

NEWS

Editor: Nicola Roberts

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Annual General Meeting

The College held its AGM in London on Saturday, 12 November 1988. The following is an account of the day's proceedings.

Annual report by the council chairman

Professor Denis Pereira Gray presented the meeting with his annual report:

Mr President, Clinical work

THE College's main aim has always been to improve the standards of care which patients receive in general practice and it is on the quality of that care that the College must be judged.

The main thrust of the College continues to be on clinical work.

We have produced another of the clinical folders, this time on coronary heart disease, a topic of quite special importance in general practice, as we heard only this morning in Colin Waine's splendid James Mackenzie Lecture. The potential for GPs to intervene effectively in tackling the greatest single cause of deaths in middle-aged adults in this country, is one of the biggest contributions that we can make to the nation's health.

We have, only on Thursday, heard the sad news that Maurice Stone, director of the College's research unit at Leigh, has died. As we heard this morning, his contribution in being the first GP to lower the incidence of coronaries by planned preventive care, was unique.

We have also just published jointly with the General Medical Services Committee (GMSC) the second edition of the *Handbook of preventive care for pre-school children*, and this too is the result of much hard work by Colin. We hope it will be widely used in the care of children in our practices.

Council has approved the report of the AIDS working party, which was chaired by Graham Buckley, and this was published in the May issue of the

Journal. However, the complexity of the clinical and ethical issues of this new disease means that we shall have to keep it under constant review.

Prescribing drugs is the special responsibility for the doctor in our society, and the greatest number of prescriptions in the NHS are written by GPs. We take this responsibility very seriously and have been working to improve standards. The College's prescribing fellows, Philip Reilly and Jim Gilleggan, have already visited over 20 faculties and spoken to over 700 doctors. Formularies have been produced for discussion, and we all now need to work out in our own practices how we are going to plan and implement our prescribing policies.

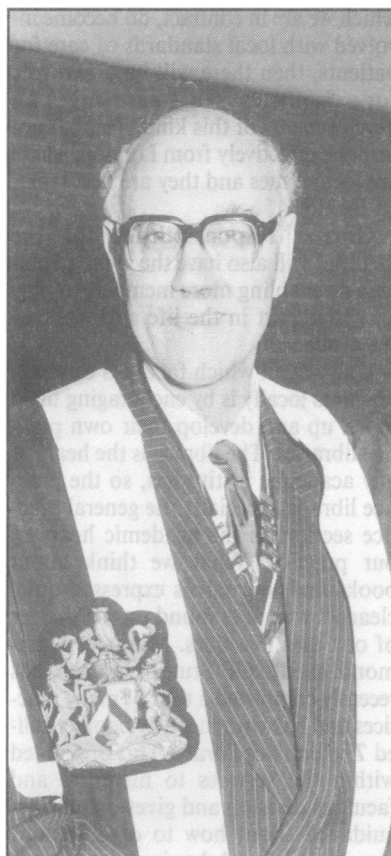
The College welcomes the recent action of the Prescription Pricing Authority which at last gives us all proper feedback of our prescribing decisions. This fits well with the evidence the College originally gave to the Tricker Inquiry in the mid-1970s, and will make it possible for us to follow up our decisions and detect any failures in our policies.

Inner cities

Following the successful conference held on this subject, we are trying to bring more resources to our colleagues in the inner cities and have had useful meetings with the president of the Royal College of Physicians and the chief medical officer.

Research

Clinical work is rooted in research. It is only when there is good scientific basis for practice that we can take deci-



Professor Denis Pereira Gray

sions confidently in the consulting room and go on to teach our craft to students and trainees. It is only when we know exactly what is happening in our practices that we can take decisions to alter and improve our arrangements for patients. Thus it is clear that practice activities, research and continuing education are coming closer together. The College is meeting with colleagues in other academic organizations in general practice such as the Association of University Teachers in General Practice and the regional advisers.

All the faculties have been asked to contribute ideas about the academic development of general practice, and all suggestions from members of the College are welcome. In this way we hope to work out together an academic plan which will take into account the many different priorities now facing general practice in preparation for the year 2000 and beyond.

One gap has already been identified by the research committee, whose chairman is John Bain. Opportunities for training in research methods are not satisfactory. As we stated in 1987 in *The front line of the health service*, general practice alone has no equivalent to the senior registrar grade, and GPs alone have no opportunity to acquire the skills routinely offered to senior registrars in all the other main branches of medicine.

The result is that we are short of colleagues with higher degrees from universities. We welcome, therefore, the new courses offering MScs for GPs, and will examine ways in which we can support the university departments that are helping GPs to carry out research and obtain doctorates. In particular, we want to encourage more successful theses on the clinical aspects of general practice.

The faculties

However, patient care and academic research cannot be provided by the College centrally. The future of the College lies in the faculties, as it is on the care that our members provide for patients locally that the College must be judged. We must therefore continue to build up the faculties so that they become really active in education and research in every part of the country. Responsibility for the faculties lies within the services to members and faculties division, which is chaired by David Mufin and has by far the biggest budget within the College.

The faculty development committee is chaired by Jacky Hayden, and following on some excellent early

achievements initiated by Bill Styles, we have now reached a stage where all but three faculties have an administrative assistant and local College offices are following fast.

A database for local faculty needs has been successfully produced by Mike Hodgkinson, the College's information technology manager, derived from the new central registration system. It is already being used locally by five faculties and 10 more are considering it. This means that all faculties will soon be able to develop their own information system.

Thus we have virtually finished the first phase of building-up the faculty infrastructure for the new responsibilities that lie ahead.

All this is in preparation for a major shift in function within the College so that a bigger proportion of work and responsibility is devolved to faculties. It must be faculties which relate to district and regional organizations, especially those directly concerned with standards in general practice such as regional postgraduate committees and university departments, and it is clear that faculties will need to review their relationships with these very important local committees. For example, every faculty should be properly represented on trainer selection committees.

