cent satisfactorily recorded a range of data about all their consultations on a representative sample of 15 working days over 12 months. Apart from a slight bias towards younger general practitioners, there was little to distinguish those who did from those who did not participate. This demonstrates that under certain conditions a large and representative group of doctors will collect data about their activities. It also raises questions about the factors that influence variations in the level of participation and the factors that might work in favour of encouraging wider participation.

The response of general practitioners to an invitation to participate in a specific exercise based on practice activity analysis (PAA) tells us little about their attitudes to audit in general. PAA can be a valuable introduction to audit but should not be confused with audit *per se*. Properly seen, audit is a cycle of activity designed not only to identify problems in practice, but also to resolve them. PAA is one way, but not the only way, nor necessarily the most cost-effective way, of initiating this cycle. Other methods are necessary to complete it.

It would be unscientific to draw any conclusions on current professional opinion about audit on the basis of the over-simplified and superficial figures the authors present on the extent of doctors' agreement or disagreement with nine opinion statements. Such figures inevitably give a distorted view of the complex set of ideas, feelings and private opinions that general practitioners hold on this important issue.

If the development of peer review activities is to be one of the College's priorities for the 80s, then a properly designed qualitative study of general practitioners' attitudes to a range of review activities is clearly required. Without such a study, the promotion of peer review activities in general practice will continue to be a costly, and perhaps counter-productive process of trial and error.

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Subscription Reduction after Retirement

Sir,

From time to time as Treasurer of the College I receive requests from retired Fellows, Members or Associates for a reduction in their annual subscription. May I remind those who have retired from general practice that the normal annual subscription is reduced by 75 per cent. Alternatively, such a person may elect to become a Life Fellow, Member or Associate on a once-and-for-all payment of one and a half times the normal annual subscription appropriate to that person. I need hardly remind those concerned that these arrangements can only be brought into effect if the registration officer at the College is informed that the person has retired. It applies only of course to those who have retired from all forms of medical practice and not to those who have changed from general practice into another field of medicine.

D. G. GARVIE
Honorary Treasurer

Out-of-hospital Cardiac Arrest

Sir,

In your recent editorial (May *Journal*, p. 259) Dr Jones emphasizes the reluctance of health authorities to invest in mobile coronary care schemes due to the lack of 'firm evidence' of their value. He states 'there are no data to show that community mortality is affected'.

At the Spring meeting of the British Cardiac Society in April we presented data from the first year of a study designed to assess the effect of a mobile coronary care unit (MCCU) on community mortality. We compared the community mortality from myocardial infarction in two areas in Northern Ireland which had similar hospital coronary care, but in one a medically staffed MCCU was constantly available.

Total community mortality was significantly lower in the area with mobile coronary care and this difference was most dramatic in the younger age groups. Among those under 65 years of age, 52 per cent died in the area with a conventional coronary care system while only 27 per cent died when a MCCU was available. This represents a saving of 25 lives among every 100 people who develop a myocardial infarction under the age of 65 years. Full details of the study will be published shortly.

Dr Jones also mentions that very few general practitioners have access to defibrillators. Sixteen months ago all general practitioners in the catchment area of the Waveney Hospital, Ballymena (approximate population 150,000) were provided with portable defibrillators. Since then six people have been successfully resuscitated from cardiac arrest by their general practitioners before the arrival of the MCCU. Five of these patients had acute myocardial infarction and the sixth had a cardiomyopathy. All were discharged from hospital and all are still alive, two to fourteen months after their arrest.

Our experience has shown that a policy of active pre-hospital coronary care by general practitioners and MCCUs will substantially reduce unnecessary loss of life from myocardial infarction in the community. We agree with Dr Jones that further development of pre-hospital coronary care schemes is long overdue.

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Teams for the Year 2000

Sir,

In his editorial (February *Journal*, p. 67) Dr Brooks has thrown down a challenge to us all; the primary care team must begin to work together 'each member clearly understanding his or her own function and those of the other members of team so that they . . . provide an effective primary care service'.

How can we make a start? A year ago our practice team (three general practitioners, a trainee, three health visitors, three district nurses and health visiting and nursing students) began to meet regularly to discuss areas of mutual concern. During the year we have tackled a number of topics in a variety of ways:

- We have had joint meetings with other community nursing staff—for example the stoma care therapist, a sister from the newly opened local hospice and the local dietitian—to discuss how we can work together better and make full use of their services. One of the nurses was prompted to start a slimming group with initial help and advice from the dietitian, and the dietitian has become involved in our practice diabetic clinics.

