillance of *Mycoplasma pneumoniae* infections up to mid-1982. Infections in the UK with this organism, the importance of which has lately been debated in the *Journal* (McSherry, J. A., January 1981, page 49 and subsequent correspondence), tend to occur in four-yearly cycles, the last being in 1978-79. That outbreak was heralded by an odd 'early warning' in 1977-78, just before the main epidemic; the rate has now been rising since mid-1981, and in the whole of that year 1,062 cases were reported to the Communicable Disease Surveillance Centre. The peak incidence was in children aged 5-9 years, but those in the age group of their parents (25-44 years) show another, smaller rise. Only one person, a boy of four, is thought to have died from the disease, and only 7 per cent had upper respiratory symptoms. On the other hand, 75 per cent of the patients had lower respiratory tract infections.

MD Thesis

Dr David R Hannay of the Department of General Practice at Glasgow has recently been awarded his MD from the University of Cambridge for a thesis on "A comparative study of family medicine at McMaster and Glasgow Universities."

Journal, page 504). This is a gut feeling which I am sure most principals have had over the years. I agree with him that there is no suitable word; maybe it includes the term GPSHO. In my opinion the word registrar in general practice would perhaps be more suitable and will not cause either confusion or be felt by the young doctor as derisive.

K. A. JAFRI

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Sir,
I could not agree more with Dr Elliott-Binns in the August *Journal* (page 504) that the term trainee should be scrapped. However, I was amazed that he did not even mention GP Registrar as an alternative. Registrar is more appropriate and less cumbersome than GPSHO. The entire medical profession and many patients will recognize it as referring to a doctor in the latter stages of his or her formal training, and it is

LETTERS

Dependence

Sir,
In your August issue (page 463) Mr Ivan Illich pleads that people free themselves from dependence on doctors. In a letter at the end of the *Journal*, Dr S. D. Ford (page 516) complains of feeling "wounded" when a lady patient transfers to another doctor. Perhaps it is time, too, that doctors freed themselves from dependence on patients? Dr Ford's patient may well have deserted because she found a doctor she thought more skilful or liked better. It is a bit much to suggest that her reasons for making the change should be "audited". She has presumably got enough of her own problems to bother about without being burdened by Dr Ford's.

J. C. BIGNALL

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Dyfed SA42 0TJ.

A Fortunate Man

Sir,
I understand that some doctors have had difficulty in obtaining a copy of this book, which was reviewed in your August 1982 issue (page 505). The Exeter Trainers' Workshop has recently discussed the problem at one of its meetings and members were able to obtain it from Macdonald and Evans, Estover Road, Plymouth PL6 7PZ.

DENIS PEREIRA GRAY

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Why Not Scrap the Word 'Trainee'?

Sir,
I was interested to read the article written by Dr C. P. Elliott-Binns (August

after all the hospital grade filled by the exact contemporaries of most trainees.

As for trainers, to suggest they should be renamed teachers is perplexing to say the least. GP Tutor, GP Trainer and GP Teacher are words already in current usage, clearly defined and distinct from one another. In the Wessex Region, if nowhere else, a GP Teacher is a principal who accepts undergraduates for their general practice attachments.

PETER SCHÜTTE

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Sir,

To play—'to engage in pleasurable activity' (*Chambers' Dictionary*). General practice is, usually, pleasurable. Sharing it with a colleague is doubly so. I know no greater pleasure than to help my colleague gain confidence and begin to sparkle as a general practitioner. No GP SHO for me, Dr Elliott-Binns (*August Journal*, page 504), it's 'playmate' all the way. Already round here the half-day release course is dead, but 'Playschool' very much alive. There's just one snag—the playmate's grant.

PAUL SACKIN

The Surgery
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Alconbury
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Episiotomy

Sir,

Dr Zander, in his editorial about episiotomy (*July Journal*, page 400), seems to have missed out the main argument I have heard from obstetricians of its benefit—that the second stage of labour is shortened, and that the later incidence of uterine prolapse is reduced. The evidence on this point seems to be scanty, to say the least: could anyone come forward with any?

DAVID A. GREGORY

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Long-distance Members

Sir,

As one of a small but growing band of overseas practitioners who have become members of the RCGP, may I express a plea through your columns

for more *Journal* information of a nature designed to encourage such foreigners as myself to participate in the activities of the College?

It is obviously difficult, for those of us living 12,000 miles from Princes Gate, to visit the UK without substantial forward planning. As our *Journals* arrive by sea mail, which is now slightly slower than the clipper ships of the last century, it is almost impossible to plan a trip which might fruitfully include a function or meeting of the College.

Perhaps it would be possible, in order to assist those members who are planning to revisit the UK, to include in your journal the following information:

1. Details of all UK postgraduate or refresher courses, organized or approved by the RCGP, giving as much advance notice as possible.
2. Longer notice of annual meetings, Spring meetings, parties or general frolics at the College.

I am sure that we geographical isolates would appreciate an opportunity to enjoy the company of other Members at occasional instructional and/or social occasions.

PETER ROWLAND

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Australia.

The Honorary Secretary of Council, Dr J. C. Hasler, replies as follows:

Dr Rowland raises an important point, namely that we should not forget those members of our College who live abroad. The development of the News and Views section of the *Journal* has enabled us to provide information with a much faster turn round time than was previously possible in the columns of the *Journal*. We would like to see whether we can provide, as Dr Rowland suggests, information much further ahead. We would always encourage doctors who want specific information, however, to write direct to the College, because we can often help them in a more detailed way than through the *Journal* columns. [The *Journal* is now sent overseas by Accelerated Surface Post—Editor.]

Research into Opiates

Sir,

I am a postgraduate research student writing a PhD thesis on the use of opiates amongst the working population during the nineteenth and early twentieth centuries, with special reference to Lancashire and Cheshire.

I use a great deal of oral history in my dissertation and I am interviewing pharmacists who remember selling opium, laudanum, paregoric, and opium-based patent medicine such as 'All Fours', 'Dr J. Collis Browne's Chlorodyne', 'Dover's Powder', 'Godfrey's Cordial', 'Atkinsons's Royal Infants' Preservative', 'Dalby's Carminative', 'Keating's Cough Lozenges' and 'Owbridge's Lung Tonic'. I also interview people who recall being given, or taking opiates for minor ailments.

I would like to get in contact with any doctors, particularly in Lancashire and Cheshire, who recollect the type of medical care available to the working class before the introduction of the National Health Service, and who remember the extent to which opiates were used as 'cure-alls' during the 1920s and 1930s.

BETTINA S. CRANE

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MRCGP Exam

Sir,

Our attitudes to the College and MRCGP examination have been similar to those of the Newcastle trainees (*July Journal*, page 454). Anxieties about passing the examination and the feeling that lack of the MRCGP could prejudice the chances of a partnership in a desirable practice dominate feelings about the College to such an extent that it is hard to think of it as more than an examining body. Thus attempts to 'advertise' the main activities of the College in the ways Dr Styles suggests (*February Journal*, page 127) fall on deaf ears.

These feelings came very strongly to light at a recent visit of our group to the College headquarters, when the President and the Administrative Secretary allowed us complete freedom to air our views. We were eventually able to appreciate the many positive aspects of the College, though without losing our feelings about the central problem of the examination. We fear that many trainees, not given such an opportunity, go on having erroneous beliefs about the College. Therefore we propose that candidates should not be allowed to sit the MRCGP examination until they have been in practice for, say, two years. The advantages would be:

1. Examination candidates would be genuinely interested in the ideals of the College, not just in furthering their careers.