

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

19c The Esplanade
Ryde
IOW PO33 2EH.

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
School Lane
Alconbury
Huntingdon PE17 5EQ.

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

Department of Family and Community
Medicine
Medical School
Newcastle-upon-Tyne NE1 7RU.

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

7 Village Centre
Kambah
ACT 2902
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

Keynes College
The University
Canterbury
Kent, CT2 7NP.

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.