

The use of simulated patients, as discussed by Kinnersley and Pill, would avoid such problems.³ If only one patient is sufficiently inhibited to omit an embarrassing or intimate symptom because of the presence of the videorecorder, and this results in a delayed diagnosis, the medico-legal implications are considerable. It is to be hoped that good sense will prevail, and that the doctor-patient relationship will cease to be abused in the name of assessment.

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References

1. Martin E, Martin PML. The reactions of patients to a video camera in the consulting room. *J R Coll Gen Pract* 1984; **34**: 607-610.
2. Bain JE, Mackay NSD. Videotaping general practice consultations. *BMJ* 1993; **307**: 504-505.
3. Kinnersley P, Pill R. Potential of using simulated patients to study the performance of general practitioners. *Br J Gen Pract* 1993; **43**: 297-300.

Voluntary Service Overseas

Sir,

It is sad that Lonsdale takes issue with a Voluntary Service Overseas/Royal College of General Practitioners leaflet for not making it clear that VSO doctors do not earn large amounts of money (letter, October *Journal*, p.437). However, he fails to understand that the overwhelming majority of VSO volunteers are not attracted by financial rewards but by the general philosophy of VSO which is one of partnership with the people of developing countries and a sharing of skills with them. It may be difficult for a few volunteers like Lonsdale to keep up with the lifestyles of some highly paid expatriates, but as noted in Green's reply, for most volunteers the allowance provides for a reasonably modest lifestyle without any need to use their own private money (letter, October *Journal*, p.438).

I worked as a VSO district health officer in Malawi from 1986 to 1989. Although I had initially intended to stay for two years, I stayed an extra year and received much encouragement and support from VSO. I then returned to the United Kingdom and now work in general practice.

Although VSO encourages most volunteers to extend their service for a third year, some doctors may prefer to continue working overseas with a different organization, such as the Overseas Development Agency. Others choose to do further stud-

ies before returning to work overseas, doing courses in tropical medicine or public health, where their experience of having actually worked in a developing country is a great advantage. Some doctors work abroad for two or three years and then return to work in the UK, usually in general practice or public health. Their experience in administration, and financial and manpower planning is much more than would have been gained in the UK and is of great benefit in dealing with the increasing administrative burden of the National Health Service.

Whatever their length of service and whatever their future plans, VSO encourages all returned volunteers to attend a debriefing weekend to discuss their experience overseas with other returned volunteers and VSO staff. This provides a good opportunity to review all aspects of working overseas and encourages each returned volunteer to consider how best to use the experience in future work, either overseas or working in the UK.

Lonsdale is certainly right when he says 'working in a developing country is a worthwhile experience'. The work done by the volunteer helps the people of the host country, and the volunteer learns about another culture and other ways of working to promote development. The RCGP has recognized the value of such work and the recent links with VSO are to be applauded and encouraged.

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Aid for Bosnia-Herzegovina and Croatia

Sir,

The agony of Bosnia continues and we have all been appalled by what is happening. Edinburgh Direct Aid is a registered charity run entirely by volunteers. Each month it sends a convoy to areas of specific need in Bosnia and Croatia. People who have been through expulsions, shelling, blockade and economic collapse and who are now experiencing another cold and hungry winter must get food and medicines.

Any drugs which have recently become out of date or are not needed could be sent to alleviate suffering. If you have any antibiotics, analgesics, diuretics, drugs for epilepsy, depression or stomach ulcers,

digoxin or vitamin tablets, please do not destroy them. We need full blister packs and not half-used personal returns. Any medical/dental equipment or surgical supplies that can be spared would also be very welcome.

Please send anything you think will be useful to Jeanne Bell, consultant neuropathologist at the Western General Hospital in Edinburgh, or contact her by telephone on 031-551 2639.

DIANA KINNEAR

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Research in diabetes mellitus

Sir,

We are trying to compile a comprehensive database of all clinical trials (completed, in progress or planned) which are concerned with shared care (that is, any form of combined approach involving both primary and secondary care) in the management of patients with diabetes mellitus. We would be interested to hear from any workers who have undertaken research in this field, either in the United Kingdom or abroad.

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Gilles de la Tourette syndrome

Sir,

The parents of a 13 year old sufferer of Gilles de la Tourette syndrome have noticed that his symptoms of twitching and utterances are much better after exertion. The boy's parents are keen to avoid drug therapy and would be interested to hear anyone's experiences of the non-pharmacological management of this syndrome.

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