Restrictions of Medical Aid in Abortion

SIR,—If Mr. J. White's Abortion (Amendment) Bill is, as indeed he has represented it to be, an urgent demand to Parliament to control the present exploitation of pregnant women in distress with unwanted pregnancies, then no doctor concerned for the welfare of such women will wish to do other than fully support it. But if it contains measures designed to deprive women in need of access to medical aid in abortion, which it does, this is another matter.

Seeking to limit the legal right to abortion to 20 weeks and thus interfering with the accepted and established figure of 28 weeks for fetal viability is an unwarranted intrusion on medical assessment. Surely such matters are best left to doctors to decide? Again while certainly abortion for foreign women coming here for that purpose should be free only in exceptional circumstances, most medical men will feel that to forbid these women access to help is not only inhuman but introduce an unwelcome and uncongenial note of xenophobia.

But perhaps most importantly of all, Mr. White's Bill seeks also to discount social and emotional factors in medical grounds for termination. This would be a most retrograde step, not only in this field but in medicine generally, as deeply damaging to our present ethos and concept of whole-person care. When this measure comes before the Select Committee which is to be set up it is to be hoped that all those interested in the preservation of insight into the role of emotion and social factors in the aetiology of disease will be heard.—I am, etc.,

NORMAN CHISHOLM

London N.W.3

Community Health Specialists

SIR,—Dr. R. G. Dunning (22 February, p. 456) welcomes the inauguration of an Association of District Community Physicians but regrets that the formation of other special interest groups may tend to disintegrate the emerging specialty of community medicine and weaken its voice.

Any initiative aimed at developing our thinking and skills is welcome, and we are still free to organize ourselves (or not) as we please. The B.M.A., and the Faculty of Community Medicine through its appointed advisers in the English regions, Scotland, Wales, and Northern Ireland, have provided a framework for regional—and more local—meetings of almost any kind.

Dr. Dunning should be assured that the Faculty of Community Medicine is anxious to develop its peripheral and local as well as its central and national activities, but some of the impetus must come from our members. He suggests that the faculty might "act as a catalyst," and he will shortly read in the faculty newsletter that Dr. H. Binysh, of Cornwall, has kindly accepted the office of faculty adviser in Dr. Dunning's region.—I am, etc.,

T. MCL. GALLOWAY
Registrar,
Faculty of Community Medicine

London N.W.1

SIR,—I was dismayed and intrigued to read Dr. W. S. Parker's reply (22 February, p. 455) to my letter in that he obviously does not understand what a community health specialist is.

Dr. Parker is a district community physician, and I regard them with great sympathy as being immensely valuable members of the community and, even seen through a vaginal speculum, they are undoubtedly performing a thoroughly worthwhile task. Community health specialists, however, are a completely different entity and are area appointments with a much more dubious job description and bring, among other things, a proliferation of bureaucracy. They also are a drain on the limited medical resources for community medicine, as mentioned in Dr. Parker's letter. I regard them, moreover, as a threat to the autonomous position of consultants within the Health Service.

In reply to the remark made by Dr. H. Gordon that I should have spoken up before the N.H.S. reorganization was introduced, one assumed at the time that the procedure would be sensible and helpful. Time has shown it to be otherwise.—I am, etc.,

A. F. PENTECOST

West Kent General Hospital,
Maidstone

Prolactin and Pre-eclampsia

SIR,—Dr. C. W. G. Redman and his colleagues in their interesting paper (8 February, p. 304) have omitted to mention much of the evidence supporting the concept that prolactin may be involved in the syndrome of pre-eclampsia. The idea was first proposed in 1971[1] and has been considerably developed since.[2 3]

The main pieces of evidence are: (1) Prolactin can cause renal retention of sodium, potassium, and water in man.[1] (2) Prolactin can elevate arterial pressure in rabbits.[4] (3) Prolactin in concentrations similar to those found in human pregnancy can potentiate the responses of rat arterioles to both noradrenaline and angiotensin.[5] (4) Elevated levels of prolactin appear to be nephrotoxic in rats, causing a nephrotic-type syndrome.[6] (5) The development in old rats of a nephrotic-type syndrome can be prevented by treatment with 2-bromo-α-ergocryptine, which suppresses prolactin secretion.[7] (6) Prolactin can stimulate progesterone synthesis by human ovarian tissue.[3] Govan and Mukherjee in 1950[9] reported a study of the ovaries of stillborn infants from pre-eclamptic pregnancies and from pregnancies not complicated by pre-eclampsia. Of 33 non-pre-eclamptic cases there was no evidence at all of follicular maturation in 29; in the remaining four there was some maturation but without rupture or luteinization. Of 25 pre-eclamptic cases, 23 showed clear evidence of follicular maturation and in seven there was obvious luteinization. These forgotten observations strongly implicate some luteotrophic factor in pre-eclampsia. (7) Prolactin can have excitatory effects on the heart[10] and vascular smooth muscle.[5] If it acts on neuronal membranes in similar ways it could provoke epileptiform attacks. A number of drugs which have in common stimulation of prolactin secretion are known provokers of such attacks.[2]

