Correspondence

Letters to the Editor should not exceed 500 words.

Family Planning in London Teaching Hospitals

SIR,—The Family Planning Association has for some years been running courses to instruct doctors, midwives, and nurses in family-planning advice and in teaching of family planning. It was important to the Association to know how much other teaching was going on, especially in teaching hospitals, and they therefore wrote to a senior consultant in each of 11 London teaching hospitals to inquire what teaching was being provided as to: (a) advice on contraception to maternity and gynaecological patients, either routinely or on request; (b) instruction in contraceptive techniques to medical students, midwives, and nurses, routinely or as requested; (c) referral of patients to family-planning clinics outside the hospital either routinely or on request. The Association did not write to one London teaching hospital where (a) and (b) were known to be standard practice. This hospital has a famous professorial unit, to which has been attached for years a sympathetic senior woman doctor who specializes in teaching contraception and giving advice to selected patients.

The Family Planning Association showed me the replies from the various teaching hospitals, and asked me to make a general comment on them. It is as follows:

It was clear from the answers received that the consultants did not consider it a part of their duties to instruct midwives or nurses at all in contraceptive techniques in any of the London teaching hospitals. And it would appear that no course is given by doctors at all, with one exception, in any London teaching hospital to nurses or midwives.

It would equally appear that, apart from occasional lectures, most of the medical students in London, again with the exception of one hospital, receive only one formal lecture on contraceptive technique, and do not receive proper lecture demonstrations. The teaching can hardly be sufficient to enable any doctor to go into general practice equipped to instruct women in the different contraceptive techniques now available to them, nor adequately to advise their patients how to avail themselves of contraception, except by referring them to a Family Planning Association Clinic. Clearly, each consultant was aware that at the present time the best advice that could be given to a student who wanted to learn was to attend the Family Planning Association for formal instruction.

It is worth while speculating on the reasons for such scanty instruction in contraception. A senior consultant gynaecologist spends his week seeing gynaecological patients and operating on them, seeing some antenatal patients and perhaps delivering a few women, and in giving formal lectures on gynaecological disease and on the normal and abnormal in obstetrics.

Few of the London teaching hospitals routinely accept in large numbers cases of

criminal abortions, because these are not good teaching material. The aftermath, therefore, of failure in contraception may not have the same impact on consultants in teaching hospitals as on those working in non-teaching hospitals, although in fairness many of the consultants work in both types of hospital. The full social consequences of failure to instruct doctors and midwives in contraception is seldom as obvious in hospitals as it is in general practice, where the doctors see the patients' home conditions at such close quarters. Perhaps, too, the teaching of rather dull repetitive techniques does not have the same appeal as the teaching of the more dramatic abnormal.

At a time when some organizations are more strongly than ever advocating that contraception is "the teaching of the devil," and others are stating that without it we will have nothing to eat, the situation at the London teaching hospitals may be of interest to your readers.—I am, etc.,

London W.1.

ELLIOT E. PHILIPP.

Endocarditis as a Cause of Cerebrovascular Lesions

SIR,—One has always tended to believe that embolic or mycotic aneurysms arising in the middle cerebral arteries, and less often in the anterior cerebral artery, were uncommon manifestations of subacute bacterial endocarditis unless other florid stigmata were present simultaneously.

A patient presenting with a sudden hemiplegia can be so easily diagnosed as having a non-specific cerebrovascular accident, but during the last few months I have seen three such elderly patients admitted as emergency cerebrovascular accidents. In each case there was initial failure to diagnose subacute bacterial endocarditis until a deterioration in the neurological state occasioned a reappraisal. Unfortunately, however, valuable time was thus lost in instituting intensive chemotherapy. Subsequent necropsies revealed the classical appearances of endocarditis; the bacteria invading a valve damaged by rheumatic endocarditis, in the form of mitral incompetence in two cases, and one damaged by calcific aortic stenosis in the remaining case. No past history of rheumatic fever was elicited from the patient or the relatives, and there were no symptoms of illness before the sudden hemiplegia.

On further examination the following signs should have shown me the correct diagnosis. A low-grade intermittent pyrexia was noticeable in two cases, although the third case was apyrexial. Cardiac murmurs became audible after positioning each patient; a pansystolic murmur was present at the apex in two cases and a midsystolic at the aortic

base in the remaining case (initially these bruits had been considered to be ejection in type). Early clubbing of the fingers was apparent in two cases only. Two splinter haemorrhages beneath the nails in one case and four in another case were only just discernible. One patient complained of sudden blindness in the left eye of six weeks' duration; retinoscopy indeed revealed an embolic occlusion of the central retinal artery, which should have led to an earlier diagnosis. There was also slight splenomegaly in one case. A mild normocytic and orthochromic anaemia was noted in two patients. The only abnormality found in the urine on microscopic examination was the presence of a few red blood cells in one case only.

As soon as the possibility of subacute bacterial endocarditis was seriously considered blood-cultures for *Streptococcus viridans* were immediately performed, and were repeatedly positive in two of the three cases.

I would like to make the point that in my experience subacute bacterial endocarditis masquerading as a simple cerebrovascular lesion is much commoner than is currently thought, especially in the elderly patient, and to make a plea that it should always be considered as the possible underlying pathology in these lesions.—I am, etc.,

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Cerebrovascular Accidents and Oral Contraception

SIR,—Since 1961 there have been reports of the occurrence of thrombophlebitis and pulmonary embolism in women taking oral contraceptives.^{1,2} Egeberg and Owren³ studied blood coagulability in women taking Enavid (norethynodrel + ethinyloestradiol 3-methyl ether) and reported an increase in factor VIII and possibly an increase in factor VII. I am therefore prompted to report two cases of cerebrovascular incidents in young women taking oral contraceptives.

Case 1.—Mrs. A. B., aged 23, was admitted to the National Hospital, Queen Square, under the care of Dr. Macdonald Critchley on 6 June 1963. She was an airline stewardess who had been flying over international routes for three years, and had flown that day from the United States in a pressurized aircraft. During the flight she had an episode of feeling unreal and had a sensation of falling which lasted 15 minutes. After a short interval a similar episode occurred and lasted 20 minutes. On landing 20 minutes later she was confused and had difficulty with her speech. On admission to hospital two hours later she was disorientated and had difficulty in naming objects. She was right-handed. She showed weakness of the right side of the face and weakness of the right hand. The tendon reflexes were exaggerated in the right arm. She had two birth marks of the strawberry naevus type, one situated in the natal cleft and the other on the lateral border of the right foot. There was no neck stiffness, no swelling of the legs or tenderness of the calves. Examination of the heart revealed no abnormality.