

are rarely of interest to a national, let alone international, readership. What worries me even more is that if this trend continues, the mere publication of papers, almost regardless of their quality, will assume the grossly inflated importance in the general practice career structure that it already has in hospital circles.

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*The above letter was shown to Dr Williams, who replies as follows:*

Sir,

I feel that I must clear up some of Dr Sackin's misconceptions about my paper (January *Journal*, p. 33).

First, he talks of my 'ruling out' a link between oral contraceptives and chest pain, which I certainly did not do. I simply conducted a careful, statistically based investigation which, as I said, produced no evidence to implicate oral contraceptives with chest pain in women of childbearing age. I am sure Dr Sackin realizes that a retrospective study such as mine cannot rule out anything.

Secondly, he claims, without stating reasons, that my study is invalid because it covered only 500 women-years. In fact, had he read the paper more carefully, he would have noted that I studied chest pain in 489 Pill users and 289 controls for one year, which I make a total of 778 women-years.

I do not know whether Dr Sackin would object to this figure, but it is notable that the classic paper by Vessey and Doll (1968), which first established the link between oral contraceptives and thromboembolic disease, concerned itself with only 58 patients and 116 controls. Presumably Dr Sackin does not also doubt the results of that paper?

I could go on to answer the complaints expressed in Dr Sackin's last paragraph, but I shall resist the temptation, lest his letter, and my reply to it, attain the "grossly inflated importance" which he claims in his concluding sentence so much to despise.

K. WILLIAMS

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#### Reference

Vessey, M. P. & Doll, R. (1968). Investigation of relation between use of oral contraceptives and thromboembolic disease. *British Medical Journal*, 2, 199-206.

## TRAINING DISTRICT NURSES

Sir,

May I congratulate you on the thoughtful and constructive editorial in your February issue entitled 'Training district nurses'.

However, may I correct you on one point: the Queen's Institute of District Nursing did not close in 1967. What happened was that in order to stop the existing and expensive duplication between the National Certificate of District Nursing and the Queen's Certificate, the Institute decided to cease training and examining for the Queen's Certificate. The last Queen's Certificates were awarded in 1968. Thereafter the Institute concentrated on refresher and management courses, both of which continued to be in great demand for a number of years.

It is true that in 1973 the name of the Institute was changed to The Queen's Nursing Institute, but its concern and interest in district nurses continues unabated. In particular, we have lost no opportunity to press since 1948 for the extension of district training from four to six months, and for legislation to ensure that this training should become mandatory for employment as a district nurse. It was indeed gratifying when in 1978 these efforts at last met with success. Like you, however, we much regret that the Ministers have not accepted our strong recommendation that newly trained staff should follow a period of three months' supervised practice.

Finally, may I say how pleased the Institute is that its concern for the thorough training of district nurses—and through this the better care of the patient—is shared and supported by the medical profession, and at the same time assure you that the Institute is continuing to play an active part in this process.

MAUREEN ACLAND  
Chairman of Council

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## POSTGRADUATE COURSES

Sir,

I was interested to see the article by Dr Ronald Law (January *Journal*, p. 21). I had the opportunity of attending two of the five courses in his 'Ages of Man' series and I think I speak for all the participants when I say that the success of that series was in the main due to the enthusiasm and hard work of Dr Law and his colleagues.

I have since attended postgraduate courses, not many miles from Princes

Gate, which still retain the elements that Dr Law opposes—too many consecutive lectures with little or no discussion.

The established general practitioner finds it very difficult to unearth worthwhile, stimulating postgraduate courses and I feel the College should be building on the foundations made by the 'Ages of Man'. The trainee and the overseas doctors appear to be well served by courses at the College. What about the rest?

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## A4 RECORDS

Sir,

As a general practitioner who uses A4 records I am concerned that my delight at using these records should cause problems to other doctors who may subsequently have my ex-patients registered with them and have to fold up A4 sheets to fit into the traditional medical record envelope.

One simple solution would be for the Central Registry to provide a photocopy reduction service for such records. If a Rank Xerox 7000 machine is used and switched to maximum reduction (size 5) the A4 sheets when trimmed down become almost exactly the same size as the FP7 continuation cards. They can then be stapled or tagged together and slipped into a standard medical record envelope. Although most doctors would not be able to write on the reduced sheets, they are easy to read.

Clearly this problem will affect an increasing number of doctors as more practices opt for the A4 system. A centrally administered service such as I have described would provide a solution until such time as all practices use either the A4 system or computer-held records.

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## MIGRAINE AND CORONARY DISORDERS

Sir,

Migraine and coronary disorders are problems which face every general practitioner. Both are vascular disorders which appear to have several features in common.

A pilot study has been launched with the aid of the Royal College of General Practitioners Research Unit in Birmingham to investigate this problem on a