There are therefore very strong reasons for considering the possibility that prolactin may play a major role in pre-eclampsia.—I am, etc.,

D. F. HORROBIN

Department of Physiology,
University of Newcastle upon Tyne,
Newcastle upon Tyne

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Wife Battering

SIR,—Dr. J. J. Gayford's study (25 January, p. 194) is most timely; let us hope, now that he has shown the need for places of refuge, that those of us who have been struggling to establish such places will begin to attain some recognition. Over 80 have been set up throughout the country, including one in Acton which I helped start and which has been running for eight months; we have helped about 110 women and their children and have met most of our expenses from jumble sales and charity shows. Most of the work has fallen upon a small nucleus of us (all mothers with small children but the advantages of sympathetic husbands, a stable home, and a reliable family income), but we have recently appointed a full-time "housemother" who sees to matters such as helping new arrivals find a solicitor, apply to social security, etc. Also we normally have a part-time play leader, though the last one was worked nearly into the ground by the demands of the children, who tend to be very disturbed as a result of their experiences.

We have rapidly come to the conclusion that we have undertaken a serious job of social work which we cannot continue to do unaided; to continue, we shall need the support and interest of the medical and social work professions and, most importantly, reliable funding to enable us to employ trained, skilled, and sympathetic people to work with us.

So please forget those tired old jokes about "battered brides" and "battered husbands" and take the women seriously for a change.—I am, etc.,

ANNE MARCOVITCH

London W.3

A New Service

SIR,—The following salient facts seem to emerge from our present confrontation with the Government. (1) The profession has never been so united. (2) The consultants will never return to their previous onerous working week. (3) The Government will move slowly, if at all, to resolve the impasse. (4) Waiting lists in most specialties will shortly reach unacceptable dimensions.

However, our patients will have to accept

the situation. Our policy now should be reviewed in this light, since we represent patients' medical interests better than do their democratically elected representatives. The public will find it increasingly difficult to understand the virtual withdrawal of services entailed by sanctions, with a simultaneous apparent blackmail that the only way to get your bunions treated, child's tonsils removed, etc. is to "have it done privately." A prolonged confrontation with the Government is not in the profession's or patients' interest and our new-found unity will be severely tested should this occur. Withholding services is naturally repugnant to us, but this is what sanctions are. Would it not be more logical, honourable, and ethical for us to submit dated resignations, as soon as possible, to make it clear to all concerned that we intend to go on serving our patients to the best of our ability but on different terms?

Between the submission of resignations and their implementation there should be adequate time to elaborate the details of a new service. For purposes of debate this might be based on fees set at about half the current average fees operating in the N.A.T.O. area, increasing to approximate to the N.A.T.O. area fees over a five-year period. There is a world market in medical care every bit as much as in oil or sugar, and ignoring this fact has led to our present predicament. The exact manner in which general practitioners can be reintegrated into the hospital service to lighten the consultants' work load can be worked out simultaneously, for there is plenty of evidence that this is possible, and indeed the only source of practical long-term help for the hospital specialists. We believe that with an adequate and professional public relations organization this policy would be intelligible to our patients and win their support. A protracted campaign based on sanctions may do the opposite.—We are, etc.,

R. L. COPPOCK
A. J. M. CAVENAGH
K. J. P. PRICE
P. J. SNOW
D. E. P. SHAPLAND
K. R. GRIFFITHS

Brecon

"Fighting the Government"

SIR,—A letter from the Chairman of the Central Committee for Hospital Medical Services appealing for me to join or rejoin the B.M.A. begins, "Fighting the Government . . ." which epitomizes the B.M.A.'s attitude and which I cannot support. Why not negotiate and continue to negotiate and behave like the honourable profession we once were?

I can never support strike action, working to rule, or any curtailment of service for patients, which conflicts with the Hippocratic oath which I swore and still support. Neither can I support a trade union, which implies that I must "follow my leader" (often militant ones), a principle that I believe is wrecking our country. It may be argued that the B.M.A. was forced to become a union, but were the members circulated and asked for their opinion before our fate was accomplished?

