that some of these women will avail themselves of screening, if the smear is taken by a nurse. It is inappropriate to imply that anyone taking a smear without also undertaking a pelvic examination is offering an inferior service.

PHILIP C HANNAFORD

Royal College of General Practitioners
Manchester Research Unit
Parkway House
Palatine Road
Northenden
Manchester M22 4DB

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Stinging nettles for osteoarthritis pain of the hip

Sir,

Dr Randall reports the use of stinging nettles in the treatment of osteoarthritis, and asks whether the effect is akin to acupuncture (letter, November *Journal,* p.533). My colleagues at the Centre for Complementary Health Studies have plenty of examples of the use of counter-irritation, and it seems that only Western doctors are unfamiliar with it, although liniments and rubefacient (literally 'make-red') ointments are listed in the *British national formulary.*

Acupuncture itself is not often practised as a counter-irritant by Western doctors, who in fact try hard not to let their patients feel the pinprick.[1] They either use guide-tubes, or practise swift insertion with a spinning action; it is only when the needle is advanced into subcutaneous or muscle tissues that the patients detect a 'needle sensation', which is a heavy pressure or dull ache.

On the other hand, traditional Chinese acupuncturists use a special plum-blossom needle, with several short points mounted on a flexible handle,[2] to redden the skin over arthritic joints; and one experienced doctor sends his patients home with a supply of acupuncture needles and instructions to peck repeatedly over their painful joints, every day, for pain relief.

Counter-irritation is well established in traditional medicine, and various topical treatments were used by Galen and Hippocrates to treat pain. The active ingredient of nettles is formic acid, which is also produced by insects; bee-stings have been fashionable in the treatment of arthritis, and cantharid plasters (which contain the bodies of Spanish fleas) are still available, in Germany at least.[3] Caustic chemicals and vesicants such as croton oil have also been used to raise blisters and 'draw out the toxins'. Moxibustion is a method of warming the skin by burning a herb to produce erythema and blistering.[2] Baunscheidt is a treatment offered by naturopaths in Germany: after the initial pricking with a special multiple needle, an irritant oil is rubbed into the punctured skin.[3]

Most of these therapies are applied locally, and presumably work on the spinal cord gate mechanism. However, gypsies in the south of France treated back pain by cauterizing the ear[4] (which is the origin of auricular acupuncture), and this has led to the concept of 'diffuse noxious inhibitory control'.[5]

ADRIAN WHITE

Centre for Complementary Health Studies
Postgraduate Medical School
University of Exeter
25 Victoria Park Road
Exeter EX2 4NT

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Leicester assessment package

Sir,

We were interested to read Dr Rutt's letter (November *Journal,* p.535) commenting on our paper about the Leicester assessment package.[1]

The Leicester assessment package consists of six separate but related sections. The explicit aim of our study was to test the face validity of one of these, namely the prioritized criteria of consultation competence as measures against which performance could be judged.[1] This was made clear in the title and in the introduction. Testing its validity/reliability[2] and utility/acceptability[3] as an assessment tool required different studies. Furthermore, we are not aware of published evidence of proven reliability and validity of 'tools we already possess' referred to by Rutt.

The course organizers were not just asked 'Do you agree with us?', but were given the 'opportunity to reject any of the proposed categories, components or weightings; to suggest additional categories or components... and to propose amendments to the suggested weightings'.[4] We cannot agree with Rutt, therefore, that our chosen methodology was an 'established but misleading ploy'.

We fully agree with Rutt that there is need to study the thought processes as well as the behaviour of consulting doctors. Indeed, teachers/assessors using the Leicester assessment package are required to probe the consulting doctor's thought processes by asking specific questions at various stages of the consultation to 'become better aware of the reasoning behind the doctor's actions...' (Leicester assessment package guidelines for use, p.6). Consequently, using the package, it is feasible 'to ascertain... whether the trainee really has considered "physical, social and psychological factors as appropriate"'. Furthermore, medical educators on both sides of the Atlantic have long recommended the need to 'explore cognition as well as action' of doctors.[4,5] This is an area, therefore, that the medical profession has addressed even if it may not have done so as a whole.

We also agree with Rutt that assessment should be 'an integral part of the teaching process', which is why the Leicester assessment package has been designed for both formative (educational) and summative (regulatory) purposes.

ROBIN C FRASER
ROBERT K MCKINLEY
HELEN MULHOLLAND

Department of General Practice
University of Leicester
Leicester General Hospital
Gwendolen Road, Leicester LE5 4PW

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Sir,

We are writing in response to the points raised by Campbell and Murray (letter, November *Journal,* p.535) on our paper on the reliability of the Leicester assessment package.[1]

As stated in the results section, the statistical analysis was carried out on the absolute scores for each case allocated and not on the rank ordering of candidates, as Campbell and Murray contend.