

war profoundly affect our patients, but the ever-present threat of such a disaster is currently affecting people, causing deep-seated fears and insecurities. We are trying to reconcile the omnipresent possibility of a nuclear holocaust with our day-to-day personal lives.

Just to be aware of the full dimensions of the problem and the degree to which it can affect individuals is a step towards solving the most difficult problem humanity has ever faced. We are, therefore, saddened that the College of general practitioners are unwilling to take this first step.

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## Rebirthing

Sir,  
The most interesting and instructive paper: "Antenatal memories and psychopathology" (December *Journal*, pp. 751-755) makes exciting but somewhat spooky reading. However, the technique is not new. On the contrary, there is much in the literature: Janov (1973), Moodie (1959); Rank (1957). A good deal of clinical work of this nature was carried out experimentally from around 1952, mostly with the use of hypnoanalysis: Ambrose (1965), Kelsey (1953), Schneck (1955).

Dr Neighbour seems to have used involved role-playing or psycho-drama and by subsequent conditioning appears to have produced 'dissociation' with 'Ian G'. Indeed I would wonder if the patient was not eventually in a state of somnambulism? Certainly LSD (lysergic acid) studies (Frederking, 1955; Sandison and Whitelaw, 1957) showed us that phantasy and memory were, as Freud described in some detail, one and the same thing.

The interpretation of birth traumata by psychodynamic understanding must now become acceptable, respectable and applicable, certainly in general practice.

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Sir,

I am concerned that regressive techniques such as rebirthing are being used in general practice especially when the training for this is described as 'informal'.

The doctor-patient relationship tends to foster dependency and regression, making patient and doctor more easily seduced by these techniques.

Surely our position as general practitioners is to encourage dignity, independence and self respect in our patients. When specialized psychotherapy is required, patients should be referred to a reputable therapist with the necessary formal training.

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We showed Dr Cotterell's letter to Dr Neighbour, who replies as follows:

I fully share Dr Cotterell's championship of dignity, independence and self-respect in our patients. My patient's suicidal self-mutilation was the antithesis of these qualities, and he has thankfully now regained them.

In rebirthing, as in most techniques of psychotherapy, dependency and regression are neither ends in themselves nor evils to be eschewed at all costs. They are temporary prerequisites for the re-integration of a damaged personality.

Unfortunately, in this country at least, there is no professionally accredited formal training in rebirthing. Psychiatrists and other therapists using skills in this area have had to acquire them in much the same way as I did.

ROGER NEIGHBOUR

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## Teenage Girls

Sir,

I am writing to ask whether any general practitioners in the London area would be interested in co-operating in a study of depression, anxiety and problems of eating control in teenage girls.

We would be very pleased to hear from general practitioners who have reasonably up-to-date age/sex registers, and who would be interested in allowing us access to their patients. All secretarial work relating to the research would be carried out by the research team.

We plan to interview briefly and administer questionnaires to a total population group of girls and their mothers in their homes, and then to interview more intensively both high-risk groups and a control group. We hope to identify background factors in the families and in the girls themselves, and to gain some understanding of measures which might be helpful in prevention and management. We are also studying factors which lead girls of this age to consult their GPs with this type of problem.

Please would any interested general practitioners write to or telephone me at the address below.

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## Using Questionnaires

Sir,

In the November issue of the *Journal*, three different articles contain results from questionnaires, and draw important conclusions from these.

The use of questionnaires in research has become increasingly popular, but we wonder whether too often questions are produced with little regard for the difficult techniques involved. Anybody can produce questions, but one of the main problems in research is one of validity. Regrettably, the questionnaires published in this issue of the *Journal* leave much to be desired in this respect.

The validity of the results in the article "Computers in General Practice: The Patient's Voice" (pp. 683-685) must be in doubt, as the general context of the questionnaire leads respondents in a given direction, and the questions posed are of a closed and leading type. The article on "Blood Pressure Measurement by Pharmacists" (pp. 674-679) contains one item,

the logic of which has us perplexed, and the other questions are clearly dependent on the situation in which they are asked. Finally, the attitude scale used for "Patients Attitudes towards Trainees" (pp. 680-682) contains many examples of the errors which could be avoided by studying the techniques of questionnaire design and attitude measurement.