If local units of the NHS such as the family practitioner committees, with which we are in contract, do become involved with local standards of care for patients, then there will be a new role for faculties in advising on developments of this kind. This cannot be done effectively from London. These are local issues and they are best tackled locally.

Greater responsibilities for the faculties will also have the great advantage of enabling more members to play an active part in the life and work of the College.

One way in which faculties can help practices locally is by encouraging them to set up and develop their own practice libraries. The library is the heart of any academic institution, so the practice library, especially the general practice section, is the academic heart of our practice. What we think about books and journals is expressed quite clearly by what is found on the shelves of our own practices. Margaret Hammond, the RCGP/Stuart librarian, has recently completed a tour of many practices and has written a new booklet called *The practice library*. This originated within the services to members and faculties division and gives us succinct guidance about how to organize our own libraries and develop them in our practices.

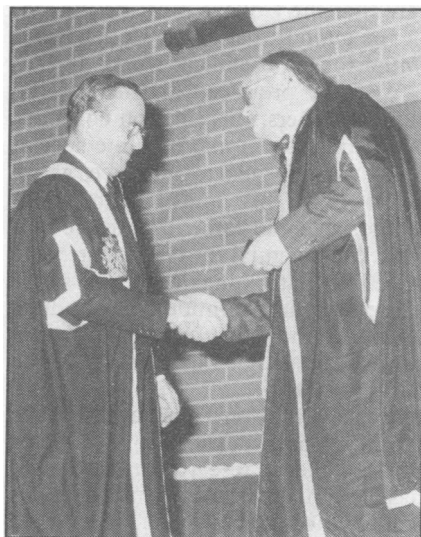
We must go on and spend a greater proportion of College income on faculties, so that as many members as possible gain benefits from their membership locally.

The Journal

During the year council has reviewed the *College Journal* and was pleased to re-appoint Graham Buckley as editor. The *Journal* is first and foremost a journal of record, the first of its kind in the English speaking world, and it charts, through the results of original research, the development of our discipline. It is also an important vehicle for College news and information. Following several years of work by different medical honorary editors, most recently Edwin Martin of Bedford, the step was finally taken to appoint a lay news editor to the staff, and Nickie Roberts has already shown her skill in this post. The *Journal* is now costing about half the proportion of the College's income than it did a decade ago. After years of discussion and planning, a separate news section with colour will be produced in January.

New database

The information resources centre, which is part of the services to members and faculties division, has been constructing a new general practice database under the guidance of Leonard Malcolm. This already includes over 8000 records and is growing at the rate of about 4000 entries a year. The database will be known as GPLit and we hope to establish it as a national and international source of information about general practice.



Dr Douglas Garvie receiving his foundation council award from Professor Drury

Fellowship by assessment

In June this year the council adopted for the first time a major paper on the principle of fellowship by assessment. This is not a new idea; indeed it has been considered and discussed for some time. What is new is our understanding of its importance and its relevance to continuing medical education.

In 1985, in the College policy statement *Quality in general practice*, we adopted the quality initiative — a key step which nailed the colours of the College to the mast of high quality of care for patients.

In 1987, in our next major document, *The front line of the health service*, we established the principle that the College saw the means of standard setting in general practice as performance review by peer review based on the practice visit. Now the council, having determined the direction, is working out the details.

There are many reasons why we should start with our own prospective fellows. First, many members feel that this is appropriate and have made their views clear — indeed members from several faculties have now declined the honour of fellowship until such time as fellowship by assessment is introduced. Secondly, the numbers are small and manageable. Thirdly, fellowship is the highest grade of membership and, if we really believe in standards, it is logical to start at the top. Finally, since this is entirely a College matter, the criteria which we use are solely for the College to decide and no-one else is involved.

The council has given the responsibility for this new development to the education division, under the chairmanship of Bob Colville in association with the fellowship committee. In view of the obvious implications for continuing education for principals, the working party on this topic has been very active under the chairmanship of Peter Hill, whose work as deputy vice-chairman of council has been invaluable and who retires today. It was his working party which reported in June when a whole set of principles were established, and council adopted them without a dissentient vote.

The education division is collaborating with a number of other national organizations to improve standards of training in a wide variety of settings. For example, we work with other Royal Colleges in visiting hospital posts.

The College is also supporting new training initiatives for practice administrators, practice nurses, and through a very ambitious programme for practice receptionists. Indeed, the

5000th certificate in the practice receptionist programme was awarded this week.

The Joint Committee on Postgraduate Training for General Practice

At Cheltenham in April, I reported at some length on the letter the council had received from the chairman of the Joint Committee on Postgraduate Training for General Practice (JCPTGP) concerning the standards of training in the North-East Thames region.

Council's decision that the Joint Committee should be supported was to be expected, since the JCPTGP originated from a College committee and the College is one of the two parent bodies. Subsequently a detailed commentary on the situation in North-East Thames was received by the College from the Joint Committee. This has been, and still is, available on request to all members of the College.

The issue was quite clearly one of standards and the requirement to have records in order in practices which sought the privilege of teaching the next generation. This requirement by the Joint Committee had been formally agreed in 1981, every region in the UK had been notified in writing in 1982, and the standard had become operative in 1984.

The College could not condone unsatisfactory standards, and in March the council decided to support the Joint Committee. With decisions about jobs and house buying in the balance, trainees needed to know where they stood, and the College had to make the position about its examination clear to its own prospective members. Eligibility to take the MRCGP examination was withdrawn from training practices in the North East Thames region only from 31st January 1990 for self-constructed schemes and from the 1st May 1991 for trainees completing three-year programmes.

In order to minimize hardship, the College offered to visit any training practice on request so that where the national minimum standards were present, trainees from that practice could be allowed to take the examination.

We are sorry that so many members of the College in this region were taken by surprise and have been so upset by these decisions. We must find ways in the future for the faculties to be much more involved in the work of important regional committees, and for regional policies about trainer selection and education to be fully known and discussed in all our faculties.

