long, despite two thirds of visits being made within one hour and 80% within two hours. However, whether patients are satisfied or not is meaningless if what they were waiting for is not studied. Waiting two hours for an opinion on a nappy rash is an excellent service, whereas an hour's delay for chest pain is unacceptable. Higher expectations among patients will lead to greater dissatisfaction if services are not forthcoming, but are their expectations reasonable, and thus are the particular findings in this paper of great significance?

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Health education in general practice

Sir,

I was interested to read the article by Dr Pill and colleagues (February *Journal,* p.53) concerning the characteristics of attenders and non-attenders at health checks in general practice. I have studied some of these features in a case-finding programme at a health centre in a district of Toledo.

A random sample of 545 patients over seven years of age attending the health centre during 1987 were screened. Blood pressure was measured in those aged 35–64 years, obesity and alcohol consumption checked in those aged 15–64 years, smoking levels in those over 15 years old, drug abuse in those over 25 years old and dental health in those aged 7–14 years.

One or more problems were detected in 479 patients and they were invited to attend a consultation with a nurse, which focussed on health education. The following characteristics of the patients were noted: age, sex, profession,[1] type of home, size of family, number of cigarettes smoked per day, alcohol consumption per day, systolic and diastolic blood pressure, body mass index and presence of a chronic illness.[2,3]

Of the 479 patients 408 (85%) accepted the invitation and 71 (15%) did not. Those who rejected the invitation were significantly younger, were more likely to be inveterate smokers, smoked a greater number of cigarettes per day and had fewer chronic illnesses than those who accepted ($P<0.001$). There were no other differences.

As in Dr Pill's study, patients that attend more frequently, often those suffering more chronic illness, are more likely to attend for health education. In my study smoking seems to be a limiting factor for acceptance of preventive measures offered in primary care.

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Homoeopathic medicine

Sir,

I have read no comment or discussion on the article on homoeopathic medicine by Dr Swayne (March *Journal,* p.119). Are we all intellectually and ethically moribund, or merely lazy?

I believe medical schools should teach only that which is based on proven science or prolonged critical clinical appraisal. Admittedly this is difficult in the wide field of psychology but must be attempted.

Any cure-monger, be he qualified physician, homoeopathist, Christian Scientist, chiropractor, acupuncturist, mystic or frank charlatan, will have many satisfied patients, and achieve many 'cures' without the use of science. Of course he will also kill a few people and harm quite a lot.

The trouble is that many intelligent, observant practitioners of unscientific methods add much sound normal medicine to their quackeries. If they are good people, or even plausible rogues, many are inevitably attracted to their cult. An established cult resists rational and proper attacks with resolution and skill. It takes a long time to debunk it and it may arise again, like the phoenix from well-deserved ashes.

We should always know whether *scientia* or *caritas* is applicable to our therapeutic efforts. For example, should *caritas* apply to chiropractic and acupuncture when they lack scientific basis?

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Allergy controversy

Sir,

The media have accused the medical profession of being allergic to allergy, probably because of the lack of research into the mechanisms and presentations of allergy. There has been a great deal of conjecture about the incidence of allergy, the cause of allergy and the many bizarre symptoms and syndromes which are claimed to be of allergic origin.

It would be possible to demonstrate the incidence of allergy in the general population by conducting a survey to discover in what proportion of married couples both partners have an allergic diathesis. Married couples are randomly selected pairs and the incidence of allergy in such a series would enable a statistician to calculate the incidence of allergy in the population as a whole. For the survey to be meaningful it may be necessary to include as yet unproven manifestations of allergy. For example, is migraine a masked allergy to food?

The concept of a masked allergy as a valid mechanism of illness is thought by many to be unproven, so disagreements on the presentations of allergy can influence judgement on the incidence of allergy. On the other hand some doctors have suggested that allergy is now such a common cause of illness that all patients seen at hospital should be screened for masked allergy as an initial step in modern diagnosis. The College could give a lead in this field where clinical research is likely to anticipate laboratory validation by many years.

There is great need for research to clarify these controversial issues, cure the media of their inappropriate curiosity and offer a better approach to allergy for the benefit of our patients.

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Mystery symptom

Sir,

I would like to seek the advice of your readership over a symptom that has affected a number of patients, including myself. This is a sharp stabbing pain, not severe, centred over the spleen. It is not pleuritic, does not vary with respiration or posture and is not related to chest infections.

It comes in short episodes of seconds or minutes and only lasts a couple of days. It follows fairly severe viral illnesses such as influenza. I suspect that it is due to in-