areas of Britain fell by about 60 per cent between 1961 and 1971, and that sulphur dioxide concentrations fell by 30 per cent. The decrease is expected to continue. London and Sheffield have achieved a faster rate of reduction than average.

CORRECTION

Dr B. C. S. Slater has been appointed a regional adviser in general practice for the North-*west* Metropolitan area and not the North-east Metropolitan area as was incorrectly stated in the July *Journal*.

Correspondence

COT DEATHS

Sir,

The sudden unexpected death of a healthy infant is surely one of the greatest tragedies which can befall a family. Even those closest to or best placed to support the parents often feel helpless in the face of such finality. "How does it happen?" "What did we do wrong?" "Why can't it be prevented?" So many questions flood the mind.

Enclosed with this issue of the *Journal* is a leaflet which for some years has been given to parents whose baby has suffered a 'cot death'. Many have found it brings considerable comfort to them.

In the leaflet are explanations formerly advanced to explain these deaths, e.g. 'overlaying' or smothering by bedclothes, which are now known to be specious. The Registrar General has recently accepted 'sudden unexpected death' or 'sudden death in infancy syndrome' as a registrable cause of death. This condition is defined as the sudden unexpected death of any infant or young child, which is unexpected by history and in which a thorough post-mortem examination fails to demonstrate an adequate cause for death.

The Foundation for the Study of Infant Deaths, of whose Council and Scientific Committee I am a member, was formed and registered as a charity in 1971. Its objectives are to raise funds to promote research into sudden unexpected deaths, to give information and reassurance to bereaved parents and to communicate and exchange knowledge in the United Kingdom and other countries.

Further copies of the leaflet may be obtained from the Foundation at 23 St. Peter's Square, London W6 9NW (Telephone 01–748 7768). An authoritative report, edited by the late Professor F. E. Camps and Professor R. G. Carpenter, on cot deaths has just been added to our college library.

The Foundation is already supporting research on a substantial scale. The Welfare Committee (which includes medical members) answers many personal enquiries and is, for example, co-operating in projects to devise a more sympathetic procedure for interviewing bereaved parents on behalf of the coroner.

My purpose in writing is to draw your readers' attention to the problem, to elicit their interest in the scientific and welfare work of the Foundation, and to invite them to seek its help if ever the occasion should arise. Enquiries, suggestions or proposals for research are welcome.

G. I. WATSON
President

14 Princes Gate,
Hyde Park,
London, SW7 1PU.

(*See Editorial, book review and insertion*)

QUALITY IN GENERAL PRACTICE

Sir,

A kick in the pants is one kind of stimulus. It may be therefore that Frank Honigsbaum's article (July *Journal*) will serve a useful purpose for many of his criticisms have some validity.

The value of his commentary is however reduced by inaccuracies and ill-supported statements. Some of these have clearly arisen from an assumption that published evidence is synonymous with established fact. Thus some of the articles quoted are based, inevitably, on limited surveys and in situations which are the subject of constant change.

Does it follow, for example, that an increase in the number of general-practitioner principals would necessarily lead to a higher quality of care? It might require a lowering of entry standards to our medical schools, and maybe a smaller number of highly trained leaders of larger teams with a wider range of supporting services is a better answer.

What evidence is there that the range of services that a general practitioner provides is in any way and necessarily connected with his 'quality' of care? Is it indeed any more desirable for him to remove sebaceous cysts than gall-bladders?—or to own and use his own microscope when a fully efficient pathological service is on his doorstep? (Incidentally how many consultant surgeons and physicians regularly use their own microscopes?) Of course, the isolated general practitioner may have to do all these things, but in our view width and depth of care are not necessarily related—and they appeal to different personalities.

Honigsbaum has a good point when he suggests that the principle underlying the 'hospital plan' is divisive. On the other hand his suggestion for an industrial medical service "to give men easier access to medical care" would only be creating yet another such division!

Again the notion that "cost calculations weigh