The Joint Committee has recently carried out another visit to the same region and the result is awaited. We hope that the standards which have been agreed across the country for all regions will now be found to be present in the North-East Thames, and we hope that the problems in this region will be solved as quickly as possible.

Committees

The finances of the College are the special responsibility of the honorary treasurer, who will be reporting to us in a few minutes. Under his skilled leadership the College's income is approaching £2 million a year and continues to grow. Although we have been successful in generating new sources of income, the College is still essentially dependent on members' subscriptions.

We are trying to avoid either cutting down much needed work on the one hand or raising subscriptions considerably on the other. Douglas Garvie, who received a great honour this morning, has spent a great deal of time reviewing the possibilities of attracting sources of income and is chairing an income group which will be reporting soon. Every avenue is being explored.

The examination board has been chaired by John Ferguson and has been carrying out a full review of the examination with the Centre for Medical Education at the University of Dundee.

The number of passes in the MRCGP was 919, a new record. We are all grateful to our examiners for carrying out this huge amount of voluntary work on behalf of the College. The examination board recommended to the council this year that the demonstration of competence in resuscitation should be included in our examination from 1990. This recommendation was accepted by the council, and in view of the large number of doctors we examine, it should lead quite quickly to a substantial improvement of these skills among GPs in this country.

The international committee is working hard under its chairman, Alastair Donald. The honorary secretary is Douglas Garvie, who we are proud to have as a representative on the executive of the World Organization of National College and Academies of General Practice and we are also very pleased to congratulate Lotte Newman, our vice chairman, who has recently been elected president of the European Society of General Practice (SIMG).

The College has been involved in the Australian bicentennial celebrations, on the continent of Europe, and in the Middle East. A major workshop with the Nordic countries is planned for

1990. The College is playing its part in international organizations of general practice/family medicine, where we have much to learn and much to give. One big challenge for the future is the identification of the core content of general practice and the international committee is working with the education division to tackle this.

The council has also recognized the growing number of ethical issues facing general practice, and the new ethical committee under the chairmanship of Marshall Marinker is now well established.

The patients' liaison group has also had an active year. We remain the only Royal College with such a group as a formal part of the College's organization and our example is being increasingly studied in other colleges.

This group is a symbol of the partnership between patients and doctors, and we all have much to learn about this. Nancy Dennis has been an enthusiastic chairman and comes to the end of her term of office this month. We thank her very much for all her work and welcome Maureen Pearson as the new chairman.

Relationship with other bodies

The pressures on the centre of the College continue to grow. We face an active government which has produced the first white paper on general practice since 1948, and at the same time the prime minister is reviewing with a few senior colleagues the whole of the NHS.

Bill Styles, our hardworking honorary secretary of council, prepared a detailed commentary on the white paper which drew on all the comments received from faculties and individuals and which the council approved in June. It has been sent to the Department of Health and, of course, to every faculty and is thus available locally to every member of the College.

Within the last few weeks we have sent comments to the Monopolies and Mergers Commission. We are facing difficult issues about the provision of information to patients and advertising.

In particular, the referral system may be under threat and we see this as an important issue. It gives the patient the benefit of all the GP's experience, both of illness and of medical care. It ensures that one doctor continues to know the patient's whole medical history, and it allows the practice list to be used both for improved care and medical research. Finally it protects the consultant's work as a specialist.

We have made widely available to other national organizations an impor-

tant paper on the referral system written by Marshall Marinker, which has been published in the *College Journal*. We have taken advice from colleagues in the GMC and elsewhere and we are in touch with the GMSC about it as well.

General Medical Council

The General Medical Council (GMC) is becoming steadily more influential in education, and the College is delighted that two council members, John Fry and the College's own nominee, Donald Irvine, now hold two important posts. The council is thinking ahead to the next election for the membership of the General Medical Council in 1989.

General practice has a built-in disadvantage in the composition of the GMC. Although general practice is far and away the largest branch of the medical profession, and although there are about twice as many GP principals in the NHS as consultants in all specialties combined, general practice has only one academic place compared with 34 academic places held by specialists.

It follows that as GPs we should use the only other route open to us — the postal ballot for elected places — to make sure that our discipline is properly represented.

Last time the GP vote was disappointing. So suggestions for nominations for 1989 are now welcome, and when the College does produce a list, it is essential that we all use our vote and remind partners and colleagues to vote as well.

The number of national organizations with which the College has to deal is going up quite quickly. For example in the last few months we have had very useful talks with both the British Paediatric Association and the British Geriatric Society. In addition, a new College of Ophthalmologists and a new College of Anaesthetists have come into being since my last report in April and we wish them well.

Membership

The College continues to grow apace and we have passed several more landmarks in our membership. The Wessex faculty has increased its size by over 100 in the last year, which is a record for the College, and we congratulate the chairman of the faculty board, Chris Glaysher, and the honorary secretary, Chris Barry; the Severn and Tamar faculties have now passed a total of 1000 members in a single health service region, and the total membership of the College now exceeds for the first time £16,000.

It is clear that a large majority of all new principals in the NHS are now members and we look forward to the

time when a majority of all NHS principals will be members of our College.

Staff

As the College grows in size, so it grows older as an organization. We now have a steadily increasing number of staff who have been with us for substantial periods of time, and this year we decided to recognize long service to the College by making appropriate presentations. It is a pleasure to report that Margaret Hammond has now completed 25 years work with the College while Janet Smith follows a close second with 22.

The professionalization of the staff has continued with a growing number achieving externally awarded diplomas and many others completing training programmes. This increase in skills is providing good value for money: the proportion of the College's expenditure on staff has not risen this year. We are all grateful to Sally Irvine who leads this increasingly effective team.

President

President, today is the last in your term of office as our president. You have served with great distinction. Last year, the College faced a constitutional crisis when the chairman of the council resigned in mid-term.

