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

might be suffering from clioquinol injury which had been mislabelled. This occurred in a Swedish woman (Sörnäs, personal communication) who was enormously relieved to know that she did not have MS.

A short questionnaire was sent to the secretaries of 32 branches of the Multiple Sclerosis Society in all parts of England, and to four each in Scotland and Wales, for distribution to their 2,000 members with MS—about 36,000 MS patients belong to the Society.

The questionnaire concerned the course of the illness and the usage of medicines in the six months preceding its onset.

Of the two questions on the course of the illness, one asked about the presence or absence of remissions, the other whether the patient's overall condition had remained the same or had got worse since the illness began. Injury from a single course of clioquinol would be an unlikely explanation in patients who had experienced remission or who had deteriorated since the onset, or both. The questions about medicines named 11 common proprietary preparations, in alphabetical order, including three containing clioquinol, namely Enterovioform, Entosan and Mexaform. Respondents were asked to tick a box labelled 'Yes, took this', 'No, didn't take this' or 'May have taken this'. They were also asked to write in any drug that they had taken, or thought that they might have taken, and for how long they did so.

Questionnaires were returned by 1,133 of the 2,000 patients. Table 1 shows that only 45 of these patients (4 per cent) had taken or might have taken clioquinol. All those 45 had had remissions, or had deteriorated, or both, and their illness was thus unlikely to be related to the use of clioquinol. This result suggests that investigation of a further group of MS patients would be unrewarding in this country.

However, two points should be noted. The first is that it would have been very difficult for people who have suffered MS for many years to remember what medicines they had taken in the six months before its onset. The second is that although no clioquinol takers had a 'stable' illness, and 3.1 per cent of the non-takers had such an illness, the 95 per cent confidence limits for these figures are 0 to 8.2 per cent and 2.2 per cent to a 4.4 per cent. It is therefore possible that up to 8.2 per cent of clioquinol takers could have had a stable sort of MS (and only 2.2 per cent of non-takers). The results thus do not establish with any degree of confidence that there is no effect, though they certainly give no cause for alarm.

We thank the Multiple Sclerosis Society, its branch secretaries and especially Mrs Margaret Bown, the branch co-ordinator, for their invaluable help. The costs of the survey were met by a research grant from the MS Society.

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Table 1. Course of illness in relation to previous use of clioquinol.

	Took or may have taken clioquinol	Took no clioquinol
Illness without remissions or stayed the same	0	33
Illness got worse, or remission(s) occurred or both	45	1,025
All patients	45	1,058

Reference

1. Toyokura Y, Takasu T. Clinical features of subacute myelo-optic neuropathy. *Jpn J Med Sci Biol* 1975; **28** supplement: 87-99.

DATES FOR YOUR DIARY

1984 Symposium of the SIMG

The Annual Symposium of the *Societas Internationalis Medicinae Generalis* will take place at Beerse (Antwerp) on 11 and 12 May 1984. Its theme will be research methods in general practice. Its format will be as a workshop and participants will be assigned to small groups to discuss four subjects: posing the question, choosing the method, conducting the investigation and drawing conclusions.

The working languages will be English, German and French. The number of participants is limited to 120 and the symposium fee, which will include staying in a comfortable hotel, will be about BF 7,000.

Applications should be sent to Prof. Dr Rene de Smet, President of the SIMG, Centrum voor HA—Opleiding, Rijksuniversiteit, GENT A.Z., De Pintelaan 185, B—9000, Gent, Belgium. These should be sent before 15 October 1983.

The Mental Health Foundation

The Mental Health Foundation will hold a one-day conference on 29 September 1983 in conjunction with the British Institute of Industrial Health, on the subject of rehabilitation of the mentally ill. The title of the conference is: 'Rehabilitation—The Way Ahead or the End of the Road, Work and Occupation for the Mentally Ill'.

It is to be held at the Royal College of Physicians, 11 St Andrew's Place, London NW1, by kind permission of the Treasurer. The fee will be £10 per person and details can be obtained from the Conference Organizer, The Mental Health Foundation, 8 Hallam Street, London W1N 6DH. (Tel: 01 580-0145).

Review of Computing in General Practice

A workshop on the use of computers in general practice will be held at the Conference Centre, Alderley Park, Macclesfield, Cheshire, on 8 and 9 September 1983. Its aims are to allow an exchange of ideas and experiences in a group of general practitioners who have used computers, and to produce a