be allowed to die in peace and dignity in their own homes. Although often difficult to achieve in practice, few would disagree with this philosophy. He indicates that the nursing and medical care given in hospital may prolong the process of dying. As he vividly illustrates, a high standard of nursing care may not always be matched by a high standard of medical care. In his case report he describes a number of medical decisions that must have contributed to the miserable last 10 months of this woman's life. It is indeed sad to think that during a nine-month period a doctor or doctors could prescribe seven separate courses of five different antibiotics and fail to prescribe any medication for her "great pain."

"Vex not his ghost, O let him pass! He hates him that would upon the rack of this tough world stretch him out the longer" (*King Lear*).

A G M CAMPBELL

Department of Child Health,
University of Aberdeen

Family planning for the mentally handicapped

SIR,—Earlier this year I was involved with a medical colleague in a talk to the Leeds Society for Mentally Handicapped Children about the problems of sexual behaviour in the mentally handicapped adolescent and contraception for this group of people. The feeling was strongly expressed by parents of the mentally handicapped that provisions for advice on family planning to the mentally handicapped and their families were inadequate locally. Letters were sent about the matter to the family planning committees of the health districts of the area. Other parts of the country are probably also deficient in this service.

This is a subject which is attracting an increasing amount of attention. It is a specialised subject about which few would claim to have much knowledge or experience. The busy general practitioner, gynaecologist, family planner, and psychiatrist in the ordinary clinics cannot be expected to give the sort of help that is sought. There is probably a need for clinics to be developed specifically to deal with family planning problems in the mentally handicapped. Only a small number of patients could be dealt with at each clinic session as personal and family counselling would be involved.

This is a field where there could be scope for a clinic in which an experienced family planner, a gynaecologist, and a specialist in mental handicap could work together as a team.

D A SPENCER

Meanwood Park Hospital,
Leeds

Lung cancer and smoking: is there proof?

SIR,—Readers of your leading article (21 August, p 439) may recognise remarkable similarities between the current debate (11 September, p 640) and one earlier this century concerning the aetiology of phthisis. In 1921 Professor E L Collis and Major Greenwood,¹ in a section of their book concerned with adverse influences on phthisis, summarised the role of the eugenic argument as follows.

"One further consideration remains, the eugenic aspects of tuberculosis. Little or nothing about them has been said here, because there is little to say;

many important facts are not suitable for dissertations. But the contention of Karl Pearson, a contention which clothed in scientific form the ancient belief of an inherited predisposition to take phthisis, has never been seriously weakened by hostile criticism. It remains true, or at least highly probable, that a predisposition is inherited, and inherited with as much intensity as any of the normal variable characteristics of man. Hence it follows that the marriage of and consequent reproduction by members of tainted stocks will help to perpetuate the disease; the discouragement of parenthood amongst members of such stocks will help to diminish it. The numerical importance of this factor no man can evaluate; but it is to be a bad epidemiologist, and, what is worse, a bad citizen, to pretend that this eugenic aspect of disease is a mere fad made ridiculous by the discoveries of modern pathology. There is no opposition whatever between the sane epidemiology of environmental factors and that of innate factors; the apparent opposition has been due to the tendency we all possess to love wrangling better than truth. After all, 'In my Father's house are many mansions.'"

Had major genetic differences in susceptibility to tuberculosis been allowed to inhibit action to control environmental factors tuberculosis would not now be such a minor cause of death.

A J Fox

Office of Population Censuses
and Surveys,
Medical Statistics Division,
London WC2

¹ Collis, E L, and Greenwood, M, *The Health of the Industrial Worker*, p 145. London, Churchill, 1921.

Emergency medical care

SIR,—As general practitioners in the area served by the Royal Alexandra Infirmary, Paisley, we read Dr Hugh Conway's article (28 August, p 511) with particular interest. We found the article disappointing in that, unlike Dr Conway's clinical and teaching practice, it lacked thoroughness and clarity and in some respects was inaccurate.

Even doctors who use the deputising services in this area have to be available themselves till 7 pm—not 5 pm as stated in the article. We are not clear whether the figures he quotes are for all emergencies or only those occurring "out of hours," but in any case they relate only to those patients referred in various ways to his own medical unit and take no account of the medical emergencies admitted to Dr D M Ferguson's infectious diseases unit at Hawkhead Hospital, the increasing number being admitted directly to the geriatric unit, and the considerable number treated by GPs without reference to hospital.

Dr Conway admits that one of his conclusions can be only tentative in the absence of such information about total work load. Without this information and some figures about the position obtaining in the 1950s are any of his conclusions more than impressions? Does the rate of self-referral from home indicate that the hospital is playing a major—or even increasing—role in primary medical care? This may be so, but we do not think that this paper proves it. What the paper does show is that 19% of cases being referred by GPs as emergencies are not being admitted. Is a unit with this rate of refusal playing its full role in the medical care of the community?

There may be a case for changing the method of providing emergency medical care, and Dr Conway's suggestions are worthy of consideration. Perhaps this could be discussed

at a local level. But surely this should be as a means of providing a better service for the patient, not primarily as a means of reducing further the work done by this unit.

ROBERT ERSKINE J A CLARK
ALEC D FLEMING J L HASTINGS
A S MORRISON MARION FRASER

Paisley

Abortion and maternal deaths

SIR,—I would be interested to know how you (leading article, 10 July, p 70) and Dr C B Goodhart (21 August, p 477) would carry out "well-planned prospective studies in large, representative communities" of women seeking an abortion. How would you identify them and secure their co-operation and that of the professionals and institutions they contacted? It is a formidable task and I suspect that you would be unlikely to get a more representative sample than we did when we attempted to interview a random sample of women who had had an abortion.

The bulk of our failures came from the institutions rather than the women themselves and this means, as Dr Goodhart rightly points out, that private clinics were greatly under-represented in our sample. The study does, however, give a picture of the delays encountered by women who succeed in having an abortion in NHS hospitals, and my point was that we should be taking action to reduce these delays straight away without waiting for your "well-planned prospective studies."

ANN CARTWRIGHT

Institute for Social Studies
in Medical Care,
London E2

* * * This correspondence is now closed—ED,
BMJ.

Hazards of smallpox vaccination

SIR,—I hope Dr F Kellerman (11 September, p 638) will forgive me for pointing out that although the belief that in some areas smallpox is endemic may be "mere fantasy," the reality is that rules regarding vaccination before entering certain countries are based on this fantasy. As Pakistan is one of the "fantasy lands," we in the UK are greatly affected when travelling. I deprecate such regulations as much as he, but this does not alter the fact that until these rules for entry into other countries are abolished, those not vaccinated in infancy will still face this procedure as adults. Let us hope that this correspondence will lead to action in Ethiopia and any other lands where smallpox exists and is undeclared and to change in the visitor entry laws elsewhere.

GEORGE T WATTS

General Hospital,
Birmingham

Marital urinary infection

SIR,—I read Lieutenant-Colonel B Simpson's letter (28 August, p 529) with interest. Experience in family practice leads me to share his view that sexual intercourse is relevant in the pathogenesis of urinary tract infection in men as in women.