coined today, and not only for reasons of semantics.—I am, etc.,

A. S. WIGFIELD

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1 Wigfield, A. S., *British Journal of Venereal Diseases*, 1972, **48**, 549.

SIR,—For many years I have been of the opinion that the term "venereology" inadequately describes the work of the specialty, and as long ago as 1958, I presented a paper to the Medical Society for the Study of Venereal Diseases in which I proposed that the specialty be reorganized and renamed "genitourinary medicine." Conditions have changed since then; there were few urologists and fewer practitioners of what has come to be known as nephrology at that time, and I am not certain now if such a change is possible.

Unfortunately your leading article (11 January, p. 51), in which you discuss the proposal that venereology should be renamed "genitourinary medicine," does little to remove this uncertainty. In fact, I am disturbed by the lack of any real argument in favour of the proposition. Also by the attempt to have the proposition accepted on emotional grounds with the claim that the change is mainly for the sake of the patients and that it could protect a large number of them from fear and the other emotional disturbances associated with the term "venereal disease." Actually, with the increased awareness that venereal diseases are easily cured and the changed attitudes of society on the subject of sex such emotional upsets are now confined to a small number of patients. Even if this was not so, in a very short time the unpleasant connotations associated with the term "venereal disease" would be transferred to "genitourinary medicine."

I am perturbed that the Department of Health and Social Security and the Royal College of Physicians should have adopted the term "genitourinary medicine" without any reference to either the Medical Society for the Study of Venereal Diseases or the Venereologists' Group of the British Medical Association. I am worried even more by the apparent absence of any consultations with urologists, nephrologists, and general physicians who might be affected by the change as, without the approval and support of these specialists, the change of name from "venereology" to "genitourinary medicine" would be a change of name and no more, of no clinical significance, and of no benefit to the consultant venereologist or, after a short time, to his patients.

However, now that you have raised the subject I hope that the possibility of reorganizing venereology will be considered carefully and in consultation with the various bodies who might be involved.—I am, etc.,

W. FOWLER

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Kilopascals

SIR,—One of the problems we may all be facing in the not too distant future is the conversion of blood pressure in mm Hg to kilopascals. The following simple rule will enable this conversion to be carried out quickly and very accurately (to four significant figures): "Double once and then again, divide by three and then by 10." Thus 24 mm Hg becomes 48, 96, 32, 3·2 kPa and 120 mm Hg becomes 240, 480, 160, 16·0 kPa. With a calculator or slide rule this result can be obtained by dividing by 7·5, but it is doubtful whether the result will be obtained all that more rapidly. Reversing the process converts kPa to mm Hg: "Multiply by three and 10, divide by two and two again."

Gas tensions are also expressed in mm Hg and it may come as a surprise to find that, without realizing it, we are already familiar with the numerical value of many of these tensions in kPa. As a close approximation room air (21% oxygen) has a P_{O_2} of 21 kPa; a Venturi mask giving 28% oxygen gives a P_{O_2} of 28 kPa; a cylinder of 7% CO_2 will give a P_{CO_2} of 7 kPa. These follow from the fact that the barometric pressure at sea level is close to 100 kPa.

This equality also applies to alveolar air. If this contains 5·5% CO_2 the $P_{CO_2} \approx 5{\cdot}5$ kPa. If the oxygen content is 13% the $P_{O_2} \approx 13$ kPa. The correction factor for accurate work, which allows for the vapour pressure of water in alveolar air, ranges from $\times 0{\cdot}92$ to $\times 0{\cdot}98$ according to the barometric pressure. This is so close to unity that in many cases it can be ignored.

The water manometer comes into its own in kPa, since a 10-cm column of water (or blood) exerts a pressure of approximately 1 kPa. Pressure recordings made above or below the heart can be corrected for gravity using this relationship.

It is hoped that the above will allay some of the fears of kilopascals and maybe prevent the thought of having to change to SI units from causing a rise in blood pressure from, say, 16/10 to 24/12—in kPa of course.—I am, etc.,

J. H. GREEN

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Uticillin

SIR,—I have been interested in the correspondence about Uticillin. This proprietary name is used in the United Kingdom for the antibiotic, carfecillin sodium. I thought that I should point out that in the book *A.M.A. Drug Evaluations*, second edition published in 1973, there occurs on p. 522 the name "Uticillin VK" as that of a proprietary preparation of phenoxymethylpenicillin potassium, an entirely different penicillin. I am drawing attention to this as there may be confusion about the drug among doctors moving from one side of the Atlantic to the other in the course of their work.—I am, etc.,

RONALD H. GIRDWOOD

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Control of Oral Contraceptive Clinical Trials

SIR,—The multiplicity of forms used by those seeking information about the clinical acceptability of specific oral contraceptive preparations is well known. Confusion is often present among those completing these forms at clinic level, among those attempting to make comparisons between preparations at company level, and among those attempting to interpret findings at research level or in government departments and committees. It was felt that a single set of forms designed for use in general clinical research together with an agreed set of definitions would improve the quality of data obtained and make the collection and interpretation of these data more efficient.

It was for these reasons that senior representatives of the major pharmaceutical companies undertaking clinical trials with oral contraceptive preparations in the United Kingdom were invited to become members of a working party on the conduct of oral contraceptive clinical trials. The Family Planning Research Unit of this university was requested to provide neutral ground and the secretariat for a series of meetings which commenced in 1972 and is continuing.

An agreed set of forms for use in general clinical oral contraceptive trials has been designed which includes an admission form, a follow-up form, and a diary card. In addition, a set of definitions for use in the analysis of data collected on such forms has been developed. The forms and definitions represent the general agreement of all the working party members and are the result of much discussion and careful preparation.

The working party wishes to offer assistance in relation to the problems described in the first paragraph of this letter by inviting any organization or institution concerned or interested in carrying out oral contraceptive clinical trials to contact the working party through the Family Planning Research Unit. I will be pleased to forward copies of the forms and definitions and provide any further information the working party holds.—I am, etc.,

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"Doctor in the Army"

SIR,—May I call attention to some pitfalls which can arise within the R.A.M.C. as a result of misleading statements in the recruiting booklet, "Doctor in the Army"?

Regular commission grant—A condition of acceptance of this grant implies that in the event of a doctor being allowed to resign his commission he will refund the whole or part of the grant on the following scale: less than 12 years' service 100%; thereafter reducing at 20% per year until the 16-year point. Further, before an application to resign can be considered this payment has to be submitted by post-dated cheque (which, of course, the doctor must make arrangements to honour).

Terminal gratuity—The booklet states that an officer who retires with at least 10 years' qualifying service may receive a gratuity. However, under the terms of the Army Pensions Warrant no award is permitted until a minimum of five years' regular commission has been completed.

None of these points is covered in the recruiting booklet. The doctor who in good faith relinquishes a short-service gratuity when converting to a regular commission thus leaves himself and his family with no