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
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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-

main. Perhaps the most crucial concerns motivation—not only of established principals to systematically adopt proven policies of good practice, but also of members to participate actively in College and other local medical affairs. Put another way, it seems ironic that a College which already has come so far in many ways still has so much progress to make in others, while many who are initially so keen to join appear to lose active interest rapidly. If the answers to why this should be lie somewhere between the twin concerns of image and incentive, what can be done? First, we must consider seriously whether the laudable aim of attempting to improve our patients' care has been gravely misconstrued by many, as a somewhat less desirable attempt to show superiority over one's colleagues.

Perhaps the educational strategy of exemplifying excellence on the assumption that others will automatically wish to emulate it is less sound than a holistic approach, making positive attempts to identify the needs and wants of one's fellow practitioners, while demonstrating simultaneously a concerned attempt to understand and alleviate those problems which threaten to undermine further the confidence of the already less secure. Moreover, since individual needs will vary enormously, it must be questionable whether a rigid pass-fail system for membership, coupled with an unclear progression to fellowship, can ever reasonably purport to do this with any credible degree of sincerity. This may indicate a task which individual faculties should pursue.

If example has failed to motivate, or image has deterred, the confused colleague receives little solace from an antiquated incentive system which, despite assertions to the contrary, essentially appears to continue to favour those having most patients, yet probably giving them individually least care, thereby penalizing those who maintain smaller patient lists in the perhaps naïve hope of giving them each higher-quality care.

A *sine qua non* of the Quality Initiative must be a shift towards a more performance-sensitive contract, so that those who are clearly delivering what the public and profession mutually agree is required are properly rewarded for so doing and, to this end, the College and the GMSC should minimize their differences and start pulling together forthwith. For there can hardly be a more critical time for our discipline, apparently under simultaneous assault from so many quarters. Authorities are apparently far happier transferring responsibilities than the resources which should accompany them and general practitioners should be able to show that they can manage to deliver care of incomparable value for money.

The battle is certainly on and calls for new strategies. The longbow may have been fine at Agincourt, but might look a bit silly in Star Wars!

R. B. H. MAXWELL

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Circulation

The Journal of the Royal College of General Practitioners is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. The annual subscription is £45 post free (£50 sterling or $100 overseas), and includes the *Reports from General Practice* and *Journal Supplements* when published.

Subscription enquiries

Subscription enquiries should be made to The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

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All correspondence to the Editor should be addressed to: The Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Telephone: 031-225 7629.

Published on behalf of The Royal College of General Practitioners by Update Publications Ltd, 33/34 Alfred Place, London WC1E 7DP.
Printed by Cradley Print PLC, West Midlands, England.