their marriage, but also said she had been comforted by his hospice admission because 'he received the care he needed there'. She subsequently gave a large donation to the hospice.

I am also attempting to explore whether the ability to 'rehearse' the death of a spouse is a common psychological coping mechanism. Many bereaved patients volunteer 'I had not imagined it like this' or 'I had always hoped he could die at home'. Perhaps we all should consider our 'death plans', and discuss our needs with those close to us, so we may come some way towards achieving them.

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Treatment of cutaneous warts in general practice

Sir,

The article by Steele and Irwin (June *Journal,* p.256) will, we hope, encourage more general practitioners to undertake the treatment of cutaneous warts in general practice. We also hope that health authorities will be willing to assist by making supplies of liquid nitrogen more generally available. However, lest anyone interprets the 87% cure rate of common hand warts in six weeks as representative of the results of wart treatment we would draw attention to the large number of reasons given by Steele and Irwin for excluding patients from their study. It is our belief that a large number of excluded patients are those that are difficult to treat in hospital dermatology clinics — particularly those with multiple, periungual, plane or mosaic warts. To these can be added the patients with deep plantar warts who were not particularly responsive to the combined treatment with liquid nitrogen and wart paint in Steele and Irwin's study. We agree that treatment with liquid nitrogen is generally inappropriate for such patients and general practitioners would be wise to select carefully who they treat by this method.

One aspect of Steele and Irwin's study that we find surprising is the low incidence of pain and the excellent tolerance of the combined treatment by their patients. In our experience liquid nitrogen is always a painful treatment and we are astonished that patients could tolerate the addition of wart paint and rubbing with a pumice stone so soon afterwards. The work of Bunney and colleagues[1] has shown that with an interval of three weeks between treatments most common warts can be cured with fewer than the six applications of liquid nitrogen administered by Steele and Irwin. We would certainly recommend fewer treatments at longer intervals. It might also be more practicable to organize wart clinics at intervals of three to four weeks as the numbers of patients attending are not likely to justify a regular weekly clinic.

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Reference

1. Bunney MH, Nolan MW, Williams DA. An assessment of methods of treating viral warts by comparative treatment trials based on a standard design. *Br J Dermatol* 1976; **94:** 667-679.

Medicine in South Africa

Sir,

I wish to correct certain erroneous impressions created by the letter from Gerard Reissmann (June *Journal,* p. 278). He asserts that 'medicine in South Africa is not independent', but what exactly this means or is intended to mean is not made clear.

Doctors in South Africa, and those who are members of the College of Medicine (or South African Academy of Family Practice/Primary Care) in particular, are practising independently and free of any constraints. Membership of the College of Medicine (or the Academy of Family Practice) is open to any doctor regardless of race, colour or creed. The only conditions for membership are that the doctors concerned should maintain a suitable standard of practice and agree to continue to improve their medical knowledge by attending various lectures and symposia.

Both the College of Medicine and the Academy of Family Practice have an unblemished record in promoting the ideals of providing medical care to all sections of the community in South Africa and they have been vociferous in their condemnation of actions on the part of the authorities which might be detrimental to the delivery of health services. Both are independent bodies and are beholden to none except their own members and their own constitutionally elected councils. They are truly independent and indeed 'apartheid' has never been applicable in any of the medical bodies or associations in South Africa.

As a founder member of one of the first overseas faculties of the Royal College of General Practitioners — the Cape of Good Hope faculty — and a fellow since 1967, I am distressed to read a letter calling for the breaking of links between our respective colleges. It would be a sad day for medicine if, in striving to improve the health of all sections of the South African community, we cannot rely on the help and moral support of our colleagues in the United Kingdom.

NORMAN LEVY

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Training in the north east Thames region

Sir,

An unsigned highly critical one-sided editorial in a monopoly journal (June *Journal,* p.245) is not a good mechanism for trying to repair damage and encourage dialogue. It is reminiscent of a principal striking a patient off his list and, when asked why, telling the patient he has an illness that the doctor does not wish to treat. Whether the patient has an identifiable illness or not, a doctor who really cares does not do that, unless of course he wishes to lose the respect of his other patients, who may then decide to seek their medical care elsewhere. The editorial purports to give the facts but, as the north east Thames region's general practice subcommittee was not invited to comment on the allegations made, the editorial appears to have a monopoly of truth. Even more important than upholding the standards of a profession is the rule of justice and fair play; evidence from one side should be matched with that from the other and if doubt remains the accused may not be condemned.

The Joint Committee on Postgraduate Training for General Practice was presented with a region which was not complying yet again with national norms and which, of course, had to be punished. The College merely followed suit but perhaps members of council should have satisfied themselves that the body to which they had delegated certain educational functions had acted properly. Why did council not seek the views of the region's general practice sub-committee and two faculties before coming to its own decision? The editorial states 'The College had always accepted Joint Committee approvals without question, now it had to accept a Joint Committee rejection'. Why the 'had to'? A thinking council could have taken a step back and proposed that the matter be explored a little more thoroughly. But no, a sledgehammer approach was adopted.

