

degree of efficiency in their post. However, VSO do not appear interested in retaining them in their jobs for longer periods to use this expertise. The financial incentives to extend are minimal and VSO are opposed to exploring the possibility of an Overseas Development Agency top-up. As a result some district medical officers who would like to continue do not do so because of financial restraints. It would appear that VSO London, at present, are less interested in development and more in the promotion of the two year contract.

Working in a developing country is a worthwhile experience. However, the VSO two year posting is not really development work. It is a useful stepping stone to joining other development agencies and it is a pity that it is not promoted as such.

I am an ex-general practitioner trainer and doubt whether a two year contract has much relevance to vocational training for general practice in the United Kingdom. However, shorter attachments should be considered by trainees.

STEPHEN LONSDALE

Lilongwe School for Health Sciences
PO Box 30368
Lilongwe 3
Malawi

Sir,

I am writing to respond to some of the comments made in Dr Lonsdale's letter. In doing so, I am reiterating much of what has already been said or written to Dr Lonsdale on a number of occasions.

Voluntary Service Overseas' commitment to the concept of volunteering and, as part of that, the volunteer allowance has recently been reaffirmed in the organization's 'Strategic plan: investing in people'. The volunteer allowance is a monthly payment intended to cover volunteers' daily needs. It is not linked to the type of work a volunteer does — nor do we believe it should be. Volunteers are all motivated to offer their service, and the contribution they make is greatly appreciated by VSO and its partners overseas, whatever the volunteers' individual experience or the specific responsibilities of their placements.

The allowance is set in agreement with host governments and usually approximates to a civil service grade. Should the allowance fall below what we believe to be an acceptable level, that is, where it is insufficient for volunteers to live as healthily as we would wish, VSO supplements the allowance. It is certainly not our wish that volunteers should need to spend their savings to subsidize the day to day costs of a modest lifestyle, and I do not

believe this to be the case in Malawi. We recognize that it is sometimes difficult for volunteers such as Dr Lonsdale living in a city and working alongside highly paid expatriates to remember that they are working as volunteers. However, Dr Lonsdale is in a small minority of volunteers, the vast majority of whom share VSO's belief that the principle of giving service is central to volunteering.

VSO welcomes volunteers' decisions to extend their service and indeed we encourage them to start thinking about this some time before they complete two years in post. We offer a return flight home for extensions of more than six months and an enhanced end-of-contract payment. However, this would not be a sufficient financial incentive to keep volunteers on: they have to believe that there is still more for them to achieve and to learn. Some volunteers may prefer to leave VSO and work with a non-volunteer organization such as the Overseas Development Agency, where financial incentives will be much greater. Those who do decide to extend with VSO continue to work as volunteers and, as such, accept that the principle of volunteering remains the same, however long their period of service. Fortunately, many volunteers do wish to extend beyond their original two year term — over the last two years on average 30% of volunteers have extended their service.

The two year commitment required by VSO is often a constraint to volunteers and perhaps this is particularly true of the medical profession. To try and be more flexible and to meet the needs of both volunteers and employers we are developing new services, one of which will be short-term placements for discrete and specific posts. This initiative has met with considerable interest from the different health professions and I hope we will be able to send more, much needed health volunteers in future, by offering both two year and shorter term placements.

Finally, I believe the Royal College of General Practitioners is better able to comment on the relevance of working overseas to the role of general practitioners in the United Kingdom. However, it is important to point out that volunteers serving as doctors, such as those in Malawi, have responsibility for administration, including financial planning and management, personnel matters, including staff management and development and of course for the general welfare and medical care of their patients in the district hospital and the many clinics and health centres throughout the area. Having spoken to a number of district health officers who have served overseas with VSO, I understand it to be a demanding and stimulating

position, offering a wide variety of challenges and rich experiences.

DAVID GREEN

Voluntary Service Overseas
317 Putney Bridge Road
London SW15 2PN

Vestibular neuronitis

Sir,

I enjoyed Christopher Cooper's excellent summary of the frequently confused subject of vertigo (*April Journal*, p.164).

I have noted non-specific vertigo in many patients taking non-steroidal anti-inflammatory drugs over many years. Most of the commonly used drugs have been implicated at some time. My evidence is entirely anecdotal and I am sure it has been noted by anyone who has frequently prescribed such medication. However, I believe it is sufficiently common to bear in mind when taking a history, especially from older people. The symptoms cease almost immediately on withdrawal of the drug and often do not recur on replacement with an alternative non-steroidal anti-inflammatory drug.

ROBERT REID

PO Box 376
Woollahra
New South Wales
Australia

History of general practice

Sir,

I am pleased to report that two books are currently being prepared on the history of general practice. One, for the period 1858–1948, will be a single author book written by Anne Digby, professor of social history at Oxford Brookes University, Gypsy Lane Campus, Headington, Oxford OX3 0BP; and for the period post-1948 there will be a series of collaborative essays edited by Charles Webster, senior research fellow at All Souls College, Oxford OX1 4AL.

Both these distinguished historians would be grateful to hear from any general practitioner with archival material on their practice or about their predecessors. Casebooks, ledgers, daybooks, diaries, correspondence and photographs would all be of interest, as well as any minute books or guidance to public documentation in private hands.

DENIS PEREIRA GRAY

Royal College of General Practitioners
College Publications
9 Marlborough Road
Exeter EX2 4TJ