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.

GARETH LLOYD
Darbishire House Health Centre
Upper Brook Street
Manchester M13 0FW.

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.

CLIFFORD R. KAY
Recorder
Oral Contraception Study
Manchester Research Unit
Royal College of General Practitioners
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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.

W. WAYNE SMITH
Health Centre
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Abingdon OX14 1BT.

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.

H. J. A. LONGMORE
44 High Street
Lochmaben
Lockerbie DG11 1NH.

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

account for its supposed beneficial effect?

Recent observation of a patient who had severe psoriasis showed that her serum calcium was slightly below normal and her nails were cracked. I prescribed a calcium preparation called 'Sandocal', to be taken three times daily, and she noted a marked improvement in her psoriasis. 'Sandocal' was discontinued after about six weeks and her psoriasis returned. Is there any possible relationship? Has there been a report of the effect of calcium in psoriasis?

I look after a residential centre for retarded children where there is a high incidence of Down's syndrome. An observation has been made that there appears to be a higher incidence of carcinoma in one or other of the parents of mongoloid children, compared with parents of other children in the centre. Is there any evidence to substantiate this observation?

P. J. HENRY

Medicentre
Stephen Street
Sligo
Eire.

AGM 1977

Sir,

Saturday afternoon at the AGM can be viewed as a partnership meeting. For the first time ancillary staff had produced some ideas: the doctors sitting in their white coats facing the staff were a little put out as no preparation had been made for this contingency. The practice chairman was dogmatic, the junior partner persuasive and a little overbearing, while the senior partner kept his head down as the resolutions from the staff led to discussion.

When one secretary suggested that the practice was better than the one down the road the junior partner replied that the practice policy was not to praise themselves or to belittle the practice down the road, but to strive to do better.

By the time three or four of the staff's ideas had been discussed the doctors' policy emerged. Any ideas produced by the staff would be taken away and looked at by people who knew what they were talking about (i.e. the doctors) and the staff would be told of their decisions later.

As this junior receptionist left to catch a bus home, the sixth item on the staff's list having been briefly discussed, the practice chairman was saying "Now we've got that one out of the way, we may be able to get on a little faster." The next stage will be that the staff will become more vocal, will demand a share in policy-making and will eventually turn the meeting from a charade into a "meaningful exercise in co-operation"-participation by staff in the decision-making process!

Having seen the process slowly emerge in our practices, it will be fascinating to observe the operation on a bigger canvas.

R. V. H. JONES

1 Major Terrace
Seaton
Devon.

NUMBER 15 PRINCES GATE

Sir,

I learn from the November *Journal* (p.645) that the College has agreed to purchase the adjoining house at Princes Gate. I understand that the reason is twofold: that the College is growing out of its present accommodation, and that "investment in good property is likely to be a better hedge against inflation in the years ahead than holding stocks and shares".

The sum quoted to do this is a staggering £323,000. One of the reasons frequently heard from the *majority* of general practitioners for not joining the College is that the leadership is out of contact with ordinary practitioners. Surely this action confirms this view?

I appreciate that a move away from the prestigious Princes Gate would be regretted by some members, but there are others who feel that concentrating College resources in this way diminishes the influence of the College in other parts of the UK.

I have little knowledge of investment but regret that a no longer wealthy profession owns a building worth nearly £1m, in one of the most expensive parts of the country, while the membership subscription continues to rise without evident benefit to country members.

A provincial or suburban manor house would provide a large building (prestigious even) with considerable parking space, at a tenth of the present investment, releasing a large sum for the provision of income for maintenance with a considerable residue to be used in improving general practice, which is what the College is all about.

P. J. ELLIS

Kildonan House
Horwich
Bolton BL6 5NW.

H & C IN ALL ROOMS

Sir:

As a 'rank and file' member of the College who happened to stay in the College accommodation recently, I wish to draw your attention to a rather unpleasant inadequacy.

There is no running hot water for the guests in their rooms. In this day and age, in the centre of a capital city, this is incomprehensible. One does not know whether the Kennedy family minded the absence of hot water, but I am sure the average doctor would willingly pay more to enjoy this basic amenity. Perhaps a government grant might be made available for this improvement?

K. A. JAFRI

7 Pikemere Road
Alsager
Stoke-on-Trent ST7 2SA.

EPIDIDYMO-ORCHITIS

Sir,

A condition that seems to worry general practitioners much more than urologists is acute epididymo-orchitis.

About once a year on average I see a man with a history of frequency and dysuria, together with the sudden onset of acute testicular swelling. Generally I take a deep breath as I know he is going to be off work for many weeks and will need a fair amount of medical attention.

However, recently two men with this syndrome have been treated with high doses of steroids: prednisone tablets, 60 mg were given daily, for five days, with cephalexin ('Ceporex') 250 mg t.d.s. for seven days, and they recovered surprisingly quickly—both were back at work within a fortnight.

It was impossible to perform bacteriology, for various reasons, on their urine, although in the past it has never seemed helpful.

I have written to Professor Blandy in the Department of Urology at the London Hospital. He knows of no evidence about this and suggests that sensitivity of organisms may be very important.

I wondered if your readers might like to comment on this treatment and/or possibly undertake a controlled trial?

P. GRAHAM

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London E6 2BT.

MRCGP COURSES

Sir,

I feel I should comment on Dr M. Townend's fears about courses which prepare candidates for the college examination (November *Journal,* p. 697).

When the College decided on a compulsory examination for membership, MRCGP courses became inevitable. Many practitioners will find the examination an unfamiliar, perhaps