

COLLEGE NEWS

Statement by the Royal College of General Practitioners in Relation to Nuclear Warfare

The following statement was approved by Council at its meeting on 17 September:

The Council of the Royal College of General Practitioners recognizes the deep concern of doctors, shared by the public, in relation to the consequences of a nuclear war affecting the population of the British Isles directly or indirectly. Council accepts the evidence that any major attack involving the use of nuclear weapons would prove catastrophic to the extent of threatening the extinction of all civilized life. In this situation no organized medical aid would be available to the survivors of an attack on the British Isles either in the short term or in the longer.

Council recognizes the dilemma that faces any government in relation to this matter, since the issuing of official advice may be so easily misinterpreted in relation to government policy. Nevertheless, Council is of the opinion that the advice issued by the Governments of the United Kingdom and the Republic of Ireland has not adequately conveyed to doctors or to the public a realistic assessment of the consequences that would arise from the effects of nuclear explosions, either in a major conflict or as an isolated event. Council therefore invites Her Majesty's Government and the Government of the Republic of Ireland to review their policies in relation to communication with the public and with the medical profession so that it is clear that there is a full appreciation of both the nature and the extent of the consequences of nuclear explosions.

An isolated nuclear explosion occurring deliberately or accidentally in the British Isles would constitute a major disaster, but the possibility would then exist of providing medical assistance to survivors on the periphery of the explosion. The effects of fall-out from explosions remote from the British Isles would also call for a medical response.

The prevention of war, nuclear or conventional, offers the only security against its consequences. Council recognizes that in attempting to achieve that aim alternative strategies exist and that it has no mandate to support or oppose one particular strategy.

MRCGP Examinations

The dates for the next MRCGP examinations are as follows:

May/July 1983

Written papers: Tuesday, 17 May 1983.
Orals: In Edinburgh during the week ending 2 July, and in London during the week ending 9 July 1983.

Closing date: Thursday, 17 March 1983.

October/December 1983

Written papers: Tuesday, 1 November 1983.

Orals: In Edinburgh and London during the week ending 17 December 1983.

Closing date: 8 September 1983.

The written papers will be held in London, Birmingham, Leeds, Manchester,

Exeter, Newcastle, Edinburgh, Aberdeen, Cardiff, Belfast and Dublin. These and other centres may be used as required, subject to a minimum (and in some centres, maximum) number of candidates.

It may be necessary to limit the total numbers, and candidates are therefore advised to apply well in advance of the closing dates. The application fee is as follows:

	1983
Application fee	£140.00
Re-application fee	£105.00

Candidates withdrawing from the examination after the closing date for applications forfeit 40 per cent of the full fee.

Candidates are advised that from the October examination 1982 onwards, the number of questions in the Multiple Choice paper will be reduced to 60. Application forms and further information may be obtained from the Examination Administrator at the College.

College Gifts

From November 1982, the College gifts will be centred in the Scottish Council office, 2 Hill Square, Edinburgh EH8 9DR. All enquiries and orders should be sent to Mrs Turnbull at this address. Cheques should be enclosed with orders.

Price List (All Prices Inclusive of VAT)

Ties	Terylene/Crimplene	-
Members and Associates	All-over owl motif. Green or navy blue	£4 each
Fellows	Single owl motif. Green or navy blue	£4 each
Cuff links	Metal gilt and enamel	£4 pair
Brooches	Metal gilt and enamel	£3 each
Scarves	Ladies' silk printed squares. Navy blue or maroon border	£12 each
Key rings		£1.50 each
Credit card holders		30p each
Greetings cards	Blank. Also suitable for menu cards.	
	Matt or gloss finish. Minimum order by post—20 cards	20p each
Whisky tumblers*	Wedgwood. Two in box	£12 pair
Paper weights*	Wedgwood	special price £6 each
Mugs*		£1 each or six for £5

*These are available to personal callers only at the Edinburgh or London offices

MEDICAL NEWS

Meetings and Courses

First European Conference on Research in Rehabilitation

Measurement of outcome in rehabilitation is the theme of this course to be held in Edinburgh, 6–8 April 1983. Enquiries and applications to Mr W. Campbell, University of Edinburgh, Centre for Industrial Consultancy and Liaison, 16 George Square, Edinburgh.

General Practice in Nigeria

An excellent small news sheet *Front-Line Doctor* continues to arrive in the *Journal* office from Nigeria, telling us of the progress of the infant, but rapidly growing, Faculty of General Medical Practice. Assiduous readers of these columns may be interested to know that those in training there are called general practitioner registrars.

