the last eight years in general practice, I have found that my use of specialised terms has shrunk, in the interests of better communication. Thus, in the case of Mrs A, mentioned above, I would prefer to talk in terms of her "bottling up" violent emotions such as anger, with which she has been unable to cope, over the years.

There is no doubt that the early pioneers, especially Freud and Jung were responsible for filling the subject with mystical and in some cases contradictory and nonsensical notions, and this in part explains the Tower of Babel we have today. On the other hand, psychotherapy is a form of treatment in which the therapist actively, and we hope consciously, uses his or her personality to identify and, over a period of time, unravel emotional handicaps and conflicts.

Psychotherapy is thus indispensibly a practical matter. Evidence suggests that the actual theory adopted has little impact on the efficacy of the treatment: in other words, despite radical differences in theory, the practical results of different therapists are often very similar. Bearing this in mind, I adopt the simplest possible theoretical structure, whose outline is readily explained to the patient, and along whose paths the patient is gently guided. Lacking a prestigious psychiatric post however, publishers have shown little interest.

I am confident that many general practitioners already use their personality as a major factor in their management of patients. If I might comment on one who has recently and courageously displayed his own approach to these tricky problems, namely Dr Wilks (October *Journal*), who prescribes as many antidepressants as I do tranquilisers (at 48 per cent of total psychotropic drugs prescribed), though I had a slightly lower rate of attendance (2·7 per patient per year). Though I would happily disagree with some of his precepts, I am equally sure that his patients benefit from his firm and straight forward approach.

During a similar period of 12 months, already reported in part (Johnson, 1972), I found that 9·5 per cent of all consultations resulted in prescription of a tranquilliser, 4·5 per cent an antidepressant, and 5·7 per cent a hypnotic. It is instructive to note that 4·5 per cent of all consultations entailed "reassurance" as part of the treatment offered, and only 0·9 per cent elicited an explicitly psychotherapeutic intervention. (The latter figure would certainly rise in subsequent years.) This is a vital topic, whose clinical importance must steadily grow. It involves difficult and elusive concepts: yet with suitable guidance, one's expertise can be improved remarkably. I am delighted to see the matter tackled so bodly in your *Journal*.

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CHECKING INTRA-UTERINE DEVICES

Sir,

Doctors Henderson and Hull (February *Journal*) stress the importance of patients checking their own intra-uterine contraceptive devices. I wonder how important this really is. Many patients experience great difficulty in detecting the presence of the tail of the device in the upper vagina, particularly when the cord has been cut short and retracted to the external cervical os. Some patients are psychologically unable to perform a digital vaginal examination on themselves.

The significance of checking the device as determined by the pregnancy rate of those who checked their device compared with those who did not, was given by these authors in table 3. Unfortunately these figures do not support the desirability of checking the devices since they could have arisen by chance. When tested by either the chi squared test or by the approximation of the binomial distribution by the normal distribution, the proportions shown in this table have a probability greater than the accepted five per cent.

There is, therefore, no justification in stressing the importance of patients checking their own devices.

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REFERENCE

Henderson, J. M. & Hull, F. M. (1975). *Journal of the Royal College of General Practitioners*, **26**, 147–149.

APOLOGY

Sir,

The College Treasurer has pointed out to me that a phrase in the obituary of Dr G. V. O'Connor (February *Journal*), looks like a criticism of the Finance Department of the College. I would like to make it clear that I was responsible for misinforming Dr O'Connor.

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REFERENCE

Barley, S. L. (1976). *Journal of the Royal College of General Practitioners*, **26**, 125.