Punitive measures belong to yesterday and have no part to play in professional relationships.

College please note.

S.E. JOSSE

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Sir,

It is difficult to understand how Dr Jamie Bahrami (Letters, July *Journal*, p.327) can allude to events in the north east Thames region as a 'huge leap forward' in vocational training. The report of the Joint Committee on Postgraduate Training for General Practice, published in February 1988, indicates that a total of six trainees in the UK had been refused certificates. This almost certainly means that all the trainees in the north east Thames region received certificates but when a minority of a sample of 23 trainers out of a total of 175 were defined as unsatisfactory all trainers came under the ban. The crucial matter is trainee performance and trainees are being banned from an important assessment, the MRCGP examination, which would identify the undertrained.

In spite of substantial evidence of actual improvements in the region, including a better calibre of young doctors recruited, the region has been rewarded with an incursion by the joint committee which has demoralized instead of leading and which now threatens to create a manpower blight.

The joint committee realized that in exercising its legal regulatory function it cannot safeguard standards of entry to general practice and that its expensive bureaucracy is only a rubber stamp. It was therefore tempted into exercising powers it did not possess and imposed a meaningless measure — the withdrawal of recognition of training from a whole region. It is likely that had this been challenged in the high court, the joint committee would have been seen to be acting in excess of its powers. It is noteworthy that during the whole of this episode the joint committee has never indicated that it would refuse applications for certificates from trainees who complete general practice posts in the region during any period.

A major problem caused by the joint committee is that it has summarily removed the rights of trainers to appeal against the ban and of trainees to sit the MRCGP examination, as the Royal College of General Practitioners felt compelled to act in concert with the joint committee. No training or examination system for teachers and trainees is enhanced by being deprived of natural justice. If this is judged a 'leap forward' then the cost is excessive indeed.

The joint committee has revealed that its regulatory function in issuing certificates has resulted in a failure in maintaining standards. This must make one wonder about its future and whether the public should be asked to continue to fund it. Why should general practice not now change to an examination system as used by the remainder of the profession? Providing that the examining body behaves like the senior royal colleges in promoting a system that is dependable, efficient, fair, and accessible to all who qualify regardless of region, then we might yet see a major leap forward in the history of vocational training.

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Fellowship of the College

Sir,

Fellowship was given no defined function when it was started, and it is not surprising that now, as it nears its twenty-first birthday, there should be growing confusion as to its further development.

With the growth of the College, the committee on fellowship (six members appointed from council, six elected from the fellows, and chaired by the president) can no longer hope to assess proposals from personal knowledge as was attempted initially. There are differences in the manner in which proposal forms are completed and, indeed, in the way fellowship is perceived by the different faculties — in the Sheffield faculty 6% of members are fellows but in south east Wales the figure is 18%. Confusion reigns as to whether fellowship should be conferred, serving identified local or national needs of the College, or become a self-sought accolade, a pass in a further examination, in the hope that others regard this as standard setting.

I was an elected member of the committee on fellowship during three years in which it tried to resolve this confusion. Early this year the committee came to a unanimous view as to the function of the fellowship, and as to the organizational changes required to mend the existing machinery. At the same time, and with no regard for normal constitutional practice, the College council superseded the position of its standing committee by presenting for consideration a different kind of fellowship to the membership division. This authority was subsequently transferred to the education division and, more recently again, to a working group chaired by the College deputy vice-chairman.

It may be that council has been mis-led by its general purposes committee in agreeing these parallel developments and in supporting a change of function from one in which varied individual talents serve the broad needs of the College in a decentralized fashion to one in which a narrower, uniform and elitist centrally-determined educational purpose is being served.

Two matters remain to be agreed — a definition of the function of fellowship and a decision as to the body to which the College will entrust management of the fellowship scheme. For the first of these, the committee on fellowship accepted that the purpose of fellowship was to strengthen the College in the achievement of its object and in the fulfilment of its responsibilities. This purpose is accomplished by conferring fellowship on members who have served the College particularly well in the pursuit of its objectives. Thus 'distinguished', such members may have an increased opportunity to contribute and, by knowing that they have the respect of their peers, they may be encouraged to embrace further opportunities. For the second matter, the committee on fellowship has produced a praticable plan which includes decentralized peer review within faculties, and continuing examination of the integrity of the scheme as consensus develops the function of fellowship. At different times council has already approved several parts of this plan and the committee on fellowship, as a body independent of the central divisional structure of the College and answerable directly to council, should be made responsible.

The committee on fellowship plan could be introduced now and, decentralized in operation, it would revitalize fellowship to the benefit of the College. The alternative — awaiting the outcome of interminable efforts to agree how to measure something which is constantly changing — will mean the continuing deterioration of fellowship until it becomes an object of ridicule.

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MRCGP examination

Sir,

It was with considerable disquiet that we read the press reports of the 'overwhelming vote' taken by 57 course organizers at