view of the side effects of the drug it is important that it is used appropriately.[1]

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Reference

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Critical reading

Sir,

I agree entirely with Tom Fahey and colleagues' response to my discussion paper (February *Journal,* p.83). They emphasize the importance of the review article in critical reading (letter, June *Journal,* p.284). A thoroughly researched review article presenting a measured summary of current literature could be an indispensable decision making resource for the busy general practitioner, obviating the need to read the original studies or background literature. There are, however, few review articles which meet the criteria suggested by Mulrow[1] or Sackett and colleagues,[2] and until editors demand and authors write reviews which conform to these ideals the review article is in danger of remaining little more than someone else's opinion.

There are two factors which may hinder prospective authors from writing such a review. Cochrane pointed out the lack of a database of randomized controlled trials,[3] hence the evolution of the eponymous Cochrane collaboration which aims to provide ready access to reviews of available evidence of effectiveness in health care.[4] Secondly, evaluating results from a number of studies may require a more detailed understanding of statistical methods than normally found among general practitioners, and the use of formal epidemiological tools such as meta-analysis. These two points highlight the need to marry the science of epidemiology with the art of general practice.

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3. Cochrane AL. *Effectiveness and efficiency. Random reflection on health services.* London: Nuffield Provincial Hospitals Trust, 1972.
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Information feedback

Sir,

In a similar manner to that reported by Voss and Old (letter, June *Journal,* p.282), we have also developed our software (management awareness profiles — *MAPs*) so that it can be used to display comparative information at practice level, drawing on family health services authority, child health and practice data. The final software is easy to use and provides great flexibility so that the individual user can choose which combination of indicators to display on the same profile.

Subsequent to our original study,[1] we have recently completed a research project which has evaluated the benefits of coordinated audit across a large number of practices. This project used *MAPs* software, which we would expect to be equally useful to medical audit advisory groups.

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Reference

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Computer programmes for statistics

Sir,

Among the problems facing a doctor when trying to plan scientific research, are the statistical ones. Today, it is considered unethical to perform a medical study with a smaller number of patients, or with a larger number of patients, than is strictly necessary.

The statistical rules for determining study size, at least when the study is a simple comparative one, can be readily mastered. However, the computations may be burdensome, although convenient short-cut methods are available. Decisions also have to be made about statistical test methods. Should one use student's *t*-test or the Wilcoxon rank test? Should the chi square test for a 2 x 2 table be performed with or without Yates' correction? In general practice, statistical expertise is not always available. I have, therefore, written two computer programmes which may be of assistance in the simplest of such cases. The programmes are: *Study size determination (SSD)* and *Power assessment by simulation (PAS).*

The programmes have been developed over the last year in cooperation with colleagues in Norway and Denmark. They may be run on IBM compatible (DOS) personal computers with a hard disk. Both programmes, together with documentation files and references, will be mailed (against a nominal charge to cover expenses) to anyone who would like to try them. Interested readers should contact me at the address below.

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Auriscope examination

Sir,

Examination of the tympanic membrane is usually done with an auriscope. Dim illumination from a weak battery in an auriscope can confuse even an experienced eye and sometimes a normal tympanic membrane may appear dull and serous otitis media may be wrongly diagnosed. The situation can also arise that, although illumination is adequate, the auriscope bulb in out of alignment and the spot of light is not quite in the lumen of the speculum, but is reflected from the sloping inner surface of the speculum in to the lumen, resulting in not only reduced, but also uneven illumination of the tympanic membrane, for example, the upper half of the tympanic membrane may appear brighter than the lower half.

Awareness of these pitfalls should help the examiner in general practice or other similar situations.

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