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An Academy of Medicine

SIR,—The concept of a British Academy of Medicine (by whatever title it might be known) is not a new one to the older royal colleges, though attempts to establish one in the immediate postwar years proved abortive. At that time perhaps too great an emphasis was placed on a physical unity on one site, and it was largely because of difficulties associated with that concept that the failure occurred. Nevertheless, the reasons for promoting the idea were valid then and, we suggest, are even more valid today.

The number of royal colleges and of faculties which perform related functions has grown until there are now at present twelve. Each of these bodies has a role quite different from those of the other important bodies in medicine and dentistry—the universities, the British Medical and Dental Associations, and the specialist associations—and they are charitable bodies, designed to promote and advance the art and science of their disciplines for the good of the community and precluded from negotiating on terms and conditions of service in the National Health Service in the interests of their members. The standards they exist to maintain and improve are standards both of education and of practice, with the result that they have a clearly recognized function not only in postgraduate education and training but also in advising on matters connected with the care and treatment of patients. A college represents the interests of its discipline and not that of the individual practitioner.

With the entry of Great Britain and Ireland into the Common Market these bodies will have a new and individual function to perform. Their concern will be primarily, though not uniquely, to defend the long-established British system of training under

which those who are to practise with full responsibility for their patients must undergo a prescribed period of approved training in their craft and also satisfy an independent body of examiners or assessors that they have completed that training satisfactorily.

Other bodies have evolved mechanisms by means of which they can present a united voice on matters of special concern to them; for example, the universities have not only a Committee of Vice-Chancellors but also, in the field of medicine, a Conference of Postgraduate Deans. But the colleges and faculties have yet to establish a forum of their own at which they can discuss and agree upon common policies. That they could effectively do so, if the opportunity were given them, is amply attested by the extent to which they have already achieved collaboration between themselves in a number of specific ways, including the formulation and realization of national specialist training schemes.

We suggest that the time has now come to take positive steps towards the creation of a body on which all existing colleges and faculties in Great Britain and Ireland are represented. Such a body would require no substantial funds or physical premises, nor would it be given powers that would detract in any way from the independence or autonomy of the bodies represented on it. It would, however, provide the opportunity for the colleges and faculties to profit from each other's experience on a wide range of matters of common concern; it would be able to present, whenever the need arose, a clear and united opinion on matters of major policy; and it could demonstrate (at a time when fragmentation of the profession is a growing danger) that what the existing disci-

plines have in common is infinitely greater than what differentiates them from each other. The generality of medicine cries out for a unifying, co-ordinating force, and the strength of the colleges and faculties as free, progressive, and independent bodies could achieve this.

We urge therefore that a conference of representatives of all the colleges and faculties be convened to consider the implementation of this proposal at an early date, and, if agreed to, the wider implications of the relationship of the new body to the universities and specialist associations.—We are, etc.,

THOMAS HOLMES SELLORS

JOHN PEEL

JOHN RICHARDSON

HAROLD H'MSWORTH

JOHN HUNT

ROBERT WRIGHT

HOWARD MIDDLEM'SS

CYRIL SCURR

GEOFFREY SLACK

R. A. SHOOTER

Herpes Simplex and Zoster

SIR,—I was interested to read Dr. B. E. Juel-Jensen's article (17 February, p. 406) but feel that several points require further emphasis and clarification.

In quoting my work on topical idoxuridine in dimethylsulphoxide (DMSO) for recurrent cutaneous herpes simplex,¹ Dr. Juel-Jensen states that "patients so treated tend to get recurrences later in other, new sites." inferring that treatment of one herpetic lesion influences the subsequent occurrence of herpetic lesions elsewhere on the skin. This inference has prompted several of my colleagues to write for clarification of this