ended 'Why not stop doing stupid research and do something useful?'!

Dr Valentine raises doubts about the compatibility of 'most patients felt that the time their doctors gave them was just about right' with the conclusion 'these findings support the view that patients are dissatisfied with the time given to them'. If he looks back at the original article he will see that these are responses to different questions. If one asks a question whose answer may imply criticism of a respected and trusted doctor one must expect a biased answer even when, as Dr Wilson points out, the question poses four degrees of dissatisfaction and only two of satisfaction. On the other hand when they were asked 'Did you feel that you were able to tell your doctor about your complaint?' they were able to answer more critically because the implied criticism might be directed at themselves rather than at the doctor.

We were pleased to see the Daily Mail editorial pick up the challenge: 'We either need more doctors or the doctors at present employed should use their time more effectively. On the face of it it seems absurd that there should be a growing number of unemployed doctors.' This is indeed absurd when patients have difficulty in communicating with doctors and there is unmet need in the community. We wonder to what extent the house of the critical Novocastrian is in order.

F. M. HULL
F. S. HULL

Department of Medicine
Queen Elizabeth Hospital
Edgbaston
Birmingham B15 2TH.

Private Health Insurance

Sir,

I am writing both as a director of Private Patients Plan and as a general practitioner. In the latter capacity I do my best to represent our views to the former.

Dr Stephen Ford's letter (February *Journal*, p.119) is correct in stating that PPP is non-profit-making. In other words, we have no shareholders to pay dividends to, so that about 90 per cent of our subscription income is paid out in benefit for claims made by our subscribers. Both the value and incidence of claims received are increasing as more people make use of private treatment, which in turn affects the subscription which we charge.

Our rules clearly state that benefit is only payable when treatment takes place under a consultant and must be for curing a medical condition. We also make it clear that we do not cover home nursing which is arranged wholly or partly for domestic reasons and which is not directly related to the treatment of a medical condition.

Of course in making these rules we are not questioning that there are types of medical care which we do not cover. To do so would put further upward pressure on our subscriptions.

Consultant involvement helps to keep control over those items which PPP will reimburse although we as general practitioners may argue that removal of the need to refer to consultants will save costs. At present there is no evidence to support this view.

PPP is always open to new ideas. I personally would welcome any *realistic* suggestions to improve the cooperation between general practitioners and PPP and improve the quality of care obtained by our patients.

PPP has always taken the view that the organization complements the NHS rather than replaces it. Even with this objective in mind, our pattern of claims payment shows that a large number of people are making use of private treatment and are very happy with the service that is provided by the organization.

LOTTE NEWMAN

87-89 Abbey Road
London NW8

General Practitioners against Torture?

Sir,

In April 1983 you published a letter drawing attention to the plight of Dr Anatoly Koryagin suffering for refusing to debase professional ethical standards and courageously resisting the Soviet abuse of psychiatric skills on dissident prisoners.

This year Amnesty International is launching a campaign against torture and the medical group is active in supporting this and helping to expose the extent of the systematic use of 'Torture in the 80s' by over a third of the governments of the world as an instrument of policy.

It gives a sobering example of the suffering of many of our colleagues throughout the world for us to be updated in the continuing fate of Dr Koryagin. According to Moscow reports he was severely beaten in Christopol prison. During the beating his screams could be heard, through an open window, in the street. When Dr Koryagin was visited by his wife and youngest son at the end of August 1983 his son did not recognize him. He is suffering from the effects of his hunger strike and of the harsh prison regime. Due to serious lack of protein he has oedema. His state of health is giving rise to serious concern: it has been reported that he is close to death.

The following are extracts from his message to the American Psychiatric Association dated 30 December 1983: 'On the anniversary of the UN Declaration of Human Rights 10 December 1982, I sent a statement to the Praesidium of the Supreme Soviet that I refuse to accept food in norms less than the physiological minimum (in the punishment cell and on strict regimen). As a doctor, I called the laws according to which they starve the prisoners, 'criminal.' They threw me in the punishment cell, there they tortured me brutally. On 11 January 1983 I announced that I refused to live in a Bolshevik torture chamber. I fasted for six months and two weeks. They fed me by force. They employed physical and psychological torture. My life hung on a thread. On 25 July 1983, I ended my hunger strike at the insistence of friends.'

For further protests about the additions of Article 188 under which he is being threatened with an addition of a further five years to his sentence he has been placed on a further two months of strict regimen with reduced food rations. He is again on hunger strike and being force fed by tube.

'Pass on this message through the world's press to doctors of the world. I am fighting for the right to health and life. I will be glad of their support. I remain faithful to the ethical principles of the medical profession, to the ideals of humanism and justice.' In the light of such a poignant appeal for support, may I as a Fellow of the College appeal for the support of general practitioner colleagues for the efforts of Amnesty International to persuade governments to implement its 12 point programme for the prevention of torture so that like slavery, this disease of humanity may disappear?

HAROLD O. PHILLIPSON

263 Tring Road
Aylesbury
Bucks HP20 1PH.

Cancer—a Stress Disease?

Sir,

The article by John Carson (March *Journal*, p.179) has prompted me to write.

