

their doctors (implying that often they are not) and are keen to be involved in decisions about their health and treatment. These criticisms have been made of some teaching practices. So to aim at bringing the general standard up to the present best is not good enough.

I believe it is because patients, and some doctors, are not satisfied with current NHS general practitioner services that they are voting with their feet and are turning to private or alternative medicine.

One way of enabling doctors to improve their services is to increase their consultation time with each patient. This would mean a radical change in the pattern of work for most general practitioners, involving the delegation of some work and an increased number of ancillary staff.

With a safe basic income from a large list there is no financial incentive to change the pattern of work. A simple service payment system, such as that used by doctors for private patients, instead of the capitation fee may introduce a healthy element of competition between doctors and transfer the responsibility for health care from the doctor back to the patient.

I am saddened that Council has not suggested any major changes for the future. Attending to minor details will not adequately improve the quality of care. We need to establish what would be the best possible service for patients and doctors, and then work towards it.

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## Out-of-hospital Cardiac Arrest

Sir,  
In your editorial (*May Journal*, p. 259) you imply that ambulancemen should be the people to be given the apparatus and training to correct ventricular fibrillation.

The main reason why general practitioners do not routinely carry defibrillators is that of cost—over £1,000 each. Most younger general practitioners are trained and experienced in their use.

My paper<sup>1</sup> demonstrated that on many occasions cardiac arrest occurred in the presence of the general practitioner and only comparatively rarely in the ambulance. The problem is one of equipping general practitioners first, and equipping and train-

ing ambulance personnel should be the second consideration.

If a doctor buys a defibrillator his income for that year is diminished by £1,000. Unless the cost of a defibrillator is drastically reduced, or another way of equipping interested general practitioners is found, ventricular fibrillation in the community will usually continue to be fatal.

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### Reference

1. Rawlins DC. Study of the management of suspected cardiac infarction by British immediate care doctors. *Br Med J* 1981; **282**: 1677-1679.

## General Practice Diabetic Care

Sir,

I recently attended a conference on diabetic care services throughout the UK, during which I learned of the British Diabetic Association's geographical survey of consultant physicians. This, basically, was a questionnaire about the services they provided.

The results did not take into account any organized independent services that general practitioners are providing. It did note the areas where general practitioners ran clinics for patients discharged from the local hospital diabetic clinics.

I suspect that there are some general practitioners, like myself, who provide a service for their patients completely separated from the local hospital diabetic clinic. In order that the survey should be entirely accurate, I would be grateful to hear from any general practitioner who runs an independent clinic for his diabetic patients.

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## Epidemiology and Research in General Practice

Sir,

The College and Mrs Jill Pereira Gray deserve congratulation for their pioneer venture in publishing the epidemiological researches of the late Dr G. I. Watson for whom I had a profound respect and admiration (*April Journal*,

p.243). His premature passing was a grievous loss to world medicine as well as to the College.

I have recently returned from a busman's holiday in East Africa where I had spent most of my working life and where malaria remains a major problem—especially now that the emergence of resistant strains of plasmodia has eroded faith in traditional prophylactic regimes. Ronald Ross's discovery of the malaria parasite in 1897 is immortalized in his own words:

"This day relenting God  
Hath placed within my hand  
A wondrous thing; and God  
Be praised. At His command  
Seeking His secret deeds  
With tears and toiling breath  
I find thy cunning seeds  
O million murdering Death."

This is taken from his book of poems *In Exile* which was presented to me long ago by Ian's distinguished father Sir Malcolm Watson. This letter is accompanied by the book\* as a small but heartfelt personal tribute to Sir Malcolm's illustrious son.

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\*The book is now in the College library—Ed.

## Smoking and Schoolchildren

Sir,

I was interested to read the article on smoking habits in Dublin school children (*September Journal*, p. 569).

I did a survey on smoking habits of fourth formers in Spring 1983 with the help of a sixth form group. A confidential (✓ only) questionnaire was completed by 256 out of 257 pupils, 55 per cent boys; 45 per cent girls.

My findings were similar and may be of interest:

- Of 52 pupils taking 'O' levels only, 10 per cent smoked; of 204 pupils taking CSEs and 'O' levels or CSEs only, 30 per cent smoked.
- Of 89 pupils whose fathers were smokers, 38 per cent smoked; of 167 pupils whose fathers were nonsmokers, 19 per cent smoked.
- Of 88 pupils whose mothers were smokers, 36 per cent smoked; of 168 pupils whose mothers were nonsmokers, 20 per cent smoked.
- Of 95 pupils whose 'best friend' was