third world countries by ensuring that doctors posted abroad continue to receive the salary they were on before departure, providing the placement is adequately organized and arranged, usually by a missionary society. Consequently they do not lose out in either career or financial terms. In the UK this is only likely to be possible for research registrars in tropical medicine or allied specialties and their time abroad does not always leave any tangible benefits.

I believe there are plenty of doctors who would be willing to work in the third world but are prevented from doing so by the lack of help. My own practice has a long standing arrangement to allow a partner to take a sabbatical year away after every five years of service. Perhaps others could do the same? I would be delighted to hear from any doctors who would be interested in helping change the present poor picture of British medical help to third world countries.

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Cryptorchidism — a significant risk factor for testicular cancer

Sir,
I was interested to read the letter by Lucy Pendered (February *Journal,* p.81) reporting the increasing awareness of the young men in her practice population towards testicular cancer. Her results were similar to those which I found in rural Devon while I was a general practitioner trainee. In addition, I found that while 48% of male respondents examined their testes, only 10% of them did so in a formal and routine manner.

Any benefit of a disease prevention or screening activity must be balanced against the financial, social and psychological costs of such an activity before that activity is promoted. Testicular cancer is a potentially curable disease occurring predominantly in young and otherwise healthy men and while the benefits of cure are considerable, the low incidence of the disease, the low general practice attendance rates of young men and the possible psychological consequences may lead some to question the validity of testicular examination as a suitable screening activity.[1] Education rather than screening could solve this dilemma and would reduce the average delay before the patient seeks professional help, which at present seems unacceptable.[2]

However, one should not forget that men with a history of undescended testes are at considerably greater risk of developing testicular cancer and our screening activities could be more profitably directed towards this population.

Cryptorchidism occurs in 2–3% of full term male infants and in the majority of these it resolves by the end of the first year. It has been estimated that testicular cancer develops in 1% of men with inguinal testes and 5% of men with abdominal testes and this represents a considerable increase of risk.[3] The incidence of carcinoma *in situ* found by biopsy in asymptomatic men with such a history may be as high as 3%.[4]

Thus, while we take great care to screen male infants for undescended testes, we should not forget about these patients after we have written the referral letter to the paediatric surgeon, but remember their increased risk of testicular cancer once they reach adolescence.

Nicholas Brown

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GPs' response to request for information

Sir,
As research officers in the department of anaesthetics at the University of Wales College of Medicine, we are involved in designing and executing clinical trials looking at the effects of anaesthetic, analgesic and sedative drugs. In a recent study we planned to examine the effects of intravenous benzodiazepine sedation in a population of healthy young male volunteers. In applying for this trial the volunteers had to undergo a thorough medical examination including biochemical, haematological and urine analysis. As a further precautionary measure we also wrote to their general practitioners. In the letter we explained the purpose and design of the trial, giving details of the drugs to be administered, and asked whether, as far as they knew, there was any reason why their patient should not be included in this trial. We enclosed a simple form requiring only the deletion of one of two statements: 'I know of no reason why X should not take part in the study'./'X's medical history indicates that he should not be included in the study'. We also enclosed a stamped addressed envelope for the return of this form. The letter was on College of Medicine headed paper with the patient's name in bold type at the top.

Of 36 such letters sent, we received only 12 replies, and four of these had failed to make the deletion, rendering the response meaningless. We appreciate that general pracititioners receive a large amount of unsolicited mail, but we are surprised that the response rate was so low to a letter which directly concerned the welfare of a patient in their care.

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Lalage D Sanders

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Reports from inner city practices

Sir,
Dr David Widgery and I are interested in collecting reports from general practices in urban deprived areas, with a view to reviewing them and possibly compiling an anthology. We would be very interested to read reports from any general practitioners working in deprived areas.

Stefan Cembrowicz

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Request for back issues of the *Journal*

Sir,
The Catholic Mission Hospital in Nuagaon, India is a charitable hospital catering for a rural and suburban population. I would be grateful if any readers could donate back copies of the *Journal* to the hospital when they have finished with them. The *Journal* would then be kept in the hospital library.

G K Prusty

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