are all responsible for making their numbers as small as possible.

KEVIN SHOTLIFF
Diabetic Retinopathy Unit
Royal Postgraduate Medical School
Hammersmith Hospital
Du Cane Road
London W12 0NN

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Complaints procedure

Sir,

May I congratulate Alastair Donald on his editorial (July *Journal*, p.270). It is reassuring to see the president of the Royal College of General Practitioners come to the aid of a member, Colin Waine, who has by all accounts been unjustly treated. The present complaints procedure is unjust and it would be of benefit to the profession if the RCGP turned its attention to addressing some of the problems inherent in it.

Though the system undoubtedly has faults, there is I believe a deeper malaise. That a complaint about a self-limiting condition should ever reach the stage of a formal hearing seems absurd. We have as a profession, over the past 20 years, been reluctant to define our limitations. The effect of this is that general practitioners are now presumed to be competent at dealing with everything from thrombolysis to school refusal 24 hours a day, seven days a week.

By not defining our professional responsibilities more clearly, by not stating what we consider to be practicable and desirable general practice, by not limiting our professional competence to areas we can deal with efficiently and effectively, we have attempted to become all things to all people. We have set ourselves up as curers of all ills and providers of all services. We have consequently created expectations, both from the public and the government, that we are unable to meet. Two phrases 'The general practitioner is ideally placed...'[1] and 'general practitioners should...'[2] often appear in articles by general practitioners or specialist doctors who attempt to define the role of general practice. It is only a matter of time before as general practitioners we will find ourselves in breach of our terms and conditions of service for not providing services that the public expect but which we know from scientific studies to be worthless. Alastair Donald rightly states that fear of litigation is a major deterrent to young doctors entering general practice.

Perhaps it is an opportune time for the RCGP to do two things. First, it could review the complaints procedure and, with the General Medical Services Committee, make strong and consistent representations to the Department of Health for the procedure to be altered. Secondly, it could look again critically at its own role in promoting what many general practitioners consider unreasonable, unnecessary and unproven obligations on general practice. A redefinition of our generalist role, that bears a relationship to the day to day expectations of working general practitioners is long overdue.

D BLANEY
Laggan Leigheas
Killin
Perthshire FK21 8TQ

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Who will guard the guards themselves?

Sir,

I am disappointed that the president of the Royal College of General Practitioners should give the title in Latin of his sensible editorial about complaints (July *Journal*, p.270).

Many current general practitioners graduated at times when Latin was not a requirement to enter medical school. Perpetuating its use in the *Journal* in this way seems to me to alienate such doctors from the RCGP.

Latin is also used as a secret code between health professionals that alienates patients. It can deny patients information about their health to which they are entitled. The journal of a specialty that prides itself in communication between doctor and patient should abandon its use.

ADRIAN ELLIOT-SMITH
Health Centre
Queensway
Billingham
Cleveland TS23 2LA

Colour blindness in doctors

Sir,

John Fletcher's letter (June *Journal*, p.262) describes some of the difficulties a doctor can have in clinical work if suffering from inherited defective colour vision. There have been other reports of these problems.[1,2] Doctors would be better able to adjust if they knew the type and severity of their defect, but commonly they do not. It seems clear that testing and advice for the defect should be a part of student health services.

However, more evidence is needed about when difficulties occur and how they are best overcome. It is to this end that I ask doctors with inherited defective colour vision to contact me, and to do this even if they believe that their defect is mild. I would then ask them to complete a questionnaire about their observations. Their names will not, of course, be included in any publication and will be in complete confidence. Their cooperation would go a long way towards helping doctors and medical students with this defect who at present receive little or no advice.

J A B SPALDING
5 Curzon Road
Weybridge
Surrey KT13 8UW

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College plane trees

Sir,

Some 30 or so years ago the then College of General Practitioners distributed seedlings which were described as descendants of the plane tree on Cos under which Hippocrates taught. I visited mine recently and despite two transplantings and spending most of its life some 600 feet above sea level in West Yorkshire in a garden facing the east and sloping to the north it has achieved a height of some 40 feet and a girth at three feet above the ground of two feet six inches. I should be interested to hear how others have fared.

D A MACLEOD
49 Plantation Road
Harlow Hill
Harrogate
North Yorkshire HG2 0DB