Very special, indeed, unique responsibilities, then fell on you as our president. You chaired a working party for nine months and you contributed enormously to the stability of the College at that difficult time. After my election as chairman you gave me personally an immense amount of advice and support for which I have been most grateful.

We are all delighted that you were honoured earlier this year with fellowships of two other medical Royal Colleges: the Physicians here in London and the Australian College of General Practitioners on the other side of the world.

President, not just the council, but the whole of the College would like to say thank you for all your work for us during your years of service to the College, and especially during the last three years.

Conclusion

And so Mr President, we come to the end of another busy year. Increasing membership, increasing activity, and increasing influence bring increasing responsibilities.

We must constantly review the way we work and the place of general practice in medicine and society, so that as many patients as possible can benefit from the steadily increasing skill and care of our members.



Professor Michael Drury

College presidency

Professor Michael Drury

AFTER three years as president, Professor Michael Drury left office on Saturday, 12 November. In keeping with College tradition, Professor Drury's faculty, Midland, presented a portrait of the outgoing president. In the words of the faculty chairman, Dr Peter Freeman, "...We wish to commemorate and pay tribute to Michael's outstanding contribution to the College during the past three years. The portrait was commissioned from funds raised by the generous contributions of Midland faculty members, and many others who all acknowledge the president's influence and academic reputation in general practice over not just three but over the past 30 years".

The portrait will join those of Professor Drury's predecessors at the College headquarters in Princes Gate.

Dr Stuart Carne



Dr Stuart Carne

The AGM unanimously elected Dr Stuart Carne CBE FRCP to the office of president. Dr Carne was the College's honorary treasurer for 17 years from 1974 to 1981 and is a principal in general practice in Hammersmith, London.

A feature article will appear in January News on Dr Carne and the officers of council.

The AGM Report continues on page 581.

The James Mackenzie Lecture

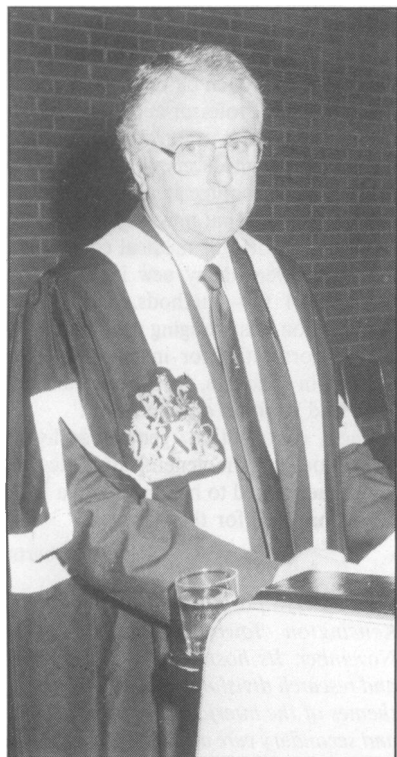
DR Colin Waine delivered this year's James Mackenzie Lecture entitled, 'Everyone's business — everyone's responsibility'.

This lecture considered the prevention of coronary heart disease and outlined major responsibilities for the government, the profession and those bodies concerned with public and private health care.

Dr Waine said that the fragmentation of efforts in preventing this chronic disease, had placed the nation high on the world's league table of deaths from coronary heart disease. To obtain a significant reduction in mortality and incidences of the disease, Dr Waine said it was essential to consider the known risk factors in order to develop a comprehensive strategy for prevention.

Dr Waine said that the message inherent in his lecture was not that he wanted to produce a nation of centenarians, but rather that he wanted "to enable people to die young as late as possible."

'Everyone's business — everyone's responsibility' will appear in a future issue of the *Journal*.



Dr Colin Waine

The 1988 annual symposium

FRIDAY, 11 November was the day on which the College held its annual symposium, this year hosted by the education division. Seventy people met at St Ermins Hotel in Westminster to listen and contribute to subjects of particular interest not only to the College but to individual GPs and patients. The symposium's theme of 'Meeting expectations' reflected the importance placed by the College on the day's programme and its message in 'white paper year'.

Six speakers addressed the meeting, with the keynote speech being given by Professor Michael Drury. Professor Drury began by saying that this year's symposium was one of the most important he had attended, coming as it did at a time when general practice is under intense scrutiny and 'when the issues we face are enormously threatening but the opportunities equally great'. Professor Drury said that he believed that this scrutiny was in part due to a general questioning of professional autonomy, and that two factors contributed to the questioning of professional values: the growth in communications (eg, television) which had narrowed the knowledge gap between expert and lay-person, and the increasing proportion of public money that is spent on professional activities. Professor Drury felt that the latter would eventually lead to 'he who pays the piper will call the tune'.

Dr Colin Waine, chairman of the College's clinical and research division, then addressed the meeting on clinical standard setting and said that the development of standards should be set against the everyday demands of general practice. He said that where standards are particularly relevant is in the management of chronic disease. Dr Waine concentrated his presentation on two chronic diseases, asthma and diabetes and highlighted principles applicable to the management of any chronic disorder and to any doctor anxious to achieve better patient care. He said that there is a need to know what to provide, to whom to provide it, when to provide it and how to provide it and demonstrated his message by quoting Professor Michael Drury: "... our deficiencies are, in the main, not due to ignorance or new knowledge, but failure to apply existing knowledge...".

Dr Peter Hill's speech on fellowship by assessment generated discussion from the floor from members keen to iron out pro-



Dr Robert Colville

blems they foresaw in its implementation. Dr Hill explained to the meeting what fellowship by assessment means and said that the College's Royal Charter placed a duty upon the College to define the meaning of high standards in general practice: if the exercise was to be taken seriously, the College also had a duty to identify members who were capable of demonstrating such standards. Dr Hill went on to explain the thinking behind fellowship by assessment, examined how it had come about, how far it had got and what its direction may be. He concluded by saying that it was a 'fantastic challenge to faculties and individual members of the College. It is rooted fundamentally in the object of the College so it is incumbent on us all to rise to meet it'.

