

## References

1. Albright SD. Treatment of skin cancer using multiple modalities. *J Am Acad Dermatol* 1982; 7: 143-171.
2. Wolf DJ, Zitelli JA. Surgical margins for basal cell carcinomas. *Arch Dermatol* 1987; 123: 340-344.
3. Colver GB, Dawber RPR. Cryosurgery — the principals and simple practice. *Clin Exp Dermatol* 1989; 14: 1-6.

## Doctors and pharmacists — working together

Sir,

I wish to concur with the suggestion of Beswick and Elliot (letters, June *Journal*, p.259) that the drug information needs of general practitioners may be fulfilled by liaison with local community pharmacists, supported by drug information services. Indeed, this arrangement may be the only feasible solution to the probable escalation in drug information needs that may come about through the indicative prescribing scheme and its sequelae. It seems unlikely that there will be enough drug information pharmacists or clinical pharmacists when all practices are devising and updating their own formularies. General practitioners and community pharmacists could be brought together under the auspices of the family health services authority, with whom both are already in contract. The liaison could and should be led by medical and/or pharmaceutical advisers.

There are large gains beyond simple information sharing, for both participants. For community pharmacists it would bring them into a working relationship with local general practitioners which would be one of cooperation rather than antagonism. For general practitioners, the local community pharmacist may be seen as a relevant and useful information source, for example, in knowing which drug packaging is most suitable for elderly people. Such a new liaison would allow general practitioners to exploit the largely untapped resource that is the knowledge base of pharmacists.

This has already been proposed in one district known to me and is, hopefully, to be progressed through the local pharmaceutical and local medical committees, with the backing of the family health services authority and medical adviser. This may well be a model worthy of application more widely.

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## What patients think of the way their doctor dresses

Sir,

I was very interested to read the paper on what patients think of the way their doctor dresses (*July Journal*, p.275). Unfortunately this study is flawed in several ways.

Some classic research from Oxford<sup>1</sup> showed that videos of 'still' subjects with and without spectacles were given different IQ ratings. When an interview of the same subjects was shown the IQ difference disappeared. I would contend that the comparison of still photographs, as used in McKinstry and Wang's study does not provide an adequate basis for assessment.

There are also problems with the images presented. For example photographs F, G and H of the woman doctor are different in more ways than simply her style of dress. The background in the three photographs varies slightly, with a stethoscope visible in photographs F and G, but not in photograph H. Advertisers use such subtle differences all the time.

This study has aroused a lot of interest in the medical and popular press and may have undue influence on the way in which doctors present themselves to their patients. I hope that it will prove possible to extend this study, perhaps to videotaped standard consultations in which the only variable is what the doctor wears. This should provide some interesting results.

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### Reference

1. Argyle M, McHenry R. Do spectacles really affect judgement of intelligence? *Br J Soc Clin Psychol* 1971; 10: 27-29.

## General practitioners and work in the third world

Sir,

I was interested to read the letter on British doctors serving in developing countries (*July Journal*, p.304) and entirely agree with the points made by Dr Morris on the need to encourage and fund doctors from the United Kingdom to serve overseas.

In the 1980s when working in India, I discussed with the Joint Committee on Postgraduate Training in General Practice the idea of posts in developing countries being accredited as equivalent experience for vocational training. I would encourage others to follow up this idea. The Royal College of General Practitioners or the

Overseas Development Administration could be encouraged to pay a grant to those successfully applying for such posts, each of which would need to be visited and accredited for suitability.

With regard to the need for umbrella organizations to facilitate overseas medical experience, readers might like to know that several such organizations are actively involved in the placement and care of doctors working abroad. The Bureau for Overseas Medical Service maintains a database of overseas posts, and runs excellent introductory courses for those planning to work overseas. The Medical Missionary Association publishes a regular list of urgent staffing needs in christian hospitals and health programmes overseas. Finally, InterHealth is a relatively new organization which offers a specialist screening, clinical, advisory and immunization service for those serving overseas and currently acts as medical adviser to many christian missions. It includes on its staff several physicians and psychiatrists with first hand overseas experience. I would gladly supply more information to anyone interested.

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### Useful addresses

Bureau for Overseas Medical Service, Africa Centre,  
38 King Street, London WC2E 8JY.  
Medical Missionary Association, 224 Camden Road,  
London NW1 9HE.

## Stroke and the carer

Sir,

I read with interest the recent editorial on stroke and the carer, by Cassidy and Gray (*July Journal*, p.267) and agree wholeheartedly with the authors' plea for support for carers and adequate provision of information and counselling.

In my local area, concern was expressed by carers about the lack of user-friendly information, and to help remedy this, Forth Valley health board have produced a video entitled *Stroke: caring for someone at home*. As part of the pre-production planning, a number of carers were interviewed and they all emphasized their need for information on a continuing basis. Interestingly, the majority expected this to come from their family doctor.

It is clearly unrealistic to expect all general practitioners to be up to date with every available source of practical, social and emotional help for carers. I wonder whether it may be possible to encourage increased liaison between general practi-