without her parents' consent and this is always obtained, though it may be difficult to persuade the girl to give her permission." If the centres admit the importance of obtaining parental consent for an abortion, must it not admit that it is as important that parents should know about a girl being prescribed the pill, bringing with it the health risks which it does? Treatment given for an intercurrent condition would be influenced by the fact that the child was on the pill unknown to family doctor or parents.

Q M ADAMS

Bodmin, Cornwall

SIR,—I am sure Lady Brook and her staff (12 August, p 499) believe they are acting in the best interests of adolescent girls. I am equally sure they are mistaken. The young believe that anything funded by the Government must be for normal acceptable behaviour and therefore if there are special contraceptive clinics provided for schoolgirls they assume it is perfectly all right to be sexually active at 14. Nothing in the letters from Lady Brook and from Dr Fay Hutchinson and her colleagues suggests that anyone at the Brook Clinics even suggests to them that it is not. In fact the latter specifically say that it is callous to tell them that the law is being broken.

The proof of the pudding is in the eating, and the results of today's massive contraceptive education of the young has been an increase, not a decrease, in the illegitimate pregnancy rate. The 1977 abortion figures for girls under 16 years old are up again, from 3835 to 4067, and for girls between 16 and 19 they have increased from 28 917 to 29 765. But these figures are just the tip of the iceberg and give no idea of the amount of unhappiness caused by sexual activity in adolescence. It is rare for the emotionally immature to make stable sexual relationships and it is the family doctor who has to pick up the pieces and treat young girls with cystitis, vaginitis, and depression. I have many times had a young girl crying in my surgery as a result of having a sexual relationship with her boy-friend; I have never had a young girl weeping in the surgery because she was still a virgin.

Lady Brook complains about the use of the phrase "providing abortions" because the Brook Clinics do not perform any on the premises but arrange for them to be performed elsewhere. This is a question of semantics; doctors are often said to "provide" drugs when all they do is write out a prescription.

Finally, I would like to comment on the letter from the Reverend J B Metcalfe (12 August, p 499). He makes the point that there are societies in which premarital sex is the accepted norm and that this is a possible ingredient of a stable society. It may well be so, but there have been stable societies which were racist and even stable societies that practised human sacrifice. The important question is whether it is good for the health and welfare of schoolgirls of 13, 14, and 15 to be sexually active. I maintain it is not.

MARGARET WHITE

Croydon, Surrey

SIR,—I was dismayed to see that you have printed no letter supporting that of the Responsible Society (29 July, p 353). Only the usual old speaky-easy condemnation of those

who think self-control is still probably the best method of birth control, and no less than seven letters at that. But what the modern enlightened counsellors always seem to forget is that the function of sex is reproductive. There is, in fact, no other function of gender. The fact that sex is supremely pleasurable is only designed to make copulation happen more often in the confident hope that reproduction will happen more often—and who is to say that Mother Nature has erred on that one? In fact, sexual desire is the self-preservation instinct of the species.

When one is mature one knows (presumably) what one is doing. When one is immature one is subject to being inquisitive and instinctive, and that is a true-blue recipe for pregnancy every time. The whole idea of the present law is to protect the immature from their own selves, to try to prevent hurt in this otherwise hurtful earth. When one is adult, and hurt is invited, then hurt must be borne. It seems a pity that the young are hurt when they are too young to know what they are doing. It is in the name of compassion that the modern permissive society has probably done the greatest damage. The trouble is that the moderns seem quite unable to grasp this. For the moderns argue the sex case always in the absence of reproduction. This hedonistic view could not be more wrong if they tried. It's rather like discussing the joys of flight in the absence of any sort of landing gear.

T RUSSELL

Hayes, Middx

Health Service planning and medical education

SIR,—The problems of Health Service planning and medical education have been discussed in your columns (12 August, p 498) by Professor D R Wood and Sir Douglas Ranger. They suggest that the University Hospital Association, comprising as it does all the deans and chairmen of medical executive committees of university hospitals in England and Wales, would provide a suitable forum for discussion of these problems. Their letter lays its main emphasis on the adequate provision of finance and manpower to enable the schools and hospitals to discharge their function efficiently.

In the same issue of the journal appear two other matters which could usefully be discussed by the UHA, with its unique blend of academic and Health Service interests. In the report "From the JCC" (p 512) there is discussed the problem of redeployment of junior medical staff. One of the reasons why delay has arisen here is that the exact status and number of university clinical staff holding honorary NHS appointments have never been properly quantified. One reason for this is that the practice varies in various places and also even within one university. One person holding an honorary NHS appointment may not equate in duties to another holding an apparently similar post. At one extreme one could cite lecturers with honorary registrar status who are almost entirely engaged in research and who have the grading purely to enable them to participate in clinical work, and at the other there could be someone with an apparently identical appointment who is totally involved in clinical work. It is a body like the UHA that can properly make a survey

from which proper statistics could be collated. This would be invaluable not only for immediate redistribution purposes but also for long-term manpower planning.

Another problem highlighted in that issue is in the article by Mr Michael Baum (p 515) about a new consultant contract for senior academic staff. I would submit that it is only a body which has representation from both academic and NHS sides that can advise on the implementation of such a contract in a way that will not lead to anomalies and possibly acrimony between the various members of staff.

R I KEEN

Chairman,

Medical Executive Committee

Manchester Royal Infirmary,
Manchester

Preventing Rh haemolytic disease

SIR,—How nice to have such an editorial flight of fancy as introduces your leading article on this subject (29 July, p 307)! The suggestion that had Catherine of Aragon received Rh immunoglobulin the NHS would not be in its current predicament shows off both your inventive capacity and your erudition in the field of English history. These attributes, however, are poor compensation for your ignorance and apathy with regard to the state of perinatal mortality in this country. You say in relation to routine antenatal prophylaxis, "The extra effort is probably not worth while, as the national death rate is already too low." Our national perinatal death rate is far from low on a comparative basis and has in fact been the cause of much criticism. If we are not going to tackle this by preventing deaths for which a known prophylactic exists what are we going to do? Other factors abound on which there is epidemiological evidence of a relationship to perinatal mortality, but for none of these is there a specific means of prevention. The logistic difficulties of making available the necessary anti-D for routine antenatal use are probably not as serious as you suggest; in recent years supply has outstripped demand and large reserves probably exist.

Immunoprophylaxis for Rh isoimmunisation was a British discovery; surely we should exploit it to the full, particularly as it has proved outstandingly free from untoward complications or side-effects. Give us more of your Tudor fantasies by all means, but let them not, as in this case, ramble on to conclusions as spurious as Henry VIII's claims to matrimonial and ecclesiastical omnipotence.

J S SCOTT

University Department of
Obstetrics and Gynaecology
(Leeds Maternity Hospital),
Leeds

SIR,—Dr L A D Tovey and his colleagues (8 July, p 106) and your leading article 29 July, p 307) rightly emphasise the importance of giving anti-D immunoglobulin to every Rh-negative woman who has an abortion or is delivered of an Rh-positive baby. They omit to mention, however, that it is also necessary to do a Kleihauer test in order to detect those women who have sustained larger transplacental haemorrhages than the standard 100- μ g dose of immunoglobulin can deal with. We wonder to what extent the possible omission of this test might have contributed to the failure rate of