

for these findings. People with high fat intake may be less aware of the fat content of their diet and of the associated risks to their health than people who are better informed about diet in general. Conversely, those consuming a low fat diet may represent a particularly health conscious group, in which the perception of what constitutes a desirable fat intake is even lower than currently accepted recommendations⁸ and motivation to make further dietary change is high. A further possibility is that those who perceived an increased risk associated with a high fat diet at the time of the questionnaire had changed to a low fat diet before attending for their health check (when the dietary assessment was performed). This explanation would be consistent with the high proportion of people with a low fat intake who reported having seriously tried to change their diet in the previous year.

EDUCATING THE PUBLIC

These results have important implications for setting priorities in prevention of cardiovascular disease in primary care and public health, particularly as the new general practitioner contract requires general practitioners to provide health promotion to their patients.¹⁴ The reported rate of advice on these four lifestyle factors received from general practitioners is relatively low.⁷ Our results reinforce the need for greater efforts to educate the public, particularly about the health risks associated with a high fat intake. Routinely including a simple assessment of diet in the evaluation of a patient's cardiovascular risk in primary care could help achieve this goal. However, it is important to recognise that the relation between a patient's knowledge, attitudes, and behaviour is complex and needs to be taken into account when planning any strategy for preventing disease.¹⁵

The potentially greater benefits of changing lifestyle when multiple risk factors are present need to be more widely disseminated. Our results indicate that the effects of compounding risk are poorly understood by the general public.

A further challenge for primary care is to motivate people to change their behaviour. In the present study, most smokers were not only aware of the risk posed to their health but also expressed a desire to stop smoking. These findings are almost identical to those in a similar survey carried out in the Oxford region during the mid-1980s.⁵ However, only 34% of smokers reported having tried to stop smoking during the past 12 months; this figure is consistent with previous reports.¹⁶

Effective support strategies for primary care are

urgently required to help those who wish to modify their diet, smoking habit, or exercise pattern. The OXCHECK trial is currently evaluating a method of providing such advice through practice nurses and systematic health checks.

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Correction

Developing a register of randomised controlled trials in primary care

An editorial error occurred in this paper by Silagy (3 April, pp 897-900). In table III the number of articles identified manually from the *Scandinavian Journal of Health Care* should be 24 not 20 and the difference between the number retrieved manually and by Medline should be 7 not 3.

ONE HUNDRED YEARS AGO

THE CLOTHING OF THE POLICE.

The worst of the hot weather having now passed away, we fear that the question of the clothing of the police force, which could not fail to attract the attention of everyone last week, will now fade into the limbo of things forgotten until again we find ourselves confronted with another blast of fervent heat, and another crowd of fainting constables. Nevertheless we might, in justice to a great number of most deserving public servants, consider well how far the present uniform is the best that could be devised for the purpose of clothing men who have, from the nature of their duties, to be exposed to the greatest possible variations of weather and the extremest alternations of temperature. No one can pretend that if one had to commence *de novo* to evolve a costume suitable for our guardians of the peace the present curious design could by any possibility have been hit upon. For a force which may

any day, between leaving home and coming in again, have to be exposed to morning chills, to midday heats, and to cold drizzles in the afternoon, the uniform should not merely be warm and watertight, but capable of variation and ventilation. As it is, everything is sacrificed to correctness of appearance. No tightly-fitting tunic ever can be really satisfactory for the purpose. Nothing looks worse, either on soldier or policeman, than an unbuckled belt or an unbuttoned tunic, and the first step should be to get rid of these two articles, which between them make it impossible to obtain comfort without breach of discipline. Something of the nature of a Norfolk jacket is what is wanted—something which, by drawing the folds together and tightening up, can be made thicker and warmer in wintry chills, and yet can be loosened and freely ventilated in summer heats without appearing utterly disorderly.

(*BMJ* 1893;ii:482.)