memory. If one accepts peripheral nervous system symptoms as organic, why not also central nervous system symptoms? Do all cases of viral encephalitis include functional overlay?

Post-viral syndrome is becoming a well-recognized clinical entity. It is a shame that Dr Archer felt the need to mar an otherwise excellent review by invoking an out-moded hypothesis.

M. PEEL

British Airways
PO Box 10
Heathrow Airport (London)
Hounslow
London TW6 2JA

Healthcall and the College

Sir,

I was very disappointed to see the College sign an agreement giving official endorsement and approval to Healthcall, a commercial medical information service run by the Air Call organization. This service is in direct competition with Health Line set up by the College of Health and is at least five times more expensive for cheap rate calls. The College of Health is also supporting the establishment of local Health Lines which have been successful in Hull, Exeter, Croydon and Basingstoke.

I am also worried about the payment of £10 000 by Air Call to the College. The agreement apparently states that after administrative expenses the money will be used for educational programmes. Might I suggest that the money is donated to the College of Health to set up further local and cheaper Health Lines?

P.R. KINNERSLEY

Rusholme Health Centre
University of Manchester
Walmer Street
Manchester M14 5NP

Sponsorship and the medical profession

Sir,

Dr Hilton, in his article on the relationship between the pharmaceutical industry and the medical profession, with particular reference to the College (June *Journal,* p.270), refers to a letter I wrote to the College *Journal* in 1984.

The wording of the sentence seems to suggest that I condemn sponsorship by brewers. What in fact I said was: 'In Edinburgh, home of John Knox, town and gown have managed to accept benefactions with grace and without favour. Edinburgh graduates receive their degrees in the impressive McEwan Hall, while Edinburgh citizens receive cultural nourishment in the Usher Hall, the centrepiece of the Edinburgh International Festival. These benefactions arose from the profits of brewers and no doubt have promoted the relevant products. The educational and cultural assets which they provide, however, far outweigh any tendency to exacerbate an admitted national weakness.'

I do not wish to comment further on the debate except to point out that the address from which this letter is written is the home of the Edinburgh Postgraduate Board for Medicine.

A.G. DONALD

Pfizer Foundation
Hill Square
Edinburgh EH8 9DR

Membership for established principals

Sir,

I have mixed feelings about the decision at the Spring Meeting to seek an alternative route to membership for established principals. I was pleased that the meeting recognized that the MRCGP examination was not an infallible judge of whether someone was capable of being a good general practitioner. Maybe this recognition will help to snuff out any idea that the examination ought to be a precondition to entering practice.

However, I was disappointed that instead of grasping the nettle and changing the format of the examination for all candidates, they chose to change it to favour those who were already part of the establishment. Protestations that it will be a strenuous test does not alter the basic inequity that a trainee has to set his mind to mastering the multiple choice questionnaire paper and an established principal may be excused this test. Either we accept that the knowledge tested by the MCQ paper is relevant or we do not.

I would urge the Council to ensure that all routes to membership are open to all candidates equally. If the present examination is excluding worthy doctors then the examination itself is failing in its objectives. It would be unfortunate if the College became a club for well respected and established principals who do not meet the standards that we set for our younger colleagues.

RUPERT GUDE

The Abbey Surgery
Russell Street
Tavistock
Devon PL19 9HE

Sir,

I listened with great interest to the debate at the Spring Meeting about the MRCGP examination for established principals because it evoked memories of past events. Two of my partners had said to me 'Well, we obtained our MRCGP by examination...' My response was to agree to take the examination and this proved to be a useful experience, making me read books again and even to obtain a few more up-to-date ones. Happily, I had no failure to contend with, but I agree with the comment made at the meeting that the examination discriminates against older general practitioners who are inexperienced at sitting multiple choice questionnaire papers. I had been briefed about negative marking so I sorted out the answers I did not know and when after reconsideration I still did not know the answer I did not commit myself. I walked out of the examination hall at Queen's Square an hour early. I felt the whole examination was very fair and the vivas were conducted in an entirely sensitive manner. Of course, I had to do an extensive revision of the necessary academic facts, but in retrospect I feel it was a worthwhile exercise.

Any doctor entering another specialty in medicine must expect an examination, even when over the age of 50 years as I was when I left general practice for occupational medicine. The Diploma in Industrial Health (DIH) examination was not as informal as the MRCGP and I had the additional discomfort of failing it first time. However, I managed to pass it six months later.

While I have every sympathy with the case made by the Leicestershire faculty, I feel that if the College abandons its examination in any way, then general practice lays itself open to the comment 'why should they have an easy option?' Of course, in all specialties we have individuals who have difficulty with examinations. My first trainee in occupational medicine failed his associateship of the Faculty of Occupational Medicine on three occasions, which was distressing for us both. I must add that he has now successfully completed his training.

I abstained from voting at the Spring Meeting, but after due thought I do feel that there is no room for exceptions, particularly as there are now so many helpful publications and courses available for the intending examinee. I do not feel that even the largest specialty of all should allow any exceptions.

J.D.W. WHITNEY

The Cottage
Footherley Road
Shenstone
Lichfield
Staffordshire WS14 0NJ