- We have invited a number of para-health care workers to talk to us about their work and how we can be

of help to each other. The local NSPCC inspector and the local Citizens Advice Bureau director are examples but there are a surprising number of other helping agencies.
We have heard from a local teacher of the blind about the services that are available and what his job involves. Meeting such people on an informal basis has been invaluable. We now know them if we need their help, communication is easier and it is possible to formulate a practice policy about, for instance, referring people for advice on welfare benefits.
- We have held a meeting once a month, at lunch time, in a local pub where we have used their video recorder to watch tapes on topics such as terminal care, alcoholism and child abuse. We have used commercially available tapes which, although intended mainly for general practitioner trainees, emphasize the team approach. As a practice we can discuss the tapes in the light of joint experience, about patients we have known.
- We have had meetings under the general title 'A day in the life of . . .' when some of us have begun to describe what we do and, tentatively, why we do it.

We feel that the first year has worked well. The first year's programme was drawn up and managed by a doctor; the next year's will be organized by two of the district nurses.

How could such group learning work better?

District nurses and health visitors should be paid for time taken in these kinds of meeting. Our staff attend during their lunch hour, but if such working together is important then it should be recognized as part of a nurse's continuing education and should be paid as such General practitioner and community nursing trainees could be attached to broader based training practices—to training units. Such interdisciplinary training would overcome much of the distrust outlined by Dr Brooks. The development of videotapes for the whole practice team would be of great benefit, and postgraduate funds should be made available for meetings such as these.

My thanks are due to the members of the Upper Afan Valley Group Practice, West Glamorgan, with whom I happily worked for 18 months and where the work I have described was started.

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Psychological Alternatives to Long-term Benzodiazepine Use

Sir,

The design of the trial reported by Drs Cormack and Sinnott (May *Journal* p. 279) is not adequate to test whether psychological management is any better than advice alone in reducing the benzodiazepine consumption of long-term users. The inadequacy lies in the fact that those in the treatment groups are compared with those offered treatment who did not respond. This gives rise to two alternative potential biases: the first, that the patients who took up the offer of treatment were more in need of it; the second, that the patients who took up the offer were more motivated and hence less in need of treatment. The ultimate purpose of any trial is to determine whether or not the treatment under test confers an improvement, all other factors being equal.

The authors briefly mention the possibility of the first bias in their discussion, and it might be helpful to consider the feasibility of a future study in which such biases could not arise. For a more conclusive trial, they would be well advised to randomize their patient population into two groups at the outset, giving one group advice alone and the other advice and the offer of psychological treatment. Following this procedure, a direct and valid comparison could be made.

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The Billings Method

Sir,

In your review of this book (October *Journal*, p. 638) you comment that it was very detailed and could not be recommended to the majority of people. I have been recommending this book to a number of my patients as the only book on natural family planning that is locally available, and with surprisingly good results.

Women seem to understand the concept of fertility awareness very quickly and are able to put the idea of charting cervical mucus (which they have experienced for years, without knowing its significance) into practice quite confidently. They are usually very excited at the idea of observing the waxing and waning of their fertility. They seem to have no problem with understanding the book provided they know that they can discuss any queries with me.

As a Catholic Marriage Advisory Council doctor, I usually advise sympto-thermal natural family planning as this has been shown in trials to be more effective than cervical mucus alone, but it depends for its efficacy on the proper identification of cervical mucus, the most accurate indicator of ovulation, so that in my practice 'Billings and Westmore' is always recommended reading. There is much to be said for a long book which the patient can keep on her bookshelf as a *vade-mecum* to her reproductive life from menarche to menopause.

Since the question of small booklets about the ovulation method has been raised in the book review, let me recommend three from my library. Unfortunately, these are usually only available in Catholic bookshops; perhaps general practitioners could influence their local bookshops to stock them. They are:

The Ovulation Method. John Billings (The Liturgical Press, Collegeville, Minnesota).

Natural Family Planning: The Billings Method. Jane Quinlan (Family Life Centre, Cork).

Natural Family Planning. J. J. Billings (Rigby Books, Australia).

The time has come when information about natural family planning, be it by the ovulation or the sympto-thermal methods, should be made available to all women as a public health and health education measure early in their reproductive lives as a serious alternative to chemical and mechanical methods. The demand for this is certainly there.

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Reference

Billings E, Westmore A. *The Billings Method.*, Penguin Books, Harmondsworth. 1981.

Clioquinol Neurotoxicity among Multiple Sclerosis Patients?

Sir,

Multiple sclerosis (MS) is one of the most important differential diagnoses in identifying clioquinol intoxication, which can cause sensory disturbance and weakness, especially of the legs, and loss of vision.[1] It was therefore of interest to screen a large number of MS patients to see whether any of them