Diabetes mini-clinic

Sir,
Dr Ivan Benett (Letters, February *Journal,* p.76) describes the diabetic mini-clinic run by his practice for the last 15 months. His practice population is 13 000 and yet there are only 56 diabetics on the practice diabetic register. The prevalence of diabetes in the general population is variously stated as being between 1% and 2%. Taking the mean of 1.5% suggests that there are likely to be another 139 diabetics in his practice, the majority presumably undiagnosed (he does say that not all known diabetics have yet been included on the register), and not only unable to take advantage of the excellent facilities offered by his clinic, but not being given any care at all.

DAVID GRIFFITH

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Sir,
I note the comments made by Dr Griffith but I should point out that the audit was made only on diabetic patients registered for the mini-clinic. There are of course many who do not attend simply because they live closer to the district general hospitals or prefer going there.

It was not my intention to comment on known or unknown diabetics within general practice, as much has been written regarding their care. Dr Griffith is right of course in his assertion that as many as half of the diabetics are undiagnosed. Further, those diagnosed and being followed up in hospital clinics or under shared care do not receive optimum treatment. This is indeed my point. In general practice mini-clinics patients can be given personal, continuous and comprehensive care with particular attention to the identification of complications.

Since writing the letter more diabetics have been added to the mini-clinic register. There are now about 70 patients and I feel this is optimum; any more would result in a hurried hospital-like clinic with the loss of all the benefits I have mentioned.

IVAN BENETT

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Non-steroidal anti-inflammatory drugs

Sir,
In view both of the numbers of prescriptions written for non-steroidal anti-inflammatory drugs and of the availability over the counter in pharmacies of the newer types, the leading article by Steele and Gilliland (February *Journal,* p.49) appealing for caution in prescribing these preparations strikes a welcome note.

It was disappointing, however, to find no reference to the part this category of drugs may play as trigger factors in asthma, leading to severe acute asthmatic attacks in susceptible patients. Asthma should therefore be added to the list of conditions in which great caution is indicated and this is referred to in the section on non-steroidal anti-inflammatory drugs in the *British national formulary.*

B.E. MARKS

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Diconal research: help wanted

I am working on a research project investigating the pharmacokinetics of the drug dipipanone. As part of this study I would like to analyse blood and urine samples from patients who are using Diconal (Calmic) to control pain. I would therefore be pleased to hear from doctors who are treating patients with Diconal and who might be willing to help.

SUSAN PATERSON

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Incidence of otitis media

Sir,
The excellent paper by Ross, Croft and Collins (February *Journal,* p.70) has undoubtedly contributed greatly to our knowledge of otitis media in infancy. However, two of their observations deserve comment.

They discount the importance of self-selection, on the basis that parental concern and treatment expectations are high for children in this age group and with this condition. This would only be valid if the parents could reliably know that the condition was present. The basis of the study is that otitis media is under-diagnosed by doctors, and there is no reason to expect that parents are any more proficient at making the diagnosis.

The second observation is that the incidence of otitis media is higher in the two to three years age group. As I understand it, children were recruited at under two years of age, and therefore the only children who fall into the two to three years age group are those whose third birthday fell within the study year. These children were therefore not at risk for a full calendar year, and would be clustered preferentially towards the final phase of the study. Since seasonal factors are known to operate in this condition, the incidence in the older age group would therefore be artificially high if the study finished in winter or spring. A strict comparison with the data for the children up to two years old is not possible.

The authors' points about the diagnostic criteria and predictive value of subtle eardrum changes are well made, and I fully agree that further research is needed in these areas.

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Random analysis

Sir,
Random analysis is a regular feature of present day training. The cases discussed are usually those seen quite recently. As a variation our practice has found it instructive to discuss 'six month' random cases. In this instance the notes of patients seen six months (or any other agreed period of time) previously are produced for discussion. The aim of this audit is to check the outcome of arrangements made for patient care and it has demonstrated the need to look at the quality of written notes and the use of follow-up.

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Priorities in medical education

Sir,
In an article entitled 'Priorities in medical education' (News, November *Journal,* p.521) I suggested that the College has its priorities wrong when considering the contribution of general practice to the education of students and postgraduates. I have waited in vain for a response. Is there no one in the College Council or Education Committee who wants to tell me where I have got it wrong? Is there no one in the university departments who