suggesting that their peer review is relatively straightforward, but low concordance for the rest.

Quality checklists available in the literature[5] are inadequate to assess the wide variety of types of economic submissions as they are aimed at economic evaluations, which possibly make up a minority of the literature. More thought needs to be devoted to the importance and assessment of economic studies and other economic papers. Authors need guidance about which journal to submit their work to and how it will be judged.

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Adjusting for underenumeration in the 1991 census

Editor,—The problem of non-random underenumeration in the 1991 census has recently been highlighted in the *BMJ*.[1,2] This problem may be substantial for certain groups in the population. Glover pointed out that the population figures for black Caribbeans, especially young men, may be substantially underestimated.[3] Such issues are important for those concerned with estimating the differential prevalence of diseases among minority groups. We, for example, are estimating the prevalence of psychosis among different ethnic groups in two inner London geographical sectors as part of a wider study of psychiatric services. Case identification is crucial, but we also need to use the most accurate population estimates as denominators, and these have proved difficult to ascertain.

The Office of Population Censuses and Surveys has produced factors for adjusting the census for ethnic group but these are based on the whole United Kingdom; adjustments for age and sex are given for smaller areas, but the two types of adjustment are not independent effects and so cannot be used together. Until these matters can be resolved, we are using the so called estimating with confidence (EwC) gold standard population estimates produced at the Census Microdata Unit at Manchester University.[5] These are available for electoral wards and enumeration districts in five year age bands by sex, and they have been derived by adjusting the census according to sociodemographic characteristics. They are available to registered users of the 1991 local base/small area statistics datasets distributed by Manchester Information Datasets and Associated Services (MIDAS), as are the factors used to adjust the census figures. The factors can be applied to whichever of the tables are of interest: in our case we have applied them to the breakdown by ethnic group-age-sex.

To the extent that people from ethnic minority groups tend to live in more socially deprived areas their populations are adjusted appropriately with these factors. To give an idea of the magnitude of adjustment, the standard OPCS adjustment in inner London for men aged 25-29 is 1.22; for one particular ward in our area the equivalent estimating with confidence factor is 1.40, which means that nearly 30% are estimated to have been missed from the census. We recommend that those who require population figures over small areas or for minority groups, or both, should consider using these population adjustments. Further details are published by MIDAS (tel: 0161 275 6109 or email: info@mcc.ac.uk).

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Journals sponsored by single companies

Editor,—The *BMJ*, like most journals and many postgraduate educational activities, is subsidised by the support of pharmaceutical companies. This is usually in the form of advertisements from many companies, and readers hope that that support, freely coming from numerous companies, in no way influences editorial content. Some other journals, however, now receive support from a single company, which is not immediately apparent. This is material to the assessment of content and yet not immediately obvious to busy readers or browsers.

Over six years ago I gave up the editorship of one particular respiratory journal the instant that the journal became sponsored solely by one company. This was a wrench to me for I had thoroughly enjoyed producing what I believed was a useful tool for sharing information about respiratory medicine with others in primary and secondary care. I subsequently watched as the journal was sponsored first by one company and then by another. It seemed that the editorial content initially often mentioned the first company's products and then subsequently mentioned a variety of the second company's drugs, giving the impression to me at least that this was more than coincidence.

That this is now a journal sponsored by one company should be apparent, for each advertisement is for the products of one company. It is also true that on the title pages are the minute words "supported through a sole advertising arrangement from company X." I wonder, however, whether the average reader realises this, and as a profession shouldn't we insist on larger declarations of sole sponsorship? I am tempted to wonder whether all three photographs of inhalers would be of one company's products if the journal was not sponsored solely by that company? An illustration on the front cover of a child using an inhaler carries the legend inside, "Trouble free use of inhaler X"; this seems to be little more than a tacit advertisement.

I value the superb support that all the pharmaceutical companies offer to postgraduate education in Britain, but shouldn't that sponsorship be obvious and stated boldly rather than have to be deduced?

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Deputising general practitioners' role in emergencies

Editor,—The other day my neighbour died. As she became ill her husband called their general practitioner and was referred to a deputising service. Later he called an ambulance as she deteriorated further, and the ambulance and the deputising doctor arrived together. I witnessed this and went to help; cardiac massage had been started. I am a staff doctor in accident and emergency and an instructor on an advanced life support (cardiac) course. I have no experience of care in the community and was well aware that this was not my "turf," but I knew the paramedic crew and could see that they needed help. I soon realised that the deputising doctor had had no training in cardiac resuscitation.

We attempted advanced life support resuscitation, including intubation and defibrillation (both done by the paramedics), monitoring, and drug administration, but the patient died. The deputising doctor said that he could not certify the body, gave his apologies, and left, saying that he would call the police. The old man (who had cared or his wife for years) was left. His daughter arrived. He wanted to call his own doctor out; "He'd have stayed with me," he said. The police came and did a masterful job in difficult circumstances. I spoke to the paramedic crew, helped prepare their report, and then went home.

This experience left some worries.

Firstly, I was concerned that a doctor on call in the community should have had no training in cardiac resuscitation. Even his technique for cardiac massage was woefully inadequate.

Secondly, the paramedic crew, who were fully trained, were held back by this doctor's lack of knowledge and acceptance of them. They were unable to override him and take control; it was only my presence and our understanding of the common language of cardiac resuscitation that ensabled us to sideline the deputising doctor and get on with the emergency in hand. The crew were grateful for my intervention, which helped diffuse their frustration.

Thirdly, in a time of increasing use of deputising services for night calls, who now cares for the family? This family's general practitioner would have done but was not on duty. The two police officers did a good job: they were polite, courteous, and comforting to the old man. No such care was given by the deputising doctor, who just left.

Attention must be given to this aspect of emergency cover. Prompt treatment of cardiac arrest can save lives. We now train paramedic crews to help in this. It is surely wrong that they should be held back from performing this job by inexperienced deputising general practitioners.

The old man was just left; there was no care or counselling for him. If this practice is widespread, the use of deputising services will lead to a drop in the standard of care. This may be inevitable, but it must be acknowledged if we are going to address the care of our patients and their families honestly.

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