Letters to the Editor

Accuracy of postal questionnaires

Dear Sir,

Having recently completed the data interpretation of a postal questionnaire of 'all' Otolaryngologists in the British Isles, we read with interest the recent correspondence on the subject of the accuracy of this means of gathering information. (November 1989, 1103), and of the validity of the numbers questioned and responding.

Like the correspondents, we also had great difficulty in compiling an up-to-date, accurate mailing list of current Otolaryngologists across the country. The Department of Health was unable to provide a comprehensive listing, and other sources based on membership, (e.g. R.S.M., B.A.O.L., Royal Colleges), are obviously not fully comprehensive.

We have carefully examined the 1989 medical directory to produce the figure of 378 Consultants in England and Wales, 447 in the United Kingdom, and 491 in the British Isles. The total for England and Wales is close to Mr Watsons figure of 381 derived from Health Trends. (Perhaps the three Consultants we missed could make themselves known!)

By enclosing a stamped addressed envelope with each questionnaire, (excluding Eire), we achieved a 76% response rate.

Of course, a mailing list of this sort will become obsolete on a regular basis, as consultants retire and new appointed take up post. The 21% obsolescence rate in the I.L.O. list used by Messrs Fisher and Croft confirms this fact.

Could we suggest that the correspondents and other interested parties contact us to compare mailing lists so that we can together produce one list which is as accurate as possible. This could be updated on a monthly or quarterly basis, using the consultant advertisements in the B.M.J. as a source of changes in post. An annual letter to each Regional Health Authority medical staffing department could be sent to confirm the changes.

Once such an up-to-date mailing list is produced, this could be made available, possibly through the Journal for research use, as we feel that postal questionnaire is a useful means of gauging opinion and practice of the specialty on a national basis.

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EDITORIAL NOTE: We should be happy to act as the reference centre for such an up-to-date mailing list, but inevitably, it requires that those changing their address do advise us of this. Although we have now reduced the period between acceptance and publication for articles within the Journal to approximately four months, even this does not mean that we necessarily receive back all the page proofs within the United Kingdom either as quickly as we might or from the original address with which we were supplied only a few months before. Similarly, departments whose Senior Registrars are on rotation, quite often return mail rather than forwarding it and those who go on overseas Travelling Fellowships, sometimes prove quite difficult to track down. However, we would certainly be willing to try and provide such a list on an updated basis.—Editor.

Securing of suction drains in head and neck surgery

Dear Sir,

We read with interest the communication of Messrs Violaris, Change and Bridger (1989). The technique described is similar to the technique which we and others have used with great success for several years and is markedly superior to the traditional 'Roman gaiter' stitch both in terms of security and patient comfort. We would like to point out that the technique we use differs from the one described in one minor, but we feel very important, respect: The anchoring suture must be placed through the most proximal drain hole so as to avoid the protrusion of the proximal drain holes through the stab incision with consequent loss of vacuum (Fig. 1).

The other small difference between our technique and that of Violaris *et al.* is that, to assist our nursing staff when removing the drain, we trim about 5 mm off the tip
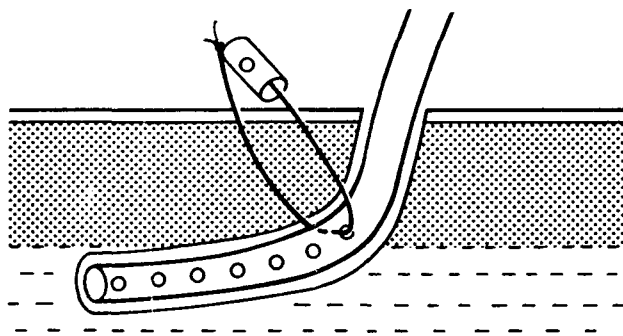

Fig. 1
Suction drain in situ (with anchoring stitch through **proximal** hole of perforated segment).