

continuation of this important research"? Your statement contains two points of argument. First, when you use the word "we", who are you referring to? Is there a small caucus within the College which determines your editorials, or are you attempting to usurp the Royal "we"? You cannot, and I am sure you would not, attempt to represent the collective view of the College membership. Perhaps editorials in the College *Journal* should indicate representative opinion.

Secondly, I hold a personal view that the RCGP Oral Contraception Study should be discontinued. As you state, the study was a projection into the specific of a general morbidity study generated in Birmingham. However, the study, albeit involving a substantial number of doctors, can now at best be described as "superficial". Any research which is dependent entirely on subjective data recording has severe limitations. Is it not time for the College to recognize that its research activity has progressed beyond this, and to accept research only where subjective information is supported by objective observation?

Close analysis of the voluminous report of the Oral Contraception Study (RCGP, 1974) which you quote, reveals that very little has been attained. The achievements were:

1. That 1,400 out of a possible 22,000 general practitioners could be persuaded to take part in a simple form-filling project.
2. That in a "legislative sense" the study did not prove any association between any particular illness and the oral contraceptive pill.
3. That the characteristics of Pill-takers and the controls were different. (Your statement that the controls were matched for sex seems fatuous.)
4. In this report it is impossible to recognize how many general practitioners, "Pill-takers", and "controls" had defaulted, though its duration was then five years.

The paper in the *Lancet* is more revealing. Evidence is now presented that seven and a half years after the start of the project, which claimed to have 23,611 Pill-takers and 22,766 controls, a report was made about 206,689 women-years of observation. By simple arithmetic, a total of 23,611 and 22,766 patients should have produced 347,830 women-years of observation. There is no explanation for the deficiency. If we are to take seriously your statement that "The administrative organization of the British NHS is well suited for such a study because it normally ensures an individual medical record for each person, co-ordination of all medical events through the general

practitioner and most importantly of all—continuous medical care through general practitioners for many years" then someone, somewhere, owes an explanation for the substantial shortfall in a simple enquiry over a relatively short period. The inevitable conclusion has to be that the Oral Contraception Study will produce a diminishing return—and even less valid information.

The Oral Contraception Study contributed substantially to showing that some general practitioners, given a limited task, could contribute. Is there any real purpose in pursuing this objective any further? The time has come to ask for more—and achieve it.

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The *Oxford English Dictionary* defines the use of the word 'we' as: "a speaker or writer e.g. in editorial or unsigned articles in newspapers or other periodicals in order to secure an impersonal style and tone"—Ed.

The above letter has been shown to Dr Clifford Kay, Recorder of the Oral Contraception Study, who replies as follows:

Sir,
Dr Lloyd should not find it impossible to discover the information he seeks. The loss of patients from the Study and the consequent effect on the interpretation of the data are discussed at length on pages 19 and 20, and in Appendix 4 in our monograph *Oral Contraceptives and Health* (RCGP, 1974). There is further relevant information in our mortality paper (RCGP Oral Contraception Study, 1977) in the methods and results sections.

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References

- Royal College of General Practitioners (1974). *Oral Contraceptives and Health*. London: Pitman Medical.
Royal College of General Practitioners' Oral Contraception Study (1977). *Lancet*, ii, 727-731.

TRAINERS' COURSES

Sir,
I have just returned from the RCGP Thames Valley Faculty Trainers' Course at Stratford and feel that my views might be best expressed in your columns. Instead of a course on

methods of teaching, it soon became apparent that it was a week of group psychoanalysis run by general practitioners with little experience of handling the emotions and forces liberated by such methods, who seemed to need this process for their own therapeutic ends. What was disturbing was the fact that some people were obviously hurt, and some seemed to find some sort of Holy Grail. Those like myself who went to learn about teaching trainees were sadly disappointed.

I feel the general membership of the College needs to be aware of this subtle diffusion into teaching courses of Nuffield-style pseudo-Balint theories, especially since the attending of such a course every three years in this region is a precondition of being a trainer. Perhaps if this annual ritual flagellation is to continue, it might be more honest to rename the course and organize group leaders with the requisite experience to handle it.

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PRACTICE ACTIVITY ANALYSIS

Sir,
I was not impressed with the results of the survey on appointments (October *Journal*, p.634). It does not encourage anyone to convert to an appointment system. For example, 20 per cent of the doctors kept no less than 62 per cent of their patients waiting for more than ten minutes, one in three, or 34 per cent of the patients, were not seen within ten minutes of their appointment time (L+1+2+3), and these figures come from those who could be bothered to return the proforma!

I do not think that the presentation of the results has been helped by the use of words like "lateness index".

I do hope that the further reports will not be so difficult to unravel.

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AN APPLE A DAY

Sir,
The old saying "an apple a day keeps the doctor away" is well known. In my practice I have noticed that patients who take apples at night get quite marked diuresis during the night. Is there a natural diuretic in apples? Does this