

cultural differences in child rearing to explain this and showed the importance of infant positioning.⁴ However, it also found that 98% of Asian infants slept in their parents' room in the first year of life compared with only 65% of white infants. The high proportion of infants from both groups sleeping in their parents' room suggests that this does not 'contribute to parental anxiety' as suggested by Dr Riley and in the light of the above evidence, the reverse may be the case.

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Asthma care

Sir,

The letter by Dr McCarthy (December *Journal*, p.522) was critical of the armed services' policy concerning candidates with asthma. As a regimental medical officer responsible for the day to day care of an infantry battalion I was alarmed to read that he felt that 'asthma need in no way be a handicap to any potential candidate'.

Much of a soldier's time is spent in military training areas which are often inaccessible places; this can make evacuation of the acute asthmatic patient difficult. In times of conflict the regular provision of medication may become a logistic impossibility. An acute episode in such a soldier can then expose both the soldier and his or her colleagues to even more danger than they already face.

If adhered to, the guidelines for asthma therapy¹ improve the quality of our patients' lives but we must not overlook the part played in asthma by environmental factors.^{2,3} I would surely be failing an asthmatic patient and his or her colleagues to prescribe him or her treatment and then expect the soldier to sit in a waterlogged trench on Salisbury Plain in the early hours of a January morning or to undertake arctic warfare training in Norway.

It is heartbreaking to have to tell enthusiastic teenagers that they cannot fulfil what is often a lifelong ambition to become a soldier. In my humble opinion however, this is preferable to placing a soldier who suffers from asthma in an environment where even with the best care he or she faces a greatly increased chance of becoming another statistic in the already tragically high number of asthma deaths.^{4,5}

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The value of research

Sir,

No sooner had I read the editorial (February *Journal*, p.47) heralding a new document from the Royal College of General Practitioners outlining policies on the management of hyperlipidaemia,¹ than an editorial appeared in the *British Medical Journal* casting doubts on the value of intervention in controlling hyperlipidaemia.²

Such a coincidence is a suitable opportunity to reflect on the pitfalls inherent in setting policies on the basis of research findings. These pitfalls exist mainly for two reasons. The first is the difficulty, or even logical impossibility, of using the results of specific research into a specific problem to answer a different set of problems.

The second reason lies in the nature of scientific enquiry which can only test a hypothesis and refute it and then set up another hypothesis to test and refute in its turn. Such series of hypotheses, tests and refutations enhance our understanding of observed phenomena but act like shifting sand when an attempt is made to base management policies on them.

It is important to recognize the limitations of our methods before relying on them to build our future. It may be possible to use scientific findings to

interpret past events. The past, however, cannot logically be used as a recipe for the future, though common sense might suggest it is reasonable to do so. It is perfectly acceptable to base decisions on common sense but we should accept that this is the case and cease to hide behind a cloak of science.

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Efficient care in general practice

Sir,

As the person who worked closely with Geoffrey Marsh on the bibliography for *Efficient care in general practice*, I must respond to the comments about the adequacy of the references made by Dr Hull in his review (book and video review, February *Journal*, p.86). To provide a comprehensive bibliography for all areas covered in Geoffrey Marsh's book would have merited a companion volume. As the book is based on the evolution of British general practice over the last 30 years the bibliography runs parallel to that period. As an experienced general practitioner, the reviewer would know the importance of the Dawson report¹ and the British Medical Association Charter,² but younger doctors and team members may not. The largest proportion of references cited are to publications (often books) written after 1985. General practice literature grows daily but readers should find adequate starting points for further reading or research in the given citations.

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