Much has been written on the subject of the adequate design of questionnaires, and for those who aspire to worthwhile research, there is extensive literature on this subject, and much useful information will be found in the appended references.

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### Computers in Practice

Sir,  
I was astonished to read Dr A. R. Potter's article entitled "Computers in General Practice: the patient's voice" (November *Journal*, pp. 683-685).

The questionnaire demonstrates perfectly the grammatical construction familiar to all of us who struggled through Latin as schoolboys, namely the "question expecting the answer 'no'", in the shape of the final sentence: "At present this practice has no plans to use a computer."

Patients will often answer questions in the way they think we want them answered and give us a false view of their symptoms. I am sure that Dr Potter's patients would have given a different answer to question 4 ("... would you change to another doctor?") if he had finished the questionnaire with, "At present this practice is actively considering the purchase of a computer".

In any event, the chances of a GP

without outside finance being able to afford the cost of a computer to hold patient records is very small, and most computers (as in my practice) will be used to ease administrative tasks, with no sensitive information stored in them. Even if clinical records are stored in computer files, they are much more secure against the casual snooper than those in paper files, and if they are stored in the GP's own computer they are as proof against Big Brother as the standard folder.

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Sir,  
Potter argued on the basis of a survey conducted among surgery attenders that some patients may be troubled at the thought of their general practitioners recording confidential information on a computer. I think the results of this survey should be treated with some caution as the wording of the questions used appears rather biased. Furthermore, the second paragraph of the preamble, which precedes the questions, suggests reasons why patients might be concerned about the introduction of computers. I hold no particular brief for or against the use of computers in general practice, but do feel that questioning patients in a rather negative way about an innovation can introduce possibly unnecessary fears in the minds of some of those approached in this way. Moreover, if the questioning should produce correspondingly negative results, these are unconvincing because of the manner of questioning. Indeed, perhaps the most remarkable finding from this survey was the large number of respondents who were not worried by the suggested disadvantages of the introduction of a computer in their GP's surgery.

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Sir,  
Dr Potter had an important idea which he tackled in his paper "Computers in general practice: the patient's voice"

It is a great pity that his questionnaire is, in my opinion, worded in such a way that his results must be thrown into doubt. If I was told: "Other general practitioners are reluctant to use computers... fear confidentiality-

... may be abused. Some patients... worry... things they tell... in private will be put into the computer... therefore... unwilling to speak... very personal problems"... I too would confess to worry and express my opinion against the use of computers in medical record storage. In short Dr Potter's questionnaire is biased.

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### Adverse Drug Reactions

Sir,

In commenting on our paper (July *Journal* pp. 429-434), Dr Brooks (Letter, December *Journal*, p. 761) questions the clinical relevance of a proportion of the potential adverse drug reactions (ADRs) that we detected. In our paper we discussed at some length the problem of defining a potential ADR and acknowledged that some of those that we had described might not be universally considered to be of major significance. Nevertheless, we concluded that where suitable alternatives exist it is judicious to avoid combinations which may result in only a low probability of a clinically significant ADR.

Contrary to Dr Brook's fears, we do not have any evidence of a deterioration in the relationship between doctors and pharmacists or doctors and patients as a result of this study. It is well known that patients forget much of what doctors tell them. Much of the work in the pharmacy using record cards consists of ensuring that patients are aware of changes in medication and of reinforcing and clarifying the doctor's instructions. In the event of a potential error or ADR being discovered, this is usually conveyed to the doctor without the patient knowing.

Since the inception of this study general practitioners have by and large accepted the pharmacists' role and several meetings have been held to improve communication between the two professions. We believe that in time the advantages of a closer working relationship will become widely accepted with resulting benefit to the professions and patients alike.

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