For the future the committee are insisting that all new oral contraceptives and their active constituents should be investigated, before they are made generally available, for possible long-term toxic effects as a result of their administration to animals for most of their life span. Evidence of this nature from experiments in rats and mice will also be required by 30 June 1970 for all oral contraceptives already on the market in this country.

In the meantime, since these drugs have a therapeutic as well as a social value and are obtainable in the United Kingdom only on a doctor's prescription, the committee feel that it would be unjustifiable to deny the public the benefit of these drugs on the present evidence—I am, etc.,

D. A. CAHAL,
Medical Assessor.

Committee on Safety
of Drugs,
London S.W.1.

Rubella Syndrome

SIR,—In view of the importance of giving informed clinical advice and of the immunological principles involved in early pregnancy complicated by rubella, I should like to add to the report by Dr. R. M. Forrester and his colleagues (4 June, p. 1403) a further instance of twin pregnancy where the mother had clinical rubella in early pregnancy and one twin was born and remained healthy in every way.

The other infant, seen at a few months, had a congenital heart lesion and a well-developed cataract in one eye only. The other eye showed typical "rubella" pigmentary changes in the retina but no lens opacities of consequence.

Both twins had spent some weeks in oxygen.

Though no serological testing was done, it seems that this case is analogous to that reported by Dr. Forrester and his associates but with the additional feature that one eye in the affected twin showed a different lesion from the other.—I am, etc.,

London W.1.

P. A. GARDINER.

Treatment of Clubfoot

SIR,—My knowledge of orthopaedic surgery is insufficient to enable me to enter the controversy concerning the treatment of clubfoot arising from the article by Mr. N. E. Shaw (30 April, p. 1084), but I would like to make some purely personal comments, and, at the same time, put a question to the experts.

My second daughter was said at the time of her birth to have bilateral talipes equinovarus, and indeed, when I saw her a few hours after birth, the soles of her feet were in complete apposition. This, however, did not cause me any concern, as I found that I could put both feet into the normal position using very little effort.

I then discovered that the local orthopaedic surgeon had already been informed of my daughter's condition, and, in addition to physiotherapy during her short stay in hospital, this "talipes" was treated for 18 months by the weekly application of adhesive strapping to pull the feet into extreme eversion.

At the present moment the child is now 8 years of age and in spite of three years'

dancing lessons and encouragement at home to use her leg muscles properly both feet, when she is standing relaxed, roll out, with the result that she is virtually resting on the medial aspect of the calcaneum and navicular. The condition appears to be almost the complete reverse of talipes equinovarus, and I personally wonder whether this is the result of over-enthusiastic treatment as a baby. The question I would like to put to the experts engaged in the present controversy is whether they would have treated my daughter at all, as one of Mr. Shaw's criteria for diagnosis was that the deformity must not be correctible by manipulation alone.

I feel perhaps that all of us can be too enthusiastic concerning treatment, and most of us probably tend to overtreat our patients. If the present condition of my daughter's feet is the result of over-enthusiastic treatment as a baby I would like this possibility to be aired in your columns in order that other children may not be similarly affected.—I am, etc.,

PATHOLOGIST.

Gastric Lavage

SIR,—The place of gastric aspiration and lavage in acute poisoning has long been in dispute. The paper by Dr. Henry Matthew and his colleagues (28 May, p. 1333) on this subject therefore appeared very welcome in that it laid down definite indications for the employment of gastric lavage. Perhaps it appeared all the more acceptable in that it proposed a compromise between the two extreme schools of thought on this subject.

There are, however, certain inconsistencies which should be pointed out.

The first is in their selection of 10 tablets as being the upper limit at which lavage is considered unnecessary, while a recovery of 200 mg. of barbiturate appears to be considered a "successful" lavage. If these 10 tablets were, say, amylobarbitone sodium 200 mg., the ingested dose would of course be 2 g., and recovery of a quantity greatly in excess of 200 mg. might be expected. (In only two of their series was more than 2 g. recovered.)

Secondly, a technical anachronism appears in the patient who was said to have ingested 200 aspirin tablets (presumably 5 g. tablets—that is, a total dose of approximately 67 g.), of which 20 g. were recovered. The blood salicylate in this patient was 67 mg./100 ml. According to the normal salicylate excretion curve,¹ one would not expect the peak level of blood salicylate to have been more than 20% greater than this, say, 80 mg./100 ml., which could be calculated as a total body salicylate of 12 g.¹ Conversely, had 47 g. been absorbed a salicylate level up to 320 mg./100 ml. might have been expected. (These figures apply to a 70-kg. man.)

The most likely cause of this discrepancy would appear to be the history of the number of tablets ingested, reflecting the scepticism with which one should regard the history of a patient who has poisoned himself.—I am, etc.,

Worcester Royal Infirmary, M. LEE JONES.
Worcester.

