the missed pill rule, agreed by the National Association of Family Planning Doctors and the Family Planning Association in 1986,[1,2] and about many other aspects of pill taking. A submission for an amendment to the data sheets has been made to the Committee on Safety of Medicines.

Until such time as the packet inserts are revised, we should tell patients to read the section on missed pills in the new Family Planning Information Service leaflets. However, I would hope that we would continue to hand out the FPIS leaflets to every patient prescribed the pill, as the new versions incorporate the valuable findings of consumer research specially commissioned at the University of Strathclyde advertising research unit.[3]

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References

1. Guillebaud J. The forgotten pill — and the paramount importance of the pill-free week. *Br J Family Planning Supplement* 1987; **12**: 35-43.
2. Mills A. The forgotten progestogen only pill. *Br J Family Planning Supplement* 1987; **12**: 44-46.
3. Hastings GB, McNeill REJ, Martins H. Problems in disseminating family planning information. *Br J Family Planning* 1987; **13**: 4-9.

Sir,

Dr Metson has drawn attention to the lack of uniformity in the advice given by the Family Planning Information Service (FPIS) in its most recent leaflet and the data sheets of the manufacturers of oral contraceptives (Letters, May *Journal*, p.226). Dr Metson generously does not attempt to blame anyone for this unsatisfactory situation. Nevertheless, I should like to explain how it came about.

It should be realized that when the pill was first introduced, many of the questions asked about its optimal use could not be answered, and, owing to its remarkable efficacy, questions about the effects that variations in use would have on efficacy could not be answered by direct experiment but have had to rely on indirect evidence, such as studies of cervical mucus, hormone assays and, in the last two or three years, ultrasound scanning. Twenty-eight years after the introduction of the pill, most people in this country are still unaware that starting the pill on the fifth day of menstruation accompanied by 14 days of additional precautions was never recommended in the USA, despite that country's vast experience of the pill. How many other rules of thumb that have long been established in this country are equally poorly founded?

About 10 years ago, the Family Planning Association (FPA) decided to recommend starting the pill on the first day of menstruation without additional precautions, and wanted the manufacturers to follow suit. At a meeting of the FPA's medical advisory committee, the manufacturers and a representative of the Committee on Safety of Medicine's secretariat, the latter refused to allow the manufacturers to adopt the recommendation that the FPA was already making, or, to be more exact, refused to allow the extrapolation of a principle that had already been shown to work in clinical trials of a low-dose pill to older and higher-dose pills. Ten years later, the discrepancy still exists as far as the older pills are concerned. It is unfortunate that the FPIS leaflet has introduced further confusion as a result of unilateral action before the manufacturers had been consulted. The manufacturers had already shown their ability to reach a consensus in 1977 when they produced a uniform text for the much fuller leaflets for patients that were soon to be produced. It is true that minor differences exist between the data sheets, but they do not reflect differences of any real substance.

Fortunately, relations between the FPA, the National Association of Family Planning Doctors and the manufacturers have become closer in the last two years, and a joint working party has drawn up a new provisional text, which will be considered by all of the manufacturers individually, but there are not likely to be any serious obstacles to its acceptance. The text contains the so-called 'seven-day rule' and a recommendation to start the first course on the first day of menstruation. The FPIS is free to say what it likes, but the manufacturers must wait to see whether or not the DHSS will accept the arguments in favour of these two recommendations and allow the manufacturers to incorporate them into their literature.

There will always be points of disagreement on medical matters, but I ask Dr Metson, and others to understand that it is not for want of any cooperation by the manufacturers that these discrepancies exist.

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Understanding Latin abbreviations

Sir,

Drs McBride and McLellan (May *Journal*, p.217) seem to have proved their own point twice over. The sign R_X means *recipe*, not *recipio* and *in* is redundant in *ter (in) die sumendum* and *quater (in) die sumendum*.

Misunderstanding may well be 'more likely among trainee general practitioners than principals', but is apparently not unknown among general practitioner authors.

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Sir,

In the survey of the use of Latin abbreviations *mitte* has been translated as give. I was taught *do, dare, dedi, datum:* to give or to offer. Surely *mitte* comes from *mitto, mittere,* to send or to let go — so the pharmacist is requested to send or release.

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Sir,

I found the paper on latin abbreviations by McBride and McLellan of interest. It is a difficult subject to treat scientifically and all that was lacking to this end was a statistical comparison of the scores, but I am glad that it did not go this far.

I take issue with the offered translation of the R_X symbol. If it were Latin it would surely be *recipe* and not the infinitive. Its origins, however, are older than Latin and it is discernable in ancient Egyptian writings as the eye of Horus, a symbol of healing.

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Random case analysis and trainee assessment

Sir,

Dr Edwards (Letters, May *Journal*, p.229) draws attention to the use of retrospective random case analysis in his practice as an audit of patient care. I would like to describe the use of random case analysis as a method of formative assessment or 'educational' audit.

Random case analysis is a commonly used and powerful teaching technique in general practice which uses real cases as the principal source of material. During random case analysis sessions, areas in which the trainee is uncertain are discovered and, while some of these gaps