The only lay-person to address the meeting, Mr Arthur Taylor, chairman of the Newcastle health authority, spoke on the expectations of primary care by patients and the state. He established that the two groups were often in conflict and gave some examples to support his case. Mr Taylor went on to put a number of

questions to the symposium on the general role of the GP and looked closely at whether the role was that of gate keeper or advocate. He also described what he saw as the government's expectations as outlined in the white paper, and touched upon future controversial subjects including the referral system and prescribing.

Trainee assessment was considered by Dr Donald Irvine who said that GP trainee assessment was now being given a higher priority than hitherto. He said that the two main objectives were to help young doctors to realize their full potential during their training and to ensure that doctors completing vocational training achieved the standard of clinical competence considered necessary for safe practice as a principal. Dr Irvine reviewed the development of trainee assessment and examined some of the real difficulties involved.

Professor Denis Pereira Gray addressed the meeting on continuing medical education and said that this had emerged as the main educational challenge for established principals. He said that the College saw this subject as being a very high priority and that it was working towards a way of ensuring a local GP tutor is in every health district. Using a systematic approach based on the educational triangle, Professor Pereira Gray said that the hope was to introduce continuing education into every practice and to support and resource it in every health district. He said that now was an exciting time in the world of medical education, that there were many new ideas and a plethora of new methods. The whole organization was changing and there were new opportunities for members of the College in practices, in faculties and in local and regional organizations.

Each contribution generated lively discussion and the general ambience of the venue seemed to help promote a feeling of purpose for those present. □

Nicola Roberts

The 1989 symposium is to be held at the Kensington Town Hall, London in November. Its hosts will be the clinical and research division who will follow the themes of the interface between primary and secondary care and the outreach care in an inner city area containing a large ethnic minority. The symposium will have a strong emphasis on primary care teams.

Awards and prize winners

Honorary fellowships

Honorary fellowships are awarded in recognition of special services to, or in connection with, the formation of the College, or of outstanding work assisting towards the object of the College. This year, honorary fellowships were presented to:

Dr Ann Cartwright, Director, Institute for Social Sciences in Medical Care. Professor Margot Jefferys, Emeritus Professor of Medical Sociology, University of London. Mrs Joan Mant for her contribution to the work of the College.

Foundation council award

Dr Douglas Garvie (Midland faculty) received this year's award which is presented for outstanding meritorious work.

Baron Dr Ver Heyden de Lancey memorial award

Dr Mollie McBride (Merseyside faculty) received this award for promoting the efficiency and dignity in the realm of general medicine as a GP.

Fraser Rose medal

Dr Robin Carlisle (overseas member) received the Fraser Rose Medal for gaining the highest marks in the MRCGP examination 1987/88.

National Syntex awards

The winners of the national awards are selected from 150 local prize winning projects.

This year's first prize went to Dr Martyn Thomas, associate member (East Anglia faculty) who is in the Whipscross (North London) vocational training scheme. His work was entitled *Prevention of dental disease in pre-school children in general practice*.

Dr Peter Copp received second prize. He is in the North Lothian vocational training scheme. His work was entitled *Hyperlipidaemia and hypertension. The call for new management strategies. A study and audit of patients registered with an Edinburgh group practice*.

The third prize was presented to Dr David Whitford MRCGP (North of England faculty), North Tyne vocational training scheme for his work on *Diabetic care within the Northern region*.

Great expectations trainee GP bursaries

Dr John Razzak (Tamar faculty) and Dr A.M. O'Leary (South East Thames faculty) were presented with this year's bursary awards. Their work was entitled *Why this patient? Why now? Why me? and Comparison of GP training in UK and USA*.

Undergraduate essay prizes

First prize: Mr Paul D'Urso, University of Birmingham for his essay entitled, *Aggression and the general practitioner*.

Second prize: Mr Darren Shickle, University of Wales College of Medicine, *An evaluation of the knowledge and perceptions of haemoglobinopathy carrier screening amongst general practitioners*.

Third prize: Miss Rachel Burch, University of Southampton, *The potential for prevention of childhood accidents within a practice area*.

Election of fellows

The following were elected as fellows of the College:

Dr Timothy Billington, (Wessex); Dr John Branton, (Humberside); Dr Ian Campbell, (East Anglia); Dr Eric Clow, (Humberside); Dr Brian Coffey, (Republic of Ireland); Dr Ivan Cox, (Midland); Dr Frederick Difford, (Severn); Dr Benjamin Essex, (South London); Dr Gerald Fieldsend, (Sheffield); Dr Robert Galloway, (Cumbria); Dr Henry Gebbie (South East Scotland); Dr Christopher Grant, (East of Scotland); Dr Thomas Hailstone, (Leicester); Dr Peter Holmes, (Yorkshire); Dr Richard Jack, (Midland); Dr Alan Jones, (South West Wales); Dr Zoe Kenyon, (South London); Sir Montague Levine, (South London); Dr Brian McAvoy, (Leicester); Dr John Mackay, (Overseas); Dr Neil Maclean, (West of Scotland); Dr Malcolm McCoubrie, (Yorkshire); Dr Henry McNamara, (North of Scotland); Dr Roger May, (South London); Dr Richard Mee, (Sheffield); Dr Alan Milne, (North East Scotland); Dr Kenneth Myers, (Yorkshire); Dr Vatakepat Nair, (Overseas); Dr Geoffrey Norris, (North East London); Dr Paul O'Flanagan, (Vale of Trent); Dr Raymond Orsborn, (Midland); Dr Herbert Pilling, (Sheffield); Dr Frederick Powell, (Wessex); Dr William Roberts, (South West Wales); Dr James Robertson, (South East Scotland); Dr Jonathan Savory, (Leicester); Dr Colin Smith, (South East Thames); Dr Michael Townsend, (Leicester); Dr Julian Turner, (Tamar); Dr John Wearn, (Midland); Dr David Wells,

(Wessex); Dr John Wilmot, (Midland).