I have just had a sad experience with a Chilean patient who was severely tortured in Chile after the 1973 coup, and who subsequently was in exile in Italy where he had a quite severe psychological reaction and took to drinking excessively. He arrived in the

UK a few months ago, determined to make a new start and was doing very well physically and psychologically but has now developed a poorly differentiated teratoma of the testis. (This presented as acute epididymitis not responding to antibiotics.) Fortunately the outlook with tumours is getting better all the time but it certainly seemed to me to link up with the thesis that stress is implicated in the development of malignant disease.

I would like to make one further point. I am often accused of being biased towards women but I have now been involved with several cases of teratoma in young men and I wonder what the College thinks about a campaign to persuade men to examine their own testes. Because of the very good prognosis for testicular tumours if they are caught early, and the increasing incidence in young men this would seem to be a useful exercise.

Why not a campaign plus a leaflet similar to those used for breast self examination in women?

KATY GARDNER
Princes Park Health Centre
Bentley Road
Liverpool L8 0SY.

The Hyperactive Children's Support Group

Sir,

The HACSG was founded in 1977 with the aim of helping and supporting with advice hyperactive children and their families. It promotes investigation into the incidence of hyperactivity in the UK—its causes and treatments. Although it keeps an open mind on the management of hyperactive children, it promotes mainly the dietary approach to the problem. It is voluntary with charitable status and there are over 150 local groups in the UK.

Although there are other causes of hyperactivity, sensitivity to chemical food additives (colourings, preservatives and so on) severely affects a great number of hyperactive children. They are usually blond, blue-eyed boys (male to female ratio 3:1) from atopic families. They are usually poor sleepers and eaters and are clumsy in their movements. They are disruptive both at home and at school; they are excitable, cry easily and often are unable to sit still for more than a few minutes. As babies they have feeding problems and are prone to cot rocking and head banging. A symptom nearly always present at all ages is polydipsia.

The HACSG offers practical dietary and other advice to parents with hyperactive children. They also put parents in contact with members of their local groups. In my practice, within six months of recognizing the first hyperactive child and treating him with dietary modification as suggested by the HACSG (he is now an 'angel'), I have recognized another ten such children who have benefited from the same treatment. Their parents have now formed a local group.

Any family doctor or health visitor requiring detailed information should write to the Honorary Chairwoman, Mrs I. Colquhoun, Mayfield House, Yapton Road, Barnham, Bognor Regis, West Sussex PO22 0BY. Please enclose £1 to cover part of the printing and postage. It is hoped that the DHSS will aid the group financially, once its importance is recognized by the medical profession.

G. C. KASSIANOS
29 Lochinver
Birch Hill
Bracknell
Berks.

Reaction to Criticism

Sir,

Perhaps the most dangerous characteristic in a doctor or a group of doctors is an inability to react constructively to criticism.

I wonder how many of your readers, beside myself, are hopefully waiting for the College to show us how it should be done by its positive reaction to Dr Norrell's Pickles Lecture.

This could do much for the quality of our response in lesser situations.

C. DONOVAN
23 Temple Fortune Lane
London NW11 7TE.

A Double Blind Randomized Control Trial of Diazepam

Sir,

We were interested to read the letter from Dr Fagerlund and colleagues (April *Journal,* p.248). Our study is certainly open to criticism but not on the grounds cited by them.

The first point they make is that approximately 15,000—20,000 original articles have been published about diazepam and that by implication further work is unnecessary. Alas none of these, so far as we are aware, were double blind randomized control trials carried out in general practice. Should anyone be indicted for this failure it can hardly be us.

Their second point is that a poor doctor response in some sense invalidates the trial. The trial design did not require a random sample of doctors.

The third point is that almost half of the protocols were incomplete. This is a misunderstanding. Almost half the patients did not take all their pills—a reality, usually ignored, of general practice prescribing.

It is certainly true that the sample of patients entered into the study was biased by the need for informed consent and that in most instances the dysfunction was not serious.

Dr Fagerlund and colleagues also maintained that assessment should have been carried out by independent observers. As the doctors were 'blinded' as to the nature of therapy biases were likely to be systematic and unlikely to affect the comparison between diazepam and placebo.

We do not maintain and have not maintained that our flawed study proves that diazepam is valueless. We do claim that in the small number of patients we studied we were unable to show benefit. It is now up to others, perhaps in Sweden, to repeat and improve on our faltering beginning.

LEONARD CONDREN
JAMES MCCORMICK
Department of Community Health
University of Dublin
196 Pearse Street
Dublin 2
Ireland.

Cum Scientia, Cash—and Caritas

Sir,

We may have just witnessed the first year of a new era in the evolution of general practice, since, while we were struggling to adjust from the preventative pragmatics of Oxford last spring to the conceptualization of change in London by autumn, the College's 'Quality of Care' initiative was born. Meanwhile, any threats to our independent contractor status appear almost trivial by comparison!

This would seem an appropriate time to reflect not only on where the College has got to today, but also how the obstacles which might be preventing it from achieving its further aims could best be overcome.

Clearly, enormous progress has been made from the depressing climate facing our founders 30 years ago, through the renaissance of our speciality in the 1960s and the firm establishment of vocational training during the 1970s to the present-day themes of research, audit and the pursuit of quality, by an expanding College which has successfully devolved much of its central strength to its vigorous young faculties.

Nevertheless, serious problems re-