Channel 4 Television

Well-being, a series of 10 television programmes made with the advice and support of the College, is to be shown on Channel 4 at 22.30 to 23.15 hours on Fridays. The following titles are provisional at the time of our going to press.

12 November: *A Weight Off Your Mind. The problems of obesity*

19 November: *Push Harder. Maternity services and primary care*

26 November: *Take It Easy. Coping with stress*

3 December: *Breaking Out. Some non-drug approaches to mental ill-health*

10 December: *Use It or Lose It. Adding life to years*

17 December: *Chips with Everything? Food and health*

7 January: *Name Your Poison. Addictions (tobacco, alcohol and tranquilizers)*

14 January: *The Medicine Chest. Home remedies*

21 January: *A Woman's Lot. Some gynaecological problems*

28 January: *The Second Sex. Approaches to gynaecological care*

A paperback book, *Well-being* (Penguin Books), providing background material to the series, should be available in bookshops by mid-November. Each programme will also be supported by a brief 'fact sheet' available to the public from the television company.

Enuresis

Both praise and criticism are handed out to general practitioners in a small discussion paper recently published by the Family Service Unit. While it reminds us that urinary tract infections are five times more common in enuretics, the main purpose of the paper is to point up the failings and inconsisten-

cies in central and local government policies. It gives recommendations aimed at making improved and more consistent help available for families with enuretic children. The point is well made, but much progress could be achieved not by a major input of resources, but just by working energetically and sensitively in an area where so many families are made so unhappy. Available (£1) from the FSU national office, 207 Old Marylebone Road, London NW1 5QP.

Health Education Council

Mr. Brian Bailey is joining the Health Education Council and will become Chairman for four years from 1 January 1983. He is currently Chairman of the South Western Regional Health Authority and a member of the Medical Research Council.

LETTERS

Healthier Children—Thinking Prevention

Sir,

It makes me sad to discover that a vast amount of time spent by nine eminent members of our profession, and the use of four tons of paper, should produce in "Healthier Children—Thinking Prevention" a document (with the College arms on its cover) which is seriously inconsistent within itself.

The crucial paragraph 7.25 refers to 20 "interventions . . . scientifically validated", which makes nonsense of much that follows. After such a superb, clear and attainable list, why is it suggested that we should ask if a child is dry at night when we are going to do nothing about the answer? Such inconsistencies cast doubt on the wisdom of the rest of the document, not least in the minds of those outside general practice, which is a great pity.

No, sir! Most of us should show that we can achieve 95 or even 90 per cent of what has been shown to be effective. We would then show that general practice is the right setting for promoting the health of children. We would gain most of the improvement in their

health which is capable of being made by the intervention of medicine, as opposed to politics or social engineering. We might also gain self-respect or even hard cash! The minority who have the skill and inclination can show us in due course whether there are any other items which should be added to the list of 'interventions'.

JOHN L. STRUTHERS

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Ultrasound Therapy for Herpes Zoster Pain

Sir,

A few physiotherapists have been using ultrasound therapy (US) for herpetic pain for many years. Miss M. K. Patrick and Mrs E. M. Oakley introduced it to us, but we are not aware of any scientific publication of results.

We have treated 20 cases within three weeks of the onset of the rash. All have had considerable relief and most have been cleared of pain at the first application. The pain has returned with

less intensity within a few hours. Subsequent US has been followed by longer relief and all have been free of the need for analgesics within 1 to 2½ weeks. US can be given when the rash is still active and can be given concurrently with idoxuridine (Herpid) paint. We have also treated eight cases between 1 and 15 months after the rash appeared; the same rapid relief of pain has occurred in all but one. This man has severe scarring; he has had great relief, but not as much as other patients. In a further eight long-standing cases—15 months or more after the rash appeared—most have benefited and have been able to stop or greatly reduce analgesics. Some, particularly those who have had injections to relieve their pain, have had little or no benefit. One, previously treated with paravertebral injections and acupuncture, had an increase of pain after US applications. On the other hand we have seen success after 14 years of pain. Residual paraesthesiae or sensitivity to cold is not always cleared. It is the pain and the need for analgesic and psychoactive drugs with their side-effects that have been rapidly eliminated.

US has been applied at 1 MHz, 0.25 W/sq cm at the rate of two minutes for every 12 sq cm. In extra-sensitive areas, pulsed US has been used. Occasionally it has been necessary to skirt the area with pulsed US before treating an extremely sensitive area. There is some evidence that 3 MHz is more successful. We have only recently bought this