

creased activity of the reticuloendothelial system in the spleen either causing enlargement or possibly micro-infarcts.

Being a rather non-specific and fleeting symptom is has probably been ignored, but some patients are quite anxious about it and may be sent for unnecessary chest x-rays.

I have asked colleagues and searched the textbooks but there is no mention of this symptom following viral infection. Could I ask whether anyone else has noticed this or if it has been reported?

J.P. HEATLEY

Park Surgery
Albion Way
Horsham
West Sussex RH12 1BG

General practitioner's attitudes to homosexuals

Sir,

The ability to form and maintain close relationships, and to have those relationships supported by the wider community, is a fundamental prerequisite for physical and mental health. For lesbians and gay men the current climate of fear surrounding their chosen relationships, which is being supported by prominent members of our society, may be seriously damaging their health.

Indeed, a recent article in the *British Medical Journal*¹ includes brief reference to one statistic which we feel necessitates further discussion — that one in 10 of general practitioners questioned definitely favoured the re-introduction of legal penalties for sexual relations between male homosexuals, with a further one in 15 saying that they were uncertain on this matter. This, then, indicates the negative attitudes experienced by gay men when seeking health care. As a group of lesbian health workers, we are only too well aware that lesbians also experience this same attitude towards their lifestyle. Until now this 'homophobia' towards lesbians has largely gone unwritten and unspoken in public circles. People are still reluctant to even acknowledge the possibility of two women having an intense and sexual relationship. But 'clause 28' of the local government act changes that. As is by now well known, the clause will prohibit the intentional promotion of homosexuality by local authorities.

As lesbian health workers we see much evidence of the ill effects of homophobia on many of the lesbians and gay men who constitute 10% of our clients. Some local authorities have been providing support through counselling and recreational facilities which have helped to alleviate

some of the isolation and distress caused by a hostile society. These initiatives have gone some way towards providing positive images of lesbians and gay men.

In the light of this forthcoming legislation we are requesting that all health workers, regardless of their own sexuality, or their role in caring for patients, should re-evaluate their thoughts and feelings about these sex relationships and should affirm the value of family relationships within the lesbian and gay community. Finally we are asking health workers to take whatever action they feel is appropriate to maintain and improve the service they offer to what is, after all, 10% of the population.

'EDWINA'

National Lesbian Health Workers Network
c/o 30 Chaucer Street
Nottingham

Reference

1. Boyton R, Scambler G. Survey of general practitioners' attitudes to AIDS in the North West Thames and East Anglia Regions. *Br Med J* 1988; 296: 538-540.

Training in the North East Thames region

Sir,

The most dramatic recent news was the decision of the Joint Committee on Postgraduate Training for General Practice (JCPTGP) to withdraw approval from the training schemes in the North East Thames region. This unprecedented move by a committee which has in the past been the subject of criticism for too much rhetoric and too little action has caused alarm in all corners of the UK.

I am sure there are many voices in defence of the North East Thames region. I have great sympathy with their plight as it seems harsh to condemn a whole region on the basis of a visit to a few training practices. There will also be those who will see the North East Thames region as the sacrificial lamb to silence the critics of the JCPTGP. There will also be many who will wonder about other practices and schemes which may be worse than those in North East Thames. Worse still, there are rumours of legal action, and claims that the JCPTGP has stepped beyond the limits of its power.

Despite all this, we must accept that to improve the standard of training and safeguard the interests of our trainees we have to conform to some agreed national guidelines, especially when they are as basic as those concerning medical records. This does not mean that every scheme will have to be the same, but certainly, variety can no longer be an excuse for un-

satisfactory standards of training. Therefore, the JCPTGP should be applauded for its action which was bold, courageous and long overdue.

Furthermore, as a consequence of this action, JCPTGP inspection visits, an expensive and time consuming exercise, will now be seen as a far more effective educational/regulatory activity than hitherto. There may also be a lesson in all this for the specialty posts. Could all the training posts in hospitals pass the acid test of suitability if they were to be subjected to a similar monitoring exercise as that of the JCPTGP?

No matter what happens next, vocational training has taken a major leap forward.

JAMIE BAHRAMI

University of Leeds
Postgraduate Dean's Office
Level 7
Worsley Medical and Dental Building
Leeds LS2 9JT

Sir,

I am a recently-appointed trainer in the North East Thames region, and a new member of the College. There are over 250 trainers in the North East Thames region, who have now been deemed to be unsatisfactory on the basis of 'random' visits within the region. I not only regard this as personally insulting, but also fail to see its logic. If one of the other royal colleges withdraws recognition for a training post at a particular hospital, they do not subsequently withdraw recognition from the whole region. Similarly, a trainee is now seen as unworthy of taking the MRCGP examination because they have trained in the North East Thames region — again, condemnation of every training practice.

In any region there will be trainers who are not up to standard. There may be a higher percentage of such trainers in the North East Thames region, but to label all the region's trainers as 'bad' is no way to provide leadership. While the College can be publicly seen as trying to act as a policing authority for general practitioners, power politics of this type will damage those least able to defend themselves; in this case, current and prospective trainees in North East Thames.

If there is a behind-the-scenes power struggle between the College and the General Medical Services Committee, I would suggest it be kept behind the scenes or opened out into a public debate within the profession, so that damaging effects, which may last years, are avoided.

R.V. SINGER

Health Centre
2A Forest Road, Edmonton
London N9 8RZ