Fellowship was awarded posthumously to Dr John Ellerker, formerly of the Yorkshire faculty. (Dr Ellerker's obituary will be found on page 584.)

The following doctors, who were elected as fellows at the 1988 spring general meeting, also collected their scrolls:

Dr David Blair, (East of Scotland); Dr Ronald Mann, (South West Thames); Dr Michael Walter, (South East Thames).

Amendments to College byelaws

THE meeting confirmed that the following amendments to the byelaws of the College should be effected by council:

Introductory paragraph of byelaw 2 (D):

"The annual subscription of a fellow, member or associate (subject as below) shall be not more than £150.00, the precise figure to be determined by general purposes committee/finance committee in January acting on behalf of council. Such subscription shall or may be reduced to the following amounts in the circumstances mentioned below. All reduced subscriptions will apply on 1 April only and are subject to annual review.

Byelaw 2(D) (ii) (a)

(The annual subscription be reduced) (ii) to one quarter of annual subscription: (a) on final retirement owing to age, ill-health or other circumstances accepted by council as appropriate, for a fellow, member or associate otherwise liable to a higher annual subscription. Alternatively, on written confirmation received from the fellow, member or associate that he/she has completely retired from all forms of medical practice, he or she may become a life fellow, member or associate as appropriate on payment of three times the full annual subscription, paying no annual subscription thereafter.

NOTE: This byelaw does not apply to a fellow or member who transfers from general practice to full-time practice in some other field of medicine. In such circumstances he/she remains liable for the full subscription whilst retaining his or her fellowship or membership."

Ordinary resolutions

The meeting considered the following ordinary resolution from the North East London faculty. This was passed by the meeting and will be considered by council this month.

"This meeting asks council to review the

powers of the general purposes committee in the light of events in the North East Thames region."

The following ordinary resolution, also put forward by the North East Thames faculty, was voted on and lost:

"This meeting requests council to review whether the person holding the office of honorary secretary of council should be nominated to the role of the College's joint honorary secretary to the Joint Committee on Postgraduate Training for General Practice."

The College Grace

Dr Richard Bruce, who was chairman of the 1988 Cheltenham symposium organizing committee, presented the College with the Grace, framed and translated into Latin. The Grace had first been translated and put to music at the Cheltenham symposium held earlier this year. It will be placed in the dining room at Princes Gate.

Council 1988/89

The honorary secretary, Dr Bill Styles, read the following list of council members to the meeting:

Names in brackets indicate deputies. Asterisks indicate new members.

Faculty representatives

Dr RG Chapman* (Bedfordshire and Hertfordshire); Dr J Farndale (Dr J Wilmot) (Cumbria); Dr T Davies* (Dr J Mitchell) (East Anglia); Dr A Wright (Dr A McKendrick) (East Scotland); Dr A Moulds (Dr D Timmins) (Essex); Dr J Branton (Dr P Davies) (Humberside); Dr J Allen (Dr Preston-Whyte) (Leicester); Dr M McBride* (Mersey); Dr D Garvie (Dr P Freeman) (Midland); Dr L Newman (North East London); Dr G Shirriffs* (North East Scotland); Dr R Horne (North of England); Dr D Rainey (Northern Ireland); Dr D Sime* (Dr J Macleod) (North of Scotland); Dr H Lloyd (Dr D Patrick) (North Wales); Dr J Hayden (Dr D Leather) (North West England); Dr W McN Styles (Dr J Noakes) (North and West London); Dr R Maxwell (Severn); Dr J Kelly* (Sheffield); Dr J Ferguson (South East Scotland); Dr J Baker (South East Thames); Dr T Reilly (Dr K Richmond) (South East Wales); Dr R Savage (Dr P Tudor Miles) (South London); Dr G Hornett* (South West Thames); Dr D Murfin (South West Wales); Dr J Jowitt (Dr R Parrott) (Tamar); Dr J Toby (Dr E Bingham) (Thames Valley); Dr M Pringle (Dr J Bilkhu) (Vale of Trent); Dr G Dolan (Dr B Sweeney) (West of Scotland); Dr E Young (Dr P Burrows) (Wessex); Dr K Myers* (Dr A Scott) (Yorkshire).

Overseas

Dr R Busuttill* (Malta)

Elected members

Professor D Bain (Wessex); Dr J Ball (Midland); Dr R Colville (West of Scotland); Dr J Fry (South East Thames); Dr J Tudor Hart (South West Wales); Dr D Haslam (East Anglia); Dr C Kay (North West England); Dr M Marinker (North East London); Dr J Norell (North East London); Professor D Pereira Gray (Tamar); Dr M Scott (West of Scotland); Professor J Walker (North of England).

1988 council ballot:

Dr A Donald (South East Scotland); Dr B Goss* (East Anglia); Dr D Irvine (North England); Dr D MacInnes (West of Scotland); Dr M Sheldon (Midlands); Dr C Waine (North of England).

At the first meeting of council held after the AGM, the following officers were elected: Professor Denis Pereira Gray, chairman; Dr Douglas Garvie, honorary treasurer; Dr Richard Horne, assistant honorary treasurer; Dr Bill Styles, honorary secretary; Dr Lotte Newman, vice-chairman; Dr Michael Pringle, deputy vice-chairman; Dr Colin Waine, chairman of clinical and research division; Dr David Murfin, chairman of services to members and faculties division; Dr Robert Colville, chairman of education division; Dr John Ferguson, chairman of examination board; Dr Alastair Donald, chairman international committee; Dr Marshall Marinker, chairman committee on medical ethics.

Dr Bill Styles announced that he would not be seeking re-election next year. The chairman thanked Dr Styles on behalf of council for his work.

Council also appointed the following:

Additional members of council 1988/89

Dr A Edwards (Tamar); Dr K Richmond (South-East Wales).

