

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 post-graduate 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.

PETER GODFREY

23 Roseberry Avenue
Bristol 2.

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.

STEPHEN W. DUFFY
Statistician

Clinical Research Centre
Watford Road
Harrow
Middlesex HA1 3UJ.

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.

MARK AGIUS

9 Mersey Place
Liverpool Road
Luton LU1 1HH.

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