FIG 2—Postage stamp celebrating 50th anniversary of award of Nobel prize to Professor William Bragg and his son, Sir Laurence Bragg (reproduced from reference 2 by permission)

anniversary of his original prize in 1915, and figure 2 shows a celebratory postage stamp.

Thus Röntgen's original discovery has borne fruit in medical fields far wider than the diagnostic techniques we now use.

JOHN CAROE
General practitioner

Ian Gow Memorial Health Centre,
Langney,
Eastbourne,
East Sussex BN23 8BR

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Anti-therapeutic community mental health law

EDITOR,—The defence by K C Calman, the chief medical officer, of the government's Mental Health (Patients in the Community) Bill seems to be based more on hope than on clinical argument.¹ It is also contradicted by the Department of Health's internal review of legal powers on the care of mentally ill people in the community, which preceded the drafting of the bill.² This stated that, although the department believed that wider use of guardianship might help some patients, "we cannot see guardianship offering a ready answer to the problems of the patients with whom we have been concerned." Aftercare under supervision, however, amounts merely to "guardianship, fortified with the power to convey."

Neither I nor Calman can support our expectations of the clinical impact of the bill by reference to clinical trials. This contrasts with the introduction of supervision registers, for which piloting would have been possible and should have been pursued. Calman offers no clinical argument, however, that influence over patients will be enhanced by enforced conveyance to a place "for medical treatment, occupation, education or training" in the absence of the power to treat. Is setting such a weak and confusing clinical boundary likely to enhance patients' compliance with treatment?

Calman rebuts my criticism of the bill—that it fails to offer resources in exchange for further restriction of civil liberties. Clause 1(1)25A(4)(c) of the bill says, "being subject to after-care under supervision is likely to help to secure that [the patient] receives the after-care services to be so provided." I would emphasise that adequate resources are required for this principle to be satisfied. Ordinary guardianship orders are often resisted by local authorities specifically because of their implications for resources, emphasising the frequent inadequacy of community resources. Ironically, some clinicians have suggested that the bill might allow adequate health and social service resources to be obtained by overtly showing unmet need. The doctor would simply record in the case notes, "I would have applied for aftercare under

supervision for this patient, but I was unable to legally do so because the aftercare services were inadequate."

Since forced conveyance is likely to be perceived as anti-therapeutic, and sometimes even as dangerous, aftercare under supervision will be reduced to a mechanism for encouraging proper case reviews. It must not be perceived as a means by which patients in the community can be directly controlled. There is a deep divide between legislating for care in hospital and in the community.⁴

NIGEL EASTMAN
Head

Section of Forensic Psychiatry,
St George's Hospital Medical School,
London SW17 0RE

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Telephony remains useful in medical informatics

EDITOR,—Enrico Coiera¹ and Paul McLaren and C J Ball² point out that even in the midst of recent technological advances the telephone remains a valuable tool for doctors. We have recently shown that, in north London at least, the telephone's potential for improving communication between consultants and general practitioners has not been realised.

We sent a questionnaire to 100 local general practitioners to determine the number of telephone calls from a consultant that each general practitioner had received in the preceding month and whether he or she would like to receive more such calls. We also determined how easy it was to contact general practitioners by studying the telephone calls that we made to general practitioners over nine months.

There was a 93% response rate to our questionnaire. Fifty eight general practitioners had received no telephone calls from a consultant in the previous month, and only 12 had received more than one such telephone call. Eighty three respondents wished to receive more calls, with 78 specifically stating that they did not mind being interrupted in a busy surgery about an important matter. General practitioners were generally easy to contact by telephone. Contact was made within five minutes in 49 of the 75 calls we made and within 24 hours in 63 calls.

We found that general practitioners appreciate telephone discussions with consultants when important or pressing matters about one of their patients arise. Although the general practitioners were usually easy to contact by telephone, they received few calls from consultants. We look forward to joining the Internet when the British Paediatric Association gets its home page. Nevertheless, we are confident that even when the Internet is established in medical practice the telephone will remain a powerful way for general practitioners and consultants to communicate with each other.

B W LLOYD
Consultant paediatrician
M A ROSSITER
Consultant paediatrician

North Middlesex Hospital,
London N18 1QX

Hospital for Sick Children,
London WC1N 3JH

D GURTIN
Paediatric registrar

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Should older women be offered in vitro fertilisation?

Authors' premise is faulty

EDITOR,—In concluding that "it is not right to withhold fertility treatment on the grounds of the interests of the potential child" on the premise that existing will always be preferable to non-existing, Tony Hope and colleagues are guilty of false logic.¹ They wonder whether it is better never to have existed than to be born and have one's mother die while young. Their error is in attributing interests to a being that does not exist and then weighing these interests against the interests of a being—that is, the potential mother—who does exist.

If their argument holds, then all parents of whatever age are under a moral obligation to have as many children as possible by whatever means medical science can provide and to turn thousands of hypothetical babies into real babies on the grounds that it is better to be real than hypothetical. This conclusion is logical given their premise, but their premise is faulty. Anyone who saw a television documentary on the "dying rooms" in China's orphanages (*Secret Asia*, "The Dying Rooms," C4, 14 June 1995) might consider that humanity might have been served better if those wretched and unwanted babies had been left as hypothetical ones.

KEITH WILSON-DAVIS
Deputy director

Drug Utilisation Research Unit,
Queen's University of Belfast,
Belfast BT9 7BL
kwd@qub.ac.uk

- 1 Hope T, Lockwood G, Lockwood M, Jackson J, Bewley S, Craft I. Should older women be offered in vitro fertilisation? *BMJ* 1995;310:1455-8. (3 June.)

Counselling may be a better use of resources

EDITOR,—The ethical debate on in vitro fertilisation for older women and the interests of the potential child¹ attracted considerable attention in the media, although the media failed to report that age cut offs have primarily been instituted on the basis of effectiveness. We agree that if the take home baby rate after in vitro fertilisation among older women were to improve then there would be a case for re-evaluating guidelines. We accept that if the interests of the child are important then the age of the father and comorbidity affecting the parents' life expectancy or ability to care for the child should also be considered. Age cut offs may become less of an issue as the current cohort of infertile couples requesting in vitro fertilisation either receives treatment or gives up the attempt to have children. In the future, the backlog of couples requesting treatment will have been cleared and referral will mainly be for incident cases of infertility, although some older women in second marriages may request treatment.

Tony Hope and colleagues point out that criteria for adoption are strict, although they argue that the case for in vitro fertilisation is different from that for adoption since the infertile couple are the only potential parents for the as yet unconceived child. We see no reason why strict though rational criteria should not be in place for in vitro fertilisation. If health authorities allocate resources to assist in the birth of a finite number of children then couples have to compete for one of these limited courses of treatment. Couples need to justify why they should have assistance to conceive their potential child in preference to other couples. Effectiveness and ability to care for the child in its formative years may be among the factors to be considered. The suggestion that we might "choose between 'competing' couples, on the basis of seeking to maximise the number of happy children made per pound spent," is actually an argument for investment