we can at least cope with our N.H.S. patients under the present scheme, but the thought of some of our private insurance patients, having paid their annual fee and out to get their pound of flesh, is terrifying.

None of us can feel completely satisfied with Dr. Jones's insistence that there should be no reconsideration even of some minor form of item-of-service charge. Insurance companies will have the last word, of course, but they are not usually so inflexible as to be unable to provide some compromise to overcome what appears to be a major defect in the scheme.

The ludicrous part of the Meeting came, however, when, having got away without much difficulty from this "item-of-service" issue, the conference fell overboard in insisting on the inclusion of it in the Charter. As a convinced "item-of-service" general practitioner, I was amazed to see the chance squandered in the private scheme, and inserted, with full realization of the consequences, at the eleventh hour into our delicate negotiations.

I suppose now we shall see Dr. Jones's scheme also only put right at the eleventh hour, but it will need more than fiery oratory to overcome the Chairman of the Private Practice Committee.—I am, etc.,

Peterculter,
Aberdeenshire.

F. L. P. FOVIN.

Putting Things Right

SIR,—I have not followed the correspondence regarding general practice so I hope you will forgive me if the following points have already been made.

In 40 years of general practice I found by far the most exacting part of my job was the necessity of listening to endless and pointless verbosity from the all too common types who love talking about themselves. General practice is the only form of medicine where one has no defence against this sort of thing.

In our local factory two S.R.N.s see every patient first and pass them on to the doctor only if there is some indication to do so. The result is that out of 50 patients per day I see roughly 10%. This system has worked perfectly well for the past 12 years and everyone appears satisfied. I feel certain that what is needed in general practice is a similar nursing screen which would have the effect not only of relieving the doctor from being pestered by triflers, but also the nurse might at times draw the doctor's attention to features which he might have overlooked.

I am convinced that any arrangement which does not include a provision of this sort is doomed to failure. In this district there is a large number of married nurses, at present not engaged in nursing, who, with a short training, could well undertake the duty I have suggested.—I am, etc.,

Tiverton, Devon.

GEORGE NICHOLSON.

SIR,—May I, just to ease my feelings, be allowed to say just how utterly and completely weary I am of hearing of an endless succession of further suggestions for improving general practice. As a profession we will never agree on such things, and as long as red herrings are pursued general practice will never improve. Let us be content with the

obvious improvements gained—such as less certification, no responsibility for the action of locums and so on, and concentrate on what really matters—money.

I have 2,400 on my list. I have not one patient attending hospital out-patients. Apart from major surgery I consult specialists only about once every two months. I do all my own E.C.T.s, manipulations, E.C.G.s, lumbar punctures, bloods taken for laboratory examinations, treatments of almost all medical diseases such as coronary thrombosis, leukaemia, pneumonia, and so on. Such things should be done in general practice. Three-quarters of our specialist physicians, dermatologists, and psychiatrists should be redundant.

The only way of getting men into general practice who will do this sort of work is to pay them decently. Then more will come into general practice, competition will be greater, and eventually only those who do good work will get patients.

Give the general practitioner another £1,000 per year to run his practice as he thinks fit and employ whom he thinks fit. If this £1,000 is not forthcoming then let him resign without further ado.—I am, etc.,

Paignton, Devon.

R. J. T. WOODLAND.

Responsibility for Out-of-Hours Service

SIR,—Dr. D. V. Cashman (3 July, p. 50) echoes a statement that "The onus of making arrangements for out of hours medical attention must rest with the Government." Under the National Health Service Act the Government has for the last seventeen years accepted the responsibility of making arrangements for medical attention to the community at all hours. It can only implement this responsibility by making some arrangement with doctors.

The present crisis has been reached not because the Government has sought to deny its responsibility but because some doctors are dissatisfied with arrangements made in the past by themselves with the Government. When an urge arises within the profession to jettison the traditional approach to work and to demand hours to match those of the chap next door, it is less than fair to fog the issue by heaping coals of fire on the head of even a Government for which I did not vote.—I am, etc.,

Mvumi Hospital,
Dodoma, Tanzania.

D. SAKLATVALA.

Post-partum Mental Disorders

SIR,—Most of us working in busy maternal and child welfare clinics and interested in the mental health of mothers particularly will be very interested in the wealth of information provided by the Swedish researches of Dr. L. Jacobson and his colleagues (26 June, p. 1640). This is just the kind of mental health research which statistically substantiates our daily clinical experience. The figure of over 25% of the mothers questioned having more than six symptoms seems much more appropriate than the 1 per 1,000 more often quoted from the limited experience of frank psychosis in hospital practice—for example, Myre Sim.^{1 2} Even so this is a high percentage.

As one understands that practically all Swedish births occur in hospital it is perhaps pertinent to ask if the Lund mothers are paying a mental health price for their and their babies' physical security. It would be interesting if exactly comparable research could be done in this country and in Holland, where (particularly in the latter) the number of home births is very much higher—the mothers not being so frequently separated during their reproductive/emotional crisis from their normal social context and their families.

A final point which is not lost on those who study the early emotional and general development of infants under 2 years old is that disturbed mothers frequently provoke disturbed children, unless provided with continuous long-term professional advice. The possible supportive and psychotherapeutic role of doctors and health visitors at this stage has to be experienced to be appreciated.—I am, etc.,

Amersham, Bucks.

BRIAN H. BURNE.

REFERENCES

- ¹ Sim, M., *Brit. med. J.*, 1963, 2, 145.
- ² ——— *Lancet*, 1965, 1, 48.

Oral Contraceptives and Thrombosis

SIR,—Following the report of Dr. N. C. Nevin and his colleagues from Belfast (19 June, p. 1586) perhaps I could report a case which has since presented to me.

Mrs. A. B., aged 29 years, and previously healthy, was started on Ovulen in December last year, following the birth of her fifth child, by the local Family Planning Clinic. On 3 July 1965 she attended the surgery complaining of headaches, malaise, and depression and stated that she had noted increasing hardness of the veins of the left forearm and right calf during the preceding fortnight. On examination there was thrombosis, without overlying inflammation, of the whole of the superficial venous system on the ventral surface of the left forearm, and a similar condition was found in the superficial veins of the dorsal surface of the right calf. There was no previous history of thrombophlebitis and the only abnormality of note in the family is that her son is a haemophilic.

I am now more convinced than ever that caution should be counselled in the administration of these potentially dangerous drugs.—I am, etc.,

High Wycombe,
Bucks.

J. SCOREY.

Who Takes the Smear?

SIR,—The recent leading article about who should take cervical smears (3 July, p. 4) has prompted me to write to you. I should very much like to take cervical smears from my patients, but, even if I buy the spatulas and slides myself, I find I am unable in this area to have them read for me. I telephoned both the medical officer of health for this area and the pathologist of our local hospital for advice on how to obtain spatulas and slides and where to send them, but although they were both sympathetic they could not help me. The former did suggest I obtain appointments at a local authority clinic where six smears per week are taken by a nurse. This session covers the whole of this area and therefore my patients have a wait of at least eight weeks. Now apparently the nurse has retired