Clifford Kay, Director of the RCGP research unit conducting the study replies as follows:

Sir,
Dr Millar's experience with his oral contraception study subjects is not atypical. However, he is understandably slightly misled by the title of our project. The objective is not the study of oral contraception, but of women who use oral contraceptives. This is a subtle but extremely important difference. Although we have over 2,000 current oral contraceptive users still under observation (and this is by no means a trivial number) our main task now, and I hope in the future, is to determine whether the Pill has any residual effects on former users. Two such outstandingly important issues are the possible long-term effects on the incidence of breast cancer and vascular disease in climacteric women.

In order to investigate such an association (or lack of it) it is necessary not only to have an accurate report of the diseases as they occur, but also an accurate record of past oral contraceptive use by these women. Out study is almost unique in the world in satisfying these criteria, and in providing a large enough population for the observations to be statistically valid.

I am at present negotiating with the Medical Research Council for an extension of the study beyond 1983, in order to achieve these new objectives. I wrote last year to all the participating general practitioners (including Dr Millar) to discover if they would be willing to continue, and the replies were extremely encouraging.

The other issue implicit in Dr Millar's letter is the loss to observation of about half the subjects originally recruited. This would be important only if the loss were biased. We have repeatedly monitored the characteristics of the women who are no longer in the study. Exactly the same proportion of users and non-users has been lost, and their characteristics in terms of age, social class, parity and smoking habits, do not differ importantly from the corresponding characteristics of those still under observation.

Unless Dr Millar has been sending me inaccurate information (and I am sure he has not) he can rest assured that our analyses will always be properly and validly carried out.

CLIFFORD KAY
Director

Oral Contraception Study
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Manchester Research Unit
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The Media and Consultation Behaviour

Sir,
I read with interest the account of consultation behaviour and the influence of the media (April *Journal,* pp. 242-244). Reaching the end of my intercalated year at Leicester Univeristy Medical School, I am trying to assess the impact that the mass media could or do have in health education.

I was surprised to see that Dr Mukherji and his colleagues did not, as far as I could tell, point out the minimal use made by the general public of local radio stations (particularly of the BBC), and attribute the poor response to the one broadcast to the small numbers presumably hearing or hearing of it.

BBC statistics for 1979 published in *Social Trends* show that BBC Local Radio is listened to for 37 minutes per head per week (population aged over five and over) as compared to 81 minutes per head per week for independent local radio and seven hours six minutes per week for national radio.

The statistical evidence on media usage as presented in *Social Trends* and evidence from my own work leads me to believe that radio is the least used of the print and broadcast media.

Another point I would like to make concerns the time the influenza broadcast was made. As I have no idea what are considered to be peak listening hours for local radio, I wondered whether this was taken into consideration—07.45 hours seems a little early.

ELIZABETH M. C. DENTON
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Cassette Tapes

Sir,
I was interested to read Dr Drinkwater's opinion of two of our cassette tapes (April *Journal,* p. 317). Most cassette machines these days have a tape counter and so indexing certain passages should create no problems.

Unsolicited comments we have received, especially of the "Tensions Fears & Phobias" tape include:

"I was very impressed with a tape on agoraphobia".
"It clearly details all symptoms of agoraphobia followed by advice on how to deal with them".
"No GP or psychiatrist has explained things so well to phobics".
"All the members at the Centre have enjoyed this very much".

Since the tape is recommended by phobic societies throughout Britain as well as by GPs it is clearly a case of beauty being in the eye of the beholder (or in this case the ear of the listener!).

BERNARD JUBY
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Cardiovascular Research

Sir,
May I draw the attention of readers with a serious interest in cardiovascular research in general practice to the Section on Epidemiology and Prevention of The International Society And Federation of Cardiology? I have had a look at the British membership list, and find to my astonishment that of the 45 British members, only one is a general practitioner, and that's me!

The Section runs international conferences, but to my mind one real benefit of membership is to be put in touch with people all over the world engaged in epidemiological research in the community into ischaemic heart disease and hypertension. Members receive the CVD Epidemiology Newsletter twice a year, which in abstract form contains numerous accounts of work in progress, so that they are aware of new developments in this field long before they appear in the British literature. Members of the College contemplating any kind of research in this field, even the simplest operational studies, really cannot afford to be without this source of information.

Perhaps even more important is the contribution which GPs could and should be making to the organization itself. Only in Britain, the Netherlands, Scandinavia, Canada, Australia and New Zealand are GPs in an organisational position to carry out population-based research and evaluation of methods of disease control, and of these Britian is as yet by far the most important. With the best will in the world, academic epidemiologists cannot appreciate all aspects of population-based clinical medicine, their recommendations are frequently a few centimetres off the ground, and, above all, they tend to underestimate what can really be done in general practice given informed enthusiasm among primary health workers at the periphery.

GPs interested in joining the section should write to me. I can then send them application forms for member-

ship, which is "reserved to physicians or scientists who have demonstrated serious interest in epidemiology or prevention of cardiovascular diseases". It would be helpful if in writing they would mention any published work or projects carried out in their practices, or plans for such projects, as applications must be sponsored, and I am the only GP sponsor available. Membership costs ten US dollars a year, most conveniently paid as thirty dollars for three years through a banker's draft.

JULIAN TUDOR HART
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Disability and Return to Work

Sir,

The November *Journal* (pp. 670-673) included a paper "Long-term disability and return to work" in which one of the authors, Dr K. Sheikh (now working in the USA), gave the MRC Epidemiology and Medical Care Unit as his affiliation.

Regrettably, other members of the Unit who had been involved were not informed about the submission of the paper to the *Journal* and did not, therefore, have the opportunity of approving it. Reference to the Unit should not be taken as its endorsement of the paper's analyses and conclusions.

T. W. MEADE
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Dr Sheikh replies as follows:

Dr Meade and other members of his Unit were invited to comment on the results of the study but they expressed no interest. It was not customary to inform each and every member of the Unit before submitting a paper for publication. Reference to the MRC Unit was made because the study was carried out by me while I was a member of the Unit. The fact that the paper did not receive the approval of other members of the Unit should not imply that there were any inaccuracies in the content of the article.

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