REFERENCE

- Cumming, G., Dukes, D. C., and Widdowson, G., *Brit. med. J.*, 1964, 2, 1033.

Abortion Law Reform

SIR,—We understand that Mr. David Steel, M.P. for Roxburgh, Selkirk, and Peebles, is to introduce a Bill in the House of Commons to reform the law on abortion.¹ It will be similar to that already approved by the House of Lords—grounds for legalized abortion being the health of the mother, the results of rape, and the capacity of the mother to care for the child.

The B.M.A. has appointed a committee to consider the subject of therapeutic abortion and to prepare a comprehensive report. Medical opinion has always been the final court of appeal in matters related to health; yet in this instance, with unseemly haste, attempts are being made in both Houses to rush through legislation before the B.M.A.'s findings have been published.

The report is still awaited,² and indeed was scarcely referred to at the third reading in the Lords; yet the B.M.A. Council had been asked by Lord Silkin before the committee stage for its comments on his Bill and had replied that the profession felt strongly that legislation ought to wait until our committee had had an opportunity to study the matter thoroughly.

Legislation can be disastrous if it is ill-considered. Attempts to tidy up existing law, as in the case of betting and gambling, have proved in the last few years liable to proliferate what the law sought originally to discourage. On a matter so far reaching in its effects on the lives of the nation's mothers and on children yet unborn, surely far more than hurried debate following a private Member's Bill is required. It calls for a Royal Commission.—We are, etc.,

ROBERT BROWNE.
DAVID L. KIRK.

Birmingham 30.

REFERENCES

- Brit. med. J.*, 1966, 1, 1430.
- Ibid.*, *Suppl.*, 1966, 1, 19.

Ointments and Babies

SIR,—Some years ago I dispensed a bottle of calamine lotion for a man with sunburned arms. As they were red and tender, I thought to prevent undue drying and scabbing by substituting castor oil for the glycerin. Two days later he was back to know whether the lotion could possibly have caused loose and frequent motions: and I had to admit that possibly it could.

During the war in a local war nursery we had a couple of babies some months old with red bottoms due to frequent green motions, following an epidemic of diarrhoea, which nothing seemed to relieve. I happened to go in one day when they were being "tailed" and noticed the nurses slapping on ung. zinc. et ol. ric. Remembering my friend with the sore arms, I suggested that it be omitted, and within a very few days the symptoms cleared.

This common nursery remedy is not so lethal to infants as calomel teething powders (16 April, p. 977; 30 April, p. 1110), but I am certain that it does enough harm to justify its banishment from the pharmacopoeia (and our dispensaries and nurseries). It can do little good to a normal skin, but where there is soreness can be absorbed to complete a vicious circle.

Could we not suggest to our nursing associates that zinc and cod-liver oil ointment

would be better? For they must have something to recommend to the anxious young mothers: and the two "sound" sufficiently similar for the substitution easily to be effected.—I am, etc.,

GORDON SCOTT.

Shipton-under-Wychwood,
Oxon.

Lord Moran's Diaries

SIR,—Surely it is time that many aspects of the doctor-patient relationship were reconsidered and more rational principles established. Lord Moran maintains (*The Times*, 25 April) that "the obligation is absolute in the lifetime of the patient." Would it not be more just to demand that "the obligation is absolute after the death of the patient"? During his lifetime the patient has the opportunity of correcting errors of fact and criticizing opinions expressed; neither of these things can be done beyond the grave. After death only his relatives, friends, or solicitor can perform such functions, as indeed has happened in the case of Sir Winston Churchill, but this is not good enough. Had Lord Moran published the diaries in 1955 Sir Winston would have been quite capable of making some truculent comments. These, alas, are lost to history—I am, etc.,

Weybridge, Surrey.

I. ATKIN.

Work Study on Junior Anaesthetic Staff

SIR,—The article by Drs. D. A. Nightingale and T. H. Taylor (14 May, p. 1218) once again draws attention to the critical state of affairs that exists in the field of anaesthesia, which, if allowed to persist, will retard future progress in the very specialty in which Britain leads the world. In my opinion anaesthesia is opening up fields of advancement scarcely thought possible a few years ago. If we do not allow time for study, teaching, and research, our crops and fertile plains will remain uncultivated and our gardens choked with weeds.

It was in order to draw attention to this subject that the Sheffield Conference was held in 1964. The attendance at this conference was such that I am convinced that the problems discussed are universal, and I am surprised that so little follow-up took place. Perhaps this was due to the very state of affairs that Drs. Nightingale and Taylor highlight—namely, that we are all overworked and have little time for reflection. I have stated on a number of occasions that the rapid expansion which took place in 1948 left anaesthesia with insufficient personnel. This grave shortage still exists.

