proved results, their criticism is potentially valid for any study taking place over a period of time. We agree with the Cardiff workers that the value of induction of labour should be tested in a large, prospective, randomised trial. In view of the conflicting opinions regarding the place of induction of labour we feel that such a trial would be entirely ethical. We would be grateful to hear from any obstetrician willing to co-operate in a multi-centre trial based on the model previously operated by Cole *et al.*¹

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¹ Cole, R A, Howie, P W, and Macnaughton, M C, *Lancet*, 1976, **1**, 767.

² Chalmers, I, *et al*, *British Medical Journal*, 1976, **1**, 735.

Effects on health of work in hospitals

SIR,—Many doctors will be aware of the possibility that abnormal patterns of health may be associated with different types of employment in medicine. The problems associated with working in operating theatres¹⁻³ are of particular concern to us and have resulted in a decision by the Department of Health⁴ that scavenging devices should be installed in operating theatres.

The Medical Research Council, in consultation with the Departments of Health and Employment, have agreed that there should be a five-year prospective study of the health of women doctors aged 40 years or less working in the hospital service in the United Kingdom. This study is designed particularly to investigate the effects of working in operating theatres, but information of more general interest is expected to emerge. Questionnaires will be posted in the next few weeks. It is hoped that all women doctors will appreciate the need for such an inquiry and that they will be willing to co-operate with us. The design of the inquiry ensures total confidentiality for all who participate.

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¹ Knill-Jones, R P, *et al*, *Lancet*, 1972, **1**, 1326.

² Knill-Jones, R P, *et al*, *Lancet*, 1975, **2**, 807.

³ American Association of Anesthesiologists, *Anesthesiology*, 1974, **41**, 321.

⁴ Department of Health and Social Security, HC(76) 38 or SHHD DS (76) 65, 1976.

Amendment of Abortion Act

SIR,—Caroline Woodroffe, Chairman of the Brook Advisory Centres, expresses (12 March, p 711) her "amazement [that] the opponents of abortion seemed put out in the House of Commons debate on 25 February because the absolute number of abortions is falling." Others might share her amazement, except that it wasn't so. Several MPs did indeed point out that too much should not be made of the claim that there had been an important fall in abortions for British residents, the decline from the 1973 peak being only about 10% and with no fall at all in the ratio of procured abortions to live births, to which the Minister could only reply that "starting from any baseline one can easily produce the

statistics one chooses" (*Hansard*, col 1806). But, although legal abortions now seem to be stabilising at around the really rather terrible figure of 100 000 a year, that *does* represent some significant fall in absolute numbers and there was nothing in the debate as recorded by *Hansard* to suggest otherwise than that this, so far as it goes, was welcomed by the supporters of Mr Benyon's Bill.

C B GOODHART

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Monitoring adverse reactions to drugs

SIR,—The Committee on Safety of Medicines regularly reviews the methods available for monitoring suspected drug reactions and has noted the recent discussions in the medical journals.¹⁻³ Several new schemes have been under consideration during the past two years for augmenting the present voluntary adverse reaction reporting system. Most of these would involve the identification of all or of a substantial proportion of the patients who receive newly introduced medicines. Any such scheme would inevitably have far reaching consequences for the professions, the pharmaceutical industry, and the Health Departments. Consultations with the professions, pharmaceutical industry, and other interested parties will begin in the near future.

ERIC SCOWEN

Chairman,
Committee on Safety of Medicines

London EC2

¹ *Lancet*, 1976, **2**, 1312.

² Dollery, C T, and Rawlins, M D, *British Medical Journal*, 1977, **1**, 96.

³ Lawson, D H, and Henry, D A, *British Medical Journal*, 1977, **1**, 691.

"Abortion on demand"

SIR,—Now that the excitement surrounding the second reading of the Benyon Bill has died down perhaps I can calmly reintroduce the interesting question of the meaning of the phrase "abortion on demand."

Professors G W Theobald and H C McLaren (26 February, p 575) confirm my belief that the phrase does not have a single meaning but means different things to different people. Professor Theobald suggests that "abortion on demand" has the same meaning as allowing abortion if the woman "feels sure that it is a better course of action than continuing the pregnancy." Professor McLaren, on the other hand, prefers to call this by the less emotive phrase "abortion on request." Others understand "abortion on demand" to mean much more than this and in particular that any woman demanding an abortion should be given one (a) without inquiry as to *who* is doing the demanding—the woman or her boyfriend, mother, or husband—and (b) whatever the views of the doctor involved, who may be expected to perform the abortion against his or her will. Not surprisingly such an interpretation raises the hackles of many doctors, wherever they stand on the abortion issue. Yet to say that one believes in "abortion on demand" without further explanation is to allow this interpretation of one's beliefs. Quite understandably, Professor A W Beard and Mr D B Paintin (12 February, p 448) would prefer to be more precise in describing their belief as "abortion should be performed at the request of the woman

once she has had adequate counselling."

Professor Beard and Mr Paintin are not alone in their difficulty nor in their beliefs. "Doctors for a Woman's Choice on Abortion" is a group of nearly 400 doctors who believe that any woman who requests an abortion, having considered the alternatives, should be able to have one. The group also believes that every woman who requests an abortion should have access to unbiased counselling; the group does not believe that any doctor should be expected to perform an abortion against his or her will. Are we advocating abortion on demand? Or perhaps it is abortion on request? The answer depends on definitions. But what we *are* advocating is a woman's right to choose on abortion and this is surely *not* open to misinterpretation.

Unless it can be shown that the phrase "abortion on demand" has some advantage over more precise descriptions of attitudes and belief let us avoid the phrase and persuade and encourage journalists and opinion polls to avoid it likewise.

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Dangers of dextropropoxyphene

SIR,—We believe that your recent leading article (12 March, p 668) is a further timely reminder of the potential seriousness of dextropropoxyphene poisoning. Surprisingly, however, no mention was made of the fact that the cerebral and the cardiorespiratory depressive effects that may follow an overdose of dextropropoxyphene can be prevented or abolished by naloxone.¹⁻³ Repeated doses of this safe and specific antagonist may be required as the duration of action of dextropropoxyphene exceeds that of naloxone.

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¹ Kersh, E F, *Chest*, 1973, **63**, 112.

² Tarala, R, and Forrest, J A H, *British Medical Journal*, 1973, **2**, 550.

³ Lovejoy, F H, *et al*, *Journal of Pediatrics*, 1974, **85**, 98.

Takayasu's arteritis

SIR,—Your leading article (12 March, p 667) on this rare and interesting disease referred to sparse reports from Britain and to the scanty information on the effectiveness of steroid therapy. You may therefore be interested in a brief case report of a patient who has been observed from the onset and recovered with steroid therapy; she is still well 20 years later.

A woman aged 24 was admitted to hospital in 1957 with a subacute illness of several weeks' duration complaining of malaise, generalised aches, and right pleural pain. Clinical examination: pyrexia; radial pulses palpable but reduced; blood pressure 120/80 mm Hg; right pleural friction. Chest x-ray: mottling in right lower lobe with enlarged right hilar node. Laboratory tests: blood count normal except for anaemia (haemoglobin 66%); erythrocyte sedimentation rate 56 mm in 1 h; tuberculin skin test negative at 1/1000; antibody titre to psittacosis positive 1/40 but no change over next 12 weeks; LE cells not detected;