

We also asked a question on the use of the '10-day rule' which showed that 24 (44%) of the general practitioners were applying it inappropriately. Although the 'rule' as such is now obsolete, the answers to this and to another question which dealt with the risk to a fetus inadvertently irradiated during a barium enema, revealed considerable ignorance of basic principles of radiation protection and a tendency to overestimate the hazards involved. This subject was covered more fully in a previous issue of the *Journal*.<sup>1</sup>

Of the patients questioned, 48 (96%) said that they would appreciate some information about their impending X-ray examination prior to attending the hospital, but only 22 (44%) had actually been told anything at all by their general practitioner. I think this is partly a reflection of the tendency of a majority of doctors, including non-radiological hospital doctors, to underestimate the discomfort and worry engendered by, for example, a barium enema or intravenous urogram. However, in the light of the general practitioners' replies to their questionnaire it seems likely that some at least feel unable to advise patients owing to their own ignorance of what actually goes on in an X-ray department.

There were other areas covered in the doctors' questionnaire, notably the use they make of ultrasound and nuclear medicine scans, and how they felt about radiologists giving patients the result of a scan or X-ray at the time of the examination. Space does not permit me to give the results in full, but I was pleased to see that the great majority of our sample accepted that in those procedures where the patient and radiologist came face to face it is unreasonable to expect that there will be no discussion of the findings, always accepting of course that we must then let the general practitioner know what has been said.

I should emphasize that my intention is not to show how ignorant the average general practitioner is about radiology — if anything, I think the results reflect badly on us as radiologists. After all, we are a service specialty, and one of the services that we should be providing is the education of our clients in the most effective use of our resources. It seems that we still have some way to go in this respect.

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#### Reference

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## Voluntary Service Overseas

Sir,

Recently returned from two years working with Voluntary Service Overseas in a developing country, I have been going through back numbers of the *College Journal* to catch up on current ideas. 'Quality of care' is obviously the phrase of the moment and it is certainly commendable that the College is so dedicated to improving the already high standards here in Britain. However, I could find scarcely a reference to anywhere beyond our shores, let alone the Third World. So let me suggest an increase in interest in primary health care throughout the world — particularly after the College has hosted the 1986 WONCA Conference.

At present doctors going abroad for a period of service get little encouragement from the professional bodies — tightly structured career ladders can make such a step risky. However, most people who take the plunge find the experience worthwhile both personally and professionally and I appeal to the College to find ways of promoting such activity. Voluntary Service Overseas has several vacancies at present in primary and secondary health care, and the organization would be delighted if the Royal College of General Practitioners would sponsor a primary health worker. How about it?

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## Diabetes and driving

Sir,

The Medical Commission on Accident Prevention recently reported that many newly-diagnosed diabetics fail to report their condition when making initial or renewal application for a driver's licence, that 'the British Diabetic Association strongly advises insulin-treated diabetics against taking employment requiring a vocational licence', and that diabetics who do not require insulin 'should be advised not to enter an occupation which involves vocational or comparable driving responsibilities'. They also reported that 'the World Health Organization and the British Diabetic Association recommend that private car licences should be issued only when diabetic control is good and the level of understanding of diabetes management by the patient is adequate'.<sup>1</sup> This advice, however, is not widely understood by the public.

We have just completed a questionnaire survey of employed persons in Avon County, England, to ascertain what non-diabetic adults understand about diabetes. The response rate was 71% (500 out of 709). Among these respondents, 63% did not know that some people with diabetes are not allowed to drive a car, 62% did not know that some diabetics are barred from driving heavy goods vehicles, and 61% did not know that some diabetics are not permitted to drive public service vehicles. There were no statistically significant differences in knowledge between males and females or social class groups.

Although diabetic patients are responsible for reporting their condition to the Driver and Vehicle Licensing Centre at Swansea, it is often not declared.<sup>2,3</sup> There are also reported deficiencies among medical practitioners in knowledge regarding diabetes and driving.<sup>4</sup> Our findings reinforce the need to advise newly-diagnosed diabetics about driving and health and of their legal responsibility to declare the condition.

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1. Raffle A. *Medical aspects of fitness to drive* (4th edn). London: Medical Commission on Accident Prevention, 1985: 17-23.
2. Lister J. The employment of diabetics. *J Soc Occup Med* 1982; 32: 153-158.
3. Steel JM, Duncan LJP. The diabetic driver: the situation in Britain 1983. *Travel and Traffic Medicine International* 1983; 1: 101-104.
4. Fisher BM, Storer AM, Frier BM. Diabetes, driving and the general practitioner. *Br Med J* 1985; 291: 181-182.

## Corrigendum

In the letter 'Arthralgia from parvovirus infection' (June *Journal*, p.288) the first reference was incomplete. The complete reference should have read: White DG, Wolf AD, Mortimer PP, *et al*. Human parvovirus arthropathy. *Lancet* 1985; 1: 419-421.