Ancoloxin and meclozine have been very extensively used in the treatment of nausea and vomiting in pregnancy, and there are bound to be cases in which they have been used where foetal abnormality has occurred or will occur. Of course, this does not implicate ancologin or meclozine unless supported by statistical proof.

As an example, in my own practice during the last three years, out of 58 home confinements of which I have full records there were three cases of deformed babies. One of these, a bilateral calcaneovalgus, followed the use of ancologin. The other two cases were a bilateral talipes equinovarus and a case of exomphalos, and in neither case was an anti-emetic drug taken by the mother during the pregnancy. It would appear that on the basis of a similar proportion Dr. Watson calls the notice of the profession to "this mounting evidence against the safety of ancologin in pregnancy."

On analysing my own cases further I find that, in 58 cases of pregnancy, 19 expectant mothers took ancologin or meclozine and only one of these gave birth to a deformed baby. This is exactly the same proportion as in the pregnancies where no drug was taken. I realize that this small number of cases proves nothing at all, and the very point I wish to make is that statistical proof is essential. This should be provided by a larger series of cases such as Dr. Watson's, provided all the facts are given and properly analysed.

There is another point I should like to make. There must be a vast amount of most useful data in the records kept by general practitioners, but for a busy G.P. to extract any of this is very difficult as it takes so long. For example, I was asked last year to report on all cases of malignancy in my practice, and I found it quite impossible at the time as I should have had to examine the medical records frequently in order to avoid missing a case. It is extraordinary how this can happen if one relies on one's memory, especially in this area in the case of skin cancers, which are common among the older men.

Could not the B.M.A. or the College of General Practitioners train a few medical secretaries to do this very job? If a small number of people could be trained in this way and backed up by a statistician I think some really useful information could be obtained on a number of different subjects. In this matter of ancologin and meclozine it is obviously essential to find out one way or the other whether the drug is safe. Carefully kept records in a sufficient number of practices should give this information, provided they are properly checked and analysed.—I am, etc.,

St. Ives, Cornwall.

T. E. BARWELL.

SIR,—Search of over 1,000 maternity records from the past ten years shows that of 54 women prescribed meclozine ("ancolan") in the first 12 weeks of pregnancy, three were delivered of abnormal babies: (1) Branchial sinus (meclozine prescribed on 43rd day of pregnancy); (2) pyloric stenosis (meclozine prescribed on the 37th day of pregnancy); (3) partial fusion and malformation of fingers and partial fusion of toes (meclozine prescribed on 47th day of pregnancy).

Of three women prescribed "ancologin" (meclozine and pyridoxine), one has had a baby with partial fusion of two toes. (Ancologin prescribed on 59th day of pregnancy.)

The corresponding figures for cyclizine are 55 patients and two abnormal babies: (1) Pilonidal sinus (cyclizine

prescribed on 40th day of pregnancy); (2) haemangioma of face (cyclizine prescribed on 51st day of pregnancy).—I am, etc.,

St. Paul's Cray, Kent.

JOHN WOODALL.

"Panorama" and General Practice

SIR,—On November 19 "Panorama" chose to discuss the abysmal state of general practice. Since then Dr. R. F. Baird (December 8, p. 1539) has written to reaffirm his faith in it. May I be allowed to support him in this? And may I also try to dispel some of the misunderstandings of general practice that are current in teaching hospitals?

I recently had the pleasure of doing several locums in general practice after four years of working in various hospitals. My conclusions are based on this, admittedly brief, experience.

General practitioners are often (and rightly) thought of as mere sorting-houses. So are we all. Surgeons refer gynaecological problems to gynaecologists; physicians do not remove prostates, nor radiologists treat tuberculosis. Sorting is a necessary part of specialization. The specialist knows the limited field of his interest, in which he keeps up to date, and in whose management he excels. He refers other conditions to other consultants.

This, too, is the function of G.P.s: to choose their specialty, and to refer patients outside this to other specialists. Their specialty is no more the whole of medicine than is any other, but it is very much harder to define, as it is not sharply bounded by limits of anatomy, or physiology, or operability. It comprises the common diseases of childhood and old age (because these patients react badly to hospitalization); most psychoneuroses (because the patients trust their doctor, he knows their background and can see them easily); other aspects of gynaecology, dermatology, family planning, antenatal care, very minor traumatic surgery and medicine that special training (and continued interest) allow him to do; and, most importantly, the whole treatment of his patients, who are being fragmented by hospital specialists' care.

In practice I found that there was a considerable amount of real pathology and a great deal of human interest. The number of patients needing to be referred were remarkably few—few more than those that a houseman has to refer to departments other than his own.

Nor is good medicine impossible. I worked in one practice (with a full list) whose patients were trained to go to an examination room after their history had been taken and there to get appropriately undressed.

Only a fool would believe that all is well with any field of medicine. Reform is needed. The gap between the different parts of the Health Service should go; better reward should be given to conscientiousness; and training for general practice should not be the financial and marital sacrifice that a long series of house jobs now are. But rewarding practice does exist and I have seen it.—I am, etc.,

Freedom Fields Hospital,
Plymouth, Devon.

W. J. TROWELL.

Better General Practice

SIR,—No one will doubt the service which Dr. John Fry has done and is doing for general practice, but I feel obliged to comment on one point he and his co-authors make in the article "Towards Better General Practice"