

is a welcome addition to the literature on women's knowledge of emergency contraception (October *Journal*, p.451). Among those who use contraception, those choosing barrier methods are the most likely to have reason to resort to secondary methods,<sup>1</sup> hence it is sensible to target these individuals during consultations. Were accurate knowledge of the availability of emergency methods more widespread, sex which has not been planned (a characteristic of much early sexual activity<sup>2</sup>) might less often result in unwanted pregnancy.

During the summer of 1994 a random sample of 30 general practices in the London district health authority of Camden and Islington were visited to address the following question: Would a member of the public, walking into the waiting room, encounter anything to suggest that emergency contraception is available here? Although a number of general contraception leaflets have a small section on emergency methods, only two sorts of leaflets which deal exclusively with emergency contraception were found in 10 of the practices. The most common was the Family Planning Association 1992 leaflet which was found in eight practices. Another two practices had copies of a 1984 Family Planning Association leaflet entitled the 'morning after pill'.

Practices were visited rather than invited to respond to a postal survey, allowing us to consider the impact of the material as well as simply recording its presence or absence. Where material was available this impact varied considerably, from prominently displayed posters to out-of-date leaflets positioned at the back of a rack.

In an attempt to locate innovative materials, a postal survey was conducted of all young peoples' advice centres and clinics throughout the United Kingdom, listed in a directory compiled by the Department of Education at the University of Aberdeen. Among the 79 responses received it was found that 30% of advice centres were still using the 1984 'morning after pill' leaflet, despite longstanding concerns about the misleading nature of this term.<sup>3</sup> There were isolated examples of well designed posters and credit-card sized reminders, which had been developed for specific clinics.

The potential benefits of increasing knowledge of emergency contraception are enormous. As well as providing individual advice to users of barrier methods, general practitioners can help to increase public knowledge of emergency contraception through judicious display of well designed, informative and accurate publicity, including the conspicuous positioning of posters in their waiting rooms.

SUE ZIEBLAND

General Practice Research Group  
Gibson Building  
Radcliffe Infirmary, Oxford OX2 6HE

PILAR GARCIA

Department of Epidemiology and Public Health  
University College London  
Gower Street, London WC1E 6BT

### References

1. Bromham DR, Cartmill RSV. Are current sources of contraceptive advice adequate to meet changes in contraceptive practice? A study of patients requesting termination of pregnancy. *Br J Fam Plann* 1993; **19**: 179-183.
2. Johnson AM, Wadsworth J, Wellings K, Field J. *Sexual attitudes and lifestyle*. Oxford: Blackwell, 1994.
3. Burton R, Savage W, Reader F. The 'morning after pill' is the wrong name for it: women's knowledge of postcoital contraception in Tower Hamlets. *Br J Fam Plann* 1990; **15**: 119-121.

## Managing violence in the practice

Sir,

Hobbs' study of general practitioners' fear of aggression at work, reports findings from 611 respondents who 'completed at least some of the questions on their levels of intimidation at work' (September *Journal*, p.390). This represents only 22.7% of the original sample of 2694 doctors. No details of the non-respondents are reported and this severely limits the conclusions which can be drawn from the paper. Such an unrepresentative sample can carry little weight in the argument for a change of practice.

Hobbs' previously published findings from this survey<sup>1</sup> reported on the prevalence of assaults on general practitioners. The problem of violence in the community is not confined to doctors, however, and we disagree with the assertion that training in the management of aggression has long been available to other professional groups. Nursing, social work and education department staff have much in common with general practitioners and are plagued by similar problems of lack of resources, inadequate training and poor organizational support.<sup>2</sup> Although also hampered by a low response rate, a recent Royal College of Nursing survey found that 88% of practice nurses reported having been the subject of verbal abuse in the previous year.<sup>3</sup> Despite this, only 12% reported any training in dealing with violence while 7% were aware of a practice policy on violence. Clearly the problem of violence in primary care is not borne solely by doctors.

There is an urgent need for continuing research into occupational violence, and into the effectiveness of competing strategies for prevention and management.

General practitioners can do much to lead this process of turning research findings into practice by carrying out risk assessments of their premises, reviewing their policies on violence and seeking appropriate training for themselves and the staff with whom they work.

BRIAN A KIDD

Edith Morgan Centre  
Torbay Hospital, Torquay TQ2 7AA

CAMERON STARK

Ayrshire and Arran Health Board  
Seaford House  
Doonfoot Road, Ayr KA7 4DW

### References

1. Hobbs FDR. Violence in general practice: a survey of general practitioners' views. *BMJ* 1991; **302**: 329-332.
2. Stark C, Kidd B. Violence management special interest group [letter]. *Psychiatr Bull* 1992; **16**: 556.
3. Royal College of Nursing. *Violence and community nursing staff*. London: RCN, 1994.

## Alzheimers Disease Society

Sir,

It is a shame that a paper mentioning the Alzheimers Disease Society (September *Journal*, p.405) gave no details of the society's address. For those who are interested, and every general practitioner should be, the address is: Alzheimers Disease Society, Gordon House, 10 Greencoat Place, London SW1P 1PH. Tel: 0171-306 0606. The national society can give details of any local branches and activities.

My wife was the chief carer for my sister for 12 years when my sister suffered from the disease, and we know from personal experience how helpful the advice and information from the society was at that time. Unfortunately, one of the chief grievances expressed at carers' meetings is the lack of information and help given by general practitioners. If a general practitioner puts a carer in touch with the society, he or she will have done the carer a great service.

H W L OLIVER

45 Tunwells Lane  
Great Shelford, Cambridge CB2 5LJ

## Communication in the year 2000

Sir,

I welcome the editorial on communication in the year 2000 by Robert Walton and Tony Randall (October *Journal*, p.434). The information super-highway is here: it is called the Internet and is currently accessed by 16.5 million people worldwide.<sup>1</sup> The Internet is a global network of computers that includes huge machines at