The Willink Report in 1957 recommended the reduction of the intake of students into medical schools up to 1970. Our specialty, like others, suffered from this policy and we now have the latest disastrous policy of reducing manpower in hospitals in the hope that it will channel doctors into general practice. Once more anaesthesia is going to suffer and I hope that further work studies will not be necessary before we realize this. If we are going to attract the right type of person into this specialty we have to set our house in order. Our work programmes must

not be excessive, our juniors must have time for study and training, and leave entitlements must be honoured. Our establishment must allow for this; I am afraid we overlooked this fact when the Health Service began. Our colleagues in medicine and surgery were more experienced in this respect and their establishments were more realistic.

Finally, a teaching hospital must have the right standards and in my opinion must not be so concerned with the day-to-day work of the service that the standards are lowered and are only paid lip-service. To rapidly increase the number of consultant posts merely to satisfy the insatiable demands of the service would not help our juniors and tend only to down-grade the status of consultants.—I am, etc.,

Royal Infirmary,
Sheffield 6.

W. J. PATTERSON.

Medical Witnesses' Fees

SIR,—May I draw attention to the antediluvian scale of fees paid to medical witnesses, as embodied in the brochure "Medical Witnesses," and published by the Medical Defence Union in 1963.

For a whole day, often 10 a.m. to 5 p.m., the fee is eight guineas, and should one be unfortunate enough to spend a night away from home the maximum allowance is £2 a night. Another gem is "for a full written clinical report furnished by a medical practitioner at the request of the coroner, £1 1s." "Special histological examinations" for the coroner are more highly valued at "not exceeding £13 13s."

The principal defect is that in criminal cases no distinction is drawn between a junior doctor or general practitioner who attends to speak to a simple matter such as a black eye, and a consultant who may have to express an opinion requiring much training and experience; psychiatrists in particular frequently find themselves in this position. The case of expert witnesses is slightly better, but these are involved in a negligible proportion of cases.—I am, etc.,

Littlemore Hospital,
Oxford.

J. E. DUFFIELD.

Shared Consulting-rooms

SIR,—In your report of the recent symposium on Practice in New Towns (4 June, p. 1416) mention is made of the economic need for sharing accommodation in health centres. It is suggested that such sharing should occur not only with local authorities but also between individual practitioners, who should share their consulting-rooms.

There is certainly nothing to be lost by sharing waiting-space; and it is equally apparent that the present tripartite scheme of medical care is evolving into a system where there is much greater collaboration between hospital, local authority, and general practitioner. Cooperation with the local authority in the siting and building of medical centres will assist this evolution and is to be encouraged. But the suggestion that consulting-rooms should of necessity be shared is surely a retrograde step.

What other profession would ever consider sharing its consulting-rooms? The solicitor and the accountant (and the medical officer of health) are secure in their own offices,

arranged as they would wish them for their own individual needs. The tendency in general practice is for more and more consultations to take place in the surgery, and the hours a general practitioner will work in his surgery premises will increase. Surely it is as true of doctors as of anyone that no two individuals are alike—and the need for a separate consulting-room for each doctor would appear to be greater now than at any time previously. An excellent relationship between two general practitioners can be seriously undermined when the equally good but incompatible ideas of both of them have to be combined or compromised in a shared consulting-room, and their satisfaction with their job, and hence their standard of medicine, can suffer accordingly.

To provide modern premises and equipment for the practice of the best possible medicine should be our obvious aim, backed by the financial support of the Government. Let us not prejudice this aim by economizing on the essential provision of one consulting-room for one doctor.—We are, etc.,

ROY WEBB.

FRANK WELLS.

Ipswich, Suffolk.

Merit Awards

SIR,—In 1948 Sir Francis Walshe expressed the views of many of us when he stated that the greatest reward for distinction was to be distinguished, and general practitioners have since then repeatedly shown their distaste for secret awards.

The task of deciding which 2,000 doctors should receive £750 a year extra is an unenviable one, unlikely to please anyone other than the recipients. Few of us, however, would deny that within the ranks of general practice there are 100 doctors whose "service to general practice" has entailed considerable hardship. Our negotiators and representatives at Headquarters and at the periphery are all deserving of our gratitude, and it is we as a profession who should find the funds to give them £2,500 a year, not the Ministry. It is incredible to me that so blatant a political manoeuvre should have escaped the notice of the G.M.S. Committee.—I am, etc.,

Altrincham.

J. C. TURNBULL.

SIR,—I am one of the 15% who voted against the submission of the "package deal" to the Review Body chiefly because it included merit awards which were in no way connected with the Charter and not in any way relevant to the wishes or interests of the great majority of general practitioners. I have come to feel that perhaps the £2m. so generously offered by the Government could be spent in many ways encouraging good general practice.

There is no doubt that the large majority of general practitioners are opposed to awarding doctors pensions of either £750 per annum or even £2,500 per annum for life merely because of one or two momentous contributions they have made to general practice.

I would like to suggest the following scheme for consideration:

(1) Prizes could be offered for papers accepted for publication by medical journals not run by drug manufacturers. Papers describing original research would qualify for larger prizes.