Observers on council 1988/89

Dr G Buckley (Editor, *Journal*); Dr D Durno (Patients Liaison Group); Dr P Enoch (GMSC representative); Dr J Grimshaw (Trainee observer); Dr R Humphreys (Welsh Council); Dr N Jarvie (Scottish Council); Brigadier H Mason (Armed forces representative); Dr F Tierney* (Trainee representative); Dr P Tomblason (Convenor of the panel of examiners).

The 1989 AGM will be held at the Kensington Town Hall in London on Saturday, 18 November. □

General Medical Council: 1989 elections

A BALLOT for membership of the General Medical Council (GMC) will be held next summer. This may seem a long way off but even at this early stage members of the College should be considering how appropriate representation from general practice can be ensured on the new Council.

The size of the present General Medical Council is 97 members. Its composition is 50 elected members, 34 members appointed by universities, Royal Colleges, faculties or the Society of Apothecaries and 13 members who have been appointed by the Privy Council. The College appoints one member to the General Medical Council; at present this is Dr Donald Irvine.

The College has been considering what its aim for this election should be. It agreed that the membership of the College should be made aware of its importance, and that all GPs should be encouraged to vote. The percentage of the electorate that voted in the 1979 and 1984 elections was only 34% so that there is scope for considerable improvement.

In the last election only 13 of the 50 elected members were general practitioners and only one of the 34 appointed members is a general practitioner. General practice is the largest single branch of the profession and for this reason, the aim should be to increase the size of its representation on the next General Medical Council.

The College should be beginning the process of identifying candidates from amongst its membership who have the greatest chance of success in the ballot. A list of College sponsored candidates will be produced sometime next spring or early summer. There is evidence from past elections that candidates who are sponsored by national organizations, and particularly those jointly sponsored by more than one organization, have a significantly greater chance of success. Ideally College sponsored candidates should have the support of other GP organizations. Faculties have been invited to identify possible College sponsored candidates from amongst their membership and have been encouraged to communicate with local medical committees in doing this.

College members have contributed considerably to the work of the GMC and its various committees in the following way:

● Dr Anthony Alibone is chairman of the health committee.

- Dr Angela Douglas is on the preliminary proceedings committee and the standing committee.
- Professor Michael Drury has been a member of the education committee, the preliminary proceedings committee and the working party on the teaching of community medicine in general practice.
- Dr John Fry is one of the two treasurers of the General Medical Council and chairman of the finance and establishing committee. He was also the preliminary screener of the preliminary proceedings committee.
- Dr Donald Irvine is chairman of the committee on standards of professional conduct and medical ethics.
- Dr Lotte Newman serves on the professional conduct committee.
- Dr Robin Steel succeeded John Fry as the preliminary screener of the preliminary proceedings committee and Dr Arnold Elliott has been a member of a working party considering the future of the Council.
- Dr Noel Wright, Dr David Delvin, Dr Henry Ashworth and Dr Jacob Kopelowitz are other members and fellows of the College who serve on the current General Medical Council.

Timetable for the election

Arrangements for the election have yet to be approved but formal notice for candidature is likely to be the end of February 1989 with the end of March as the last date for the return of nomination papers. There is, therefore, some urgency for members of the College and faculties to consider the names of those people that they would wish to encourage to be candidates and whom the College should sponsor. The process of seeking out likely candidates should be started without delay; their names should be considered by faculties and then be made known to the honorary secretary of council. ☐

Bill Styles

A Christmas gift

FROM January of next year, the News section of the *Journal* will be produced as a separate, colour supplement. Its purpose will remain the same as at present, but better quality paper, a lighter approach to design and layout and the use of colour for photographs and illustrations should make it visually more attractive — as well as essential reading!

News will be distributed in the same package as the *Journal*. ☐

The Marcé Society

THE Marcé Society recently held its fourth international conference. Formed in 1980, the Society is named in honour of Louis Marcé who published the first substantial treatise on mental illness in pregnancy. The Society is an international society for the understanding, prevention and treatment of mental illness related to childbearing. Membership is drawn from a wide range of caring professions and researchers in the field and includes nurses, midwives, psychologists, psychiatrists, health visitors and some GPs.

With over 30 papers presented in two and a half days, this year's programme was full. With such a large programme it would be impossible to do more than pick out a few highlights. The first half-day session concerned antenatal and postnatal depression. Common themes were the problems of identifying and assessing emotional disturbance in pregnancy and the puerperium, the role of personal, social and psychological factors in the causation of such emotional disturbance and the search for predictors to identify women at risk. The UK contribution came from Dr Deborah Sharp, lecturer in general practice at St. Thomas', who described her London study. She showed the relevance of adverse social circumstances, and argued strongly for greater emphasis on psychosocial aspects of maternity care.

We often forget about the problems of new parenthood for fathers, but the conference also covered this topic and Dr Philip Hwang from Gothenburg showed

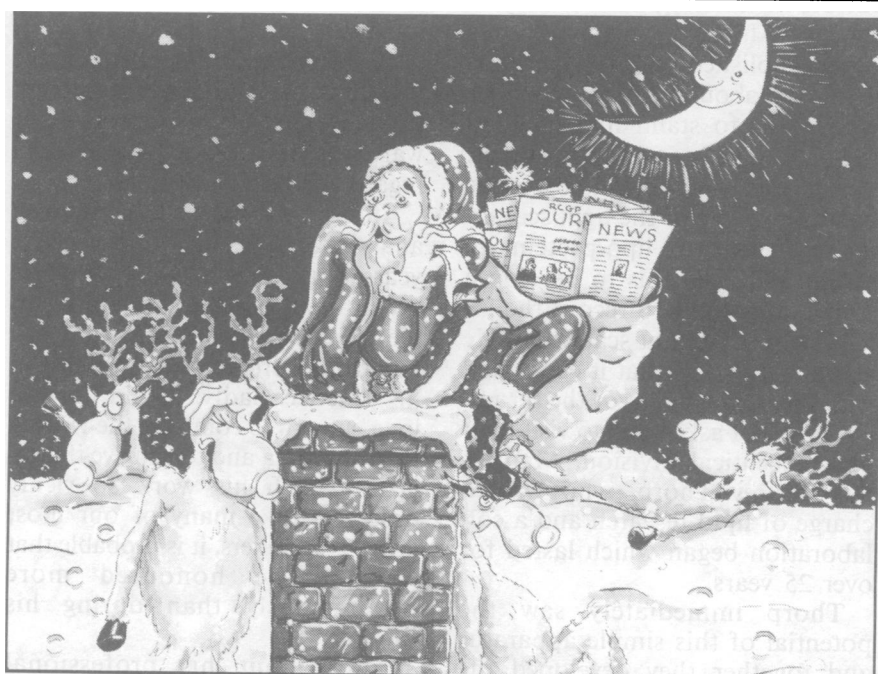
that even in Sweden, with its liberal provision of extended opportunities for paternal leave from work, only a small proportion of potential paternity leave is taken up.

