

## Letters to the Editor

### Accuracy of postal questionnaires?

Dear Sir,

I read with interest the paper on antroscopy by Messrs Fisher and Croft (August 1989, 747–9).

They sent a questionnaire to 'consultant otolaryngologists working in the UK', or 332 of them to be precise, and claimed a response rate of 70 per cent.

According to DHSS figures, there are about 381 ENT consultants in England and Wales alone (*Health Trends* 1988; 20: 101–9). Obviously, the UK includes Scotland and Northern Ireland. I have a list of consultants throughout the UK which includes 473 names, although I would admit that it probably contains 10–15 surgeons who have recently retired. They may, however, still be active outside the NHS, and therefore still a useful source of information about current practise.

If this figure of 473 consultants is used, then the authors only actually received replies from 49 per cent of them. I think anyone writing a paper based on a postal questionnaire should at least endeavour to contact as many of the ENT surgeons in the country as possible, rather than omit up to 141 of them.

Yours faithfully,

Mark G. Watson, F.R.C.S.,  
Senior Registrar in ENT,  
ENT Department,  
Freeman Hospital,  
Freeman Road,  
High Heaton,  
NEWCASTLE upon TYNE NE7 7DN.

Dear Sir,

We welcome the comments of Mr Watson, which raise the question of the validity of postal surveys; however, we feel that he has missed the essential and more interesting point.

We are well aware, and have indeed stated in our article, that the figure of 332 Consultants investigated (of whom 70 per cent responded) is not comprehensive. The original mail shot of 420 Consultants, culled from a list obtained from the Institute of Laryngology and Otolology, produced a response which when analysed revealed that some 88 of the original group were no longer in NHS practice, and were hence excluded as the study was of 'current' practice. The institution of a second supplementary mail shot after the laborious compilation of a 'comprehensive' list of Consultants was considered to be irregular after an interval of several months. Moreover, the aim of the study was to reflect the heterogeneity of current opinion on antroscopy in order to guide further investigations, and our very large, albeit incomplete sample more than adequately fulfilled this purpose.

A more significant source of bias in such surveys is the uncertainty regarding the homo- or heterogeneity of the views of the 30 per cent 'non-responders'. This was alluded to in our paper, and in this respect a larger sample size would not have helped to improve the validity of the conclusions reached.

We would be pleased to supply a copy of our complete list in order to save the efforts of investigators considering similar studies, since no such list is readily available.

Yours faithfully,

E. W. Fisher,  
ENT Registrar,  
C. B. Croft,  
Consultant ENT Surgeon,  
The Royal National Throat, Nose and Ear Hospital,  
Gray's Inn Road,  
LONDON WC1X 8DA.