Curettage and cautery of skin conditions in general practice

Sir,

I would like to respond to Dr Jackson's letter (October *Journal,* p.435) about the use of curettage and cautery.

I have no figures for succcess rates but my impression is that it is high. It should be emphasized that follow up is easy in general practice and recurrence, if it does occur, usually as a small nodule, is easy to treat again. Further recurrence, certainly in basal cell carcinoma, is virtually unknown.

Squamous cell carcinoma is indeed potentially more invasive and should be treated by curettage and cautery, probably three times. The lesion should always be completely removed. There is no point in using curettage for biopsy only, and the inexperienced practitioner can easily become experienced. Once again, recurrencies will almost certainly be infrequent and easier to treat.

Incidentally, histopathologists might report the original lesion as being incompletely removed in all cases. This does not mean that it will recur, only that an edge is not visible.

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GPs and work in the third world

Sir,

I read with interest the correspondence from Pearson[1] following Holden's paper on general practitioners working in the third world.[2]

I completed vocational training in 1984 with the specific intention of working overseas before returning to general practice in the United Kingdom. A very understanding surgeon taught me the basics of surgery for a year, and with some extra obstetrics and gynaecology experience, I went to western Nepal in 1989. The last two and a half years have been both testing and rewarding. In hindsight it seems that all aspects of my training have proved useful.

I have been working as the primary surgeon in a district of an estimated 500 000 people. 'Primary surgery' has become recognized as the second most important and cost effective type of health care in this part of the world.[3] The first is, of course, community health care (clean water, mother and child health, immunization, nutrition education, family planning and treatment of acute infections, especially pneumonia). King, in his excellent writings on primary surgery, stated 'after the more useful drugs and vaccines, particularly the antibiotics, there are no more cost effective, or death-and-disability preventing methods than the simple forms of surgery'.[3] Studies in rural Bangladesh and India have indicated that 10% of all deaths and almost 20% of deaths in young adults are the result of conditions that would be amenable to surgery in the industrial world, and even a simple surgical service would have prevented two thirds of these deaths.[3]

It is estimated that by the year 2000, 80% of the planet will be living in the developing world and therefore primary health care will increasingly be the health care for most of mankind.[3] Although we have three western doctors here in Amp-Pipal with the MRCGP (among other qualifications) it is evident that for those willing to work overseas a period working in casualty, surgery and obstetrics is of great value. This can be during or after the vocational training period but requires the help and cooperation of our specialist colleagues. In the light of developments in the UK towards more surgery in general practice, the two aims could be linked. The Royal College of General Practitioners, together with the Royal College of Surgeons, could lead the way forward by creating a new level of certification to add integrity to this level of skill in primary surgery, perhaps the diploma of primary surgery.

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References

1. Pearson CA. General practitioners and work in the third world [letter]. *Br J Gen Pract* 1991; **41**: 304.
2. Holden JD. General practitioners and work in the third world. *Br J Gen Pract* 1991; **41**: 163-165.
3. King M (ed). *Primary surgery. Volume 1. Non-trauma.* Oxford University Press, 1990.

Side effects of influenza vaccination

Sir,

I was interested to read the letter by Drs Robinson and Rayani (November *Journal,* p.476) regarding the side effects of influenza vaccine and their finding that 72 patients out of 120 (60%) reported not feeling ill after the vaccination. This con-