As GPs we are often aware when we see young children that the decision to consult has a lot to do with the interaction between mother and baby. Lynne Murray of the Childcare and Development Group at Cambridge, described her work on mother and baby face-to-face interactions. Using a sophisticated system of video recordings to allow simultaneous recording of mothers' and babies' verbal and visual expressions, she found that depressed mums interact less with their babies and there is less mutual response between the two.

Other sessions dealt with psychological aspects of obstetrics, puerperal psychoses and some psycho-dynamic views of perinatal mental disorder. By coincidence, as a poignant and tragic reminder of the importance of puerperal mental illness, *The Independent* of 17 September 1988 carried a front page report of a young woman evidently suffering from severe postnatal depression, who had thrown her two year old toddler and two week old baby to their deaths from the 12th floor of a block of flats before attempting suicide.

Further information on the society is available from: Dr E Alder, Department of Management and Social Sciences, Queen Margaret College, Clarendon Terrace, Edinburgh EH12 8TS. ☐

Neil Westhead



Obituaries

DR MAURICE CANTOR STONE MD FRCGP

MAURICE Cantor Stone, who died on 10 November 1988 made highly significant discoveries in the link between lipid metabolism and clotting factors in the development of coronary heart disease.

He graduated MB BS from the University of Leeds in 1943, proceeding to MD of that university in 1977. In 1975 he was elected to the fellowship of the College. In that same year, the College also conveyed upon him one of their highest honours by inviting him to deliver the James Mackenzie Lecture. He chose for his title, 'The most alluring of occupations'.

Dr Stone held hospital appointments at the Royal Halifax Infirmary and served for a short period in the Royal Army Medical Corps before entering general practice in Leigh in Lancashire as a partner in 1950. By mutual agreement he became single-handed in 1955.

Between 1955 and 1957 his major research interest was chronic bronchitis which was, at that time, a serious medical problem in Leigh. One of his projects concerned the factors influencing the viscosity of mucus. Although this work was never published, Stone learned a great deal about colloidal solutions which was to stand him in good stead when he began to study lipids.

From his work on colloids, Stone had been aware of the light scattering properties of lipo-proteins in serum and used this to develop a simple apparatus to record the intensity of such light scattering. He was able to show that it correlated with the lipid content of the serum.

When ICI asked him to visit their pharmaceutical division, Maurice met Jeffrey Thorp, who was in charge of lipid research and a collaboration began which lasted for over 25 years.

Thorp immediately saw the potential of this simple apparatus and together they developed the

method so that by 1964 they had produced the first commercially viable instrument which they called a micro-nephelometer. In 1966 they published their first paper describing their new technique which, within 10 years, was being used all over the world.

By 1965 his workload was so great that Stone could no longer manage in his kitchen laboratory. Fortunately, with the help of Sir Robert Platt (as he then was), Stone obtained some attic rooms in Leigh Infirmary, which became known as the Leigh Clinical Research Unit.

In 1972 five practices in Leigh, including Stone's, were invited to share a new NHS health centre, into which a research laboratory was established. In 1978, Dr Stone approached the College for recognition and in that year his unit became the Leigh Clinical Research Unit of the Royal College of General Practitioners. From then on, the techniques and experience of those early years equipped Stone and his unit to pursue his main objective, which was the prevention of the complications of atherosclerosis, particularly heart attacks.

Yet in spite of pursuing a massive research workload, his commitment to the welfare of his patients never wavered, nor did their loyalty and regard for him.

Stone had recently completed analysing the results of his last five years work, which showed beyond doubt that he had been able to reduce the incidence of, and death rate from, coronary heart disease in his practice. Sadly, he did not live long enough to complete the writing up of his data and to achieve the acclaim which his work so richly deserves. Like many of our most gifted researchers, it is probable that he will be honoured more posthumously than during his lifetime.

Throughout his professional

career he was much sustained by his wife Mary and his son and daughter. □

Colin Waine

DR JOHN ANTHONY ELLERKER FRCGP

DR Tony Ellerker died suddenly at his home in Strensall, Yorkshire on 1 November 1988.

A graduate of St Andrews, he was a principal in a large North Yorkshire practice.

He passed the MRCGP examination in 1976, but even before then he was actively involved in work for the College. He had a deep commitment to general practice, and during the 1980s made a very considerable contribution to vocational training as a course organizer in the North Yorkshire scheme. During this time he was also one of a small band of UK GP teachers who contributed regularly, along with Yugoslavian counterparts, to the annual residential course, 'Teaching the Teachers', held by the International Universities Centre, Dubrovnik. Through the Centre, Tony was able to play a part in influencing the development of academic general practice in many countries.

His quiet, somewhat formal manner was combined with a sparkling sense of fun; these attributes, together with his thorough grasp of his job, made him a popular colleague. Shortly before his death, his achievements had been recognized by a decision to award him fellowship of the College. The award was made posthumously at the College's AGM in London on 12 November 1988. His son, Michael, collected the award.

We all extend our sympathy to Tony's wife and family who did so much to support him. □

James Knox