receive dietary advice and assessment of risk factors.[1] The European Arteriosclerosis Society recommendations are similar.[1]

The current national policy of screening at three yearly intervals is popular with our patients who almost invariably expect a cholesterol check as part of the screening. However, it will have enormous implications, both financially and in terms of workload, for the health service, if, as in our practice, nearly 80% of the adult population need some sort of treatment for hyperlipidaemia.

It seems inappropriate to continue with screening on this basis at a local level without at the same time considering centrally organized population-based strategies of dietary change, as adopted in Canada[2] and risk factor reduction, especially smoking and alcohol consumption. Surely a national population-based strategy to reduce cardiovascular disease would be a cost effective complement to local screening programmes as we attempt to improve the health of our nation.

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Trends in smoking

Sir,

Each year National No Smoking Day prompts me to re-evaluate my knowledge of patients' smoking habits. The exercise is quickly performed using the computerized database. The computer summary of the patient's records is structured to highlight preventive medicine data and so to stimulate the doctor to make enquiries during the consultation.

Table 1 shows the smoking status of patients recorded on or near National No Smoking Day in 1988 and 1990–92. It is encouraging to see that in 1992, three quarters of patients' notes record smoking status, compared with only just over half (52.9%) in 1988. The percentage of smokers has fallen from 55.1% in 1988 to 31.8% in 1992, an encouraging trend.

Simple audits are often not repeated in general practice and a highly publicized date such as National No Smoking Day is a useful annual reminder to monitor progress in recording data on prevention.

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Table 1. Smoking status of patients aged 18–70 years recorded between 1988 and 1992.

	1988	1990	1991	1992
Total no. of patients aged 18–70 years	1232	1333	1339	1263
No. (%) of patients for whom smoking status known	652 (*52.9*)	899 (*67.4*)	*930 (69.5)*	958 (*75.9*)
% Non-smokers	*38.2*	*50.7*	*50.5*	*51.9*
% Ex-smokers	*6.7*	*15.0*	*16.0*	*16.3*
% Smokers[a]	*55.1*	*34.3*	*33.4*	*31.8*

[a] Any smoking, including pipes and cigars.

Treatment of non-melanoma skin cancers

Sir,

I read with some concern the letter by Dr Sundle promoting curettage as an effective method of treating non-melanoma skin cancers (February *Journal*, p.82). I would agree that curettage may be suitable treatment for superficial basal cell carcinomas.[1] However, tumour free margins of 2–4 mm have been recommended to give 98% five year cure rates.[2] If a squamous cell carcinoma is incompletely excised then it may recur at the original site and also may metastasize to the rest of the body and cause death. With regard to basal cell carcinomas, proponents of curettage might do well to be reminded of patients who have had to have eyes enucleated or maxillae excised because of recurrence of these locally destructive growths.[3]

It is little wonder that histopathologists have been moved to write many articles on the problems of general practice surgery.[4-6] It is impossible to assess completeness of excision histologically on curetted specimens. It is also unlikely that a pathologist would be able to differentiate between a curetted keratoacanthoma and a squamous cell carcinoma, and the prognosis and further treatment for these lesions is very different.

Minor surgery in general practice will not survive if the treatment we are offering our patients is only second best.

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Simple statistics

Sir,

Statistics have always been a black art to me: *P* values were meaningless and the statistical tests used confusing. Frances Clegg's book, *Simple statistics*,[1] is the first one on statistics that I have read which is easy to read for clinically minded doctors, explains what tests are used, when and how and is laced with humorous anecdotes and cartoons to keep even the most somnolent person awake.

The passage of time has meant that we all need to have a better grasp of the basics in order to appraise critically journals and clinical subjects and to understand what tests to use in research. The 200 page book illustrates the most common statistical tests using simple examples. At the end are explanatory notes outlining the stages of calculation of each test which are easy to understand and follow and could readily be used as a 'blueprint' for any calculations under consideration.

For those of us who are clinically minded but who need to know a little more about statistics, *Simple statistics* is more readable, more understandable and more 'fun' than any other that I have read. It is not expensive and I would recommend it.

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