and dissatisfaction with explanations of what I was finding. In my judgement, these details do require recognition especially if any large scale investigations are planned into the differential diagnosis and treatment of otitis whether of the external or middle ear.

Many years ago, at a medical meeting I asked a senior consultant paediatrician from London if he saw many cases of otitis externa. His answer was short 'There is no such condition'. After the meeting, I was approached by an elderly general practitioner who said 'He is wrong and you are right'. This was adequate stimulation for my continuing critical approach.

JOHN PRICE

Little Orchard
Church Lane
Sidlesham
Chichester PO20 7RH

**Reference**

1. Price J. Otitis externa in children. *J R Coll Gen Pract* 1976; **26:** 610-615.

## Health promotion

Sir,
Derek Browne, writing on health promotion (June *Journal,* p.274), argues that the general practitioner should be in touch with and support local district health promotion departments.

For the past two years in Maidstone there has been a programme of visits to general practitioners by the health promotion field worker and the specialist in community medicine. The visits, made once a year or more frequently if necessary, are structured and aim to improve dialogue between general practitioners, the health authority, the health promotion department and community physicians; to provide a general forum for discussion about health promotion; and to allow the community physician to build up knowledge of the interests of general practices so that health promotion programmes are not designed in isolation.

The health promotion field worker is responsible for increasing measles immunization rates and promoting the use of fluoride supplements. During visits she discusses immunization performance statistics and helps to sort out administrative problems between general practitioners, nurses and the health authority. She also encourages doctors and nurses to continue providing fluoride drops to mothers.

The specialist in community medicine uses the visits to discuss a report on the lifestyle and health habits of the population. The community physician learns about the organization and problems of general practice and how practices have developed screening and case finding schemes. General practitioners hear of the work of health promotion and the services available.

All general practitioners have agreed to a visit. A minority of general practitioners have been suspicious and think that the visits are an unnecessary encroachment on their time but the majority have remarked that the contacts are worthwhile.

VERNON HOCHULI

Maidstone Health Authority
Preston Hall
Maidstone
Kent ME20 7NJ

## Serum theophylline concentration in general practice patients

Sir,
I read with dismay the letter by Dr Brown (June *Journal,* p.273) on serum theophylline concentration in general practice patients.

The conclusion that general practitioners prescribe theophylline in subtherapeutic doses because a considerable number of patients would be unable to tolerate a therapeutic dose is a startling suggestion. Why are general practitioners prescribing theophylline in homoeopathic doses? Presumably we should not be prescribing it at all.

I appreciate that a given dose of theophylline can result in an unpredictable and often subtherapeutic level in the blood. But surely this only makes monitoring more essential if the use of theophylline is deemed desirable. I would also argue that patients be on maximum inhaler therapy before theophylline therapy is considered.

D. O'BRIEN

Park Road Group Practice
363 Park Road
Liverpool L8 9RD

## MRCGP modified essay question

Sir,
As Convenor of the College Panel of Examiners I am sorry that the modified essay question paper for the MRCGP examination should have been dragged into an argument on promotion by drug companies (June *Journal,* p.270). Minerva in the *British Medical Journal* did indeed comment that the plot of our May 1986 paper involved a patient bringing her doctor some Dalmane and Microgynon 30 tablets for repeat prescription and wondered what had happened to generic prescribing.

The problem in the examination was a very real one and concerned a surgeon's daughter who appeared to be on inappropriate prescriptions and was presenting to a new general practitioner requesting more of the same. Dalmane must of course have been obtained either on a private prescription in the past, or even from her doctor father, and the implications of this request from a patient who ultimately turned out to have suffered from a postpartum depressive illness were considerable. The names of the drug companies were not given on the examination paper itself.

I wrote to the *British Medical Journal* to point out that the question had to do with the dispensation of what appeared to be at first sight an inappropriate prescription. I received a letter from Minerva thanking me for my explanation and expressing relief that he or she did not have to answer such 'depressingly difficult questions'.

P.M.J. TOMBLESON

The Royal College of General Practitioners
14 Princes Gate
Hyde Park
London SW7 1PU

## Tax relief on subscriptions

Sir,
From time to time the College receives enquiries from members, fellows and associates of the College concerning the eligibility of their subscriptions for tax relief.

It may be of interest that the College is listed in the Inland Revenue publication *Fees and subscriptions paid to professional bodies and learned societies* section 192 ICTA 1970 (list 3) which has just been published. The College appears on page 34 and in the event of difficulty with an inspector of taxes this can be quoted. This applies whether paying tax under Schedule D or E.

If necessary copies of the relevant pages can be obtained from the Finance Officer at the College.

D.G. GARVIE

Royal College of General Practitioners
14 Princes Gate
Hyde Park
London SW7 1PU