I support negotiation and would like to do so financially, but not the present militant trade union approach of the B.M.A., which so shames our previously reasonable professional image.—I am, etc.,

B. M. LAURANCE

London N.6

Cost of Living and the Review Body

SIR,—A meeting of doctors at B.M.A. House on 27 February was told by the Chairman of Council that the Review Body was going back in its deliberations to 1972. The Review Body itself, in the supplement to its fourth report,[1] also compared its April 1974 award with April 1972 (para. 8) and judged its own second report "to be right at that time for the profession as a whole" (para. 1). They produced no figures in support of this contention.

However, of the facts and figures which are available, it appears that the cost of living index (C.O.L.) in 1970 was 130[2] at the start of the period since this Review Body has been responsible. By 1971 C.O.L. has risen to 143 but the figure for average doctors' salaries had risen only to 137. In 1972 C.O.L. had risen to 153 and the average for all doctors' salaries was 145, so that at 1972 the C.O.L. had increased over and above the average of all doctors' salaries by eight points. By 1973 this divergence was 18 points (C.O.L. 168, doctors' salaries 150), and by 1974 the divergence was 36 (C.O.L. 193, D.S. 157). At the time of the supplementary report C.O.L. had risen to approximately 216, doctors' salaries remaining at 157, producing a divergence of 59 points or approximately 38·5%.

Thus it is clear that so far the present Review Body has not kept the average of doctors' salaries anywhere near the rise in the cost of living. Moreover, the figures for salaries are pre-tax figures and therefore the real fall of doctors' salaries behind the cost of living is even greater.—I am, etc.,

BRYAN O. SCOTT

Department of Rheumatology and Rehabilitation, Radcliff Infirmary, Oxford

1 Review Body on Doctors' and Dentists' Remuneration, *Supplement to Fourth Report 1974*. London, H.M.S.O., 1974.
2 Phillips and Drew, quoted in *Daily Telegraph*, 30 June 1974.

Controversial Covers

SIR—With reference to recent correspondence in the *B.M.J.* (8 February, p. 336; 1 March, p. 518) regarding the covers of *B.M.A. News* I fail to see how this affects the suffering of patients, either due to their natural disease or the present policies of the B.M.A. Most practitioners, I am sure, are excited by the fresh approach of the new features in *B.M.A. News* and feel that at long last there is some attempt to deal with the Government in a way which is fully understood.

As far as the Minister of State is concerned, she, like all prominent political persons, is well able to cope with the pen of a cartoonist, which to be of value must be somewhat barbed. Humour is often cruel, but the introduction of a humorous approach must surely be welcomed in a situation which provides little cause for amusement.—I am, etc.,

H. ROSENBERG

Worthing

G.P.s' Charges

SIR,—The B.M.A. invites general practitioners to send in their resignations from the N.H.S. which could be used if the need arises to coerce the Government to improve our rate of pay. In the accompanying brochure we are advised, in the event of the resignations becoming operative, to charge patients £3 for a consultation in our surgeries, £4 for a domiciliary visit, etc.

How is it that suddenly our services are worth that much? Why has the B.M.A. allowed us to be so exploited by government after government since 1948. We are the laughing stock of our colleagues abroad and so are our representatives.—I am, etc.,

G. DAVID

London N.W.4

SIR,—I am a little surprised at some of the statements which accompany the undated resignation form recently sent to me. In the "answers to some questions" section I note some suggestions for fees to be charged to patients for surgery consultations, visits, etc. What about revisits or recalls to the surgery to check that your treatment is working. How about all those "regulars" who come for blood pressure checks, psychiatric assessment, or blood checks. What do we charge them? How guilty or otherwise are we supposed to feel about asking patients to come again?

I note also some rather trusting remarks about doctors being asked to leave health centres. We are told that "it seems very unlikely . . . that any Secretary of State would wish for notice to be given . . ." etc. Unusual really when the same body is so suspicious of rather more concrete statements made about a pay increase in April. Supposing there is not any hope of a solution to a dispute. And could not expulsion from health centres be used as a lever in the opposite direction—that is, to persuade doctors to accept less favourable terms.

Maybe the likelihood of these resignations ever being used is slight, but I do get the feeling that not enough seriousness is being given to the possibility. Why not charge patients a set sum of money for remaining on one's list for periods of three, six, or 12 months? Once paid, the doctor would be free to provide all services as usual, with no pressures on him to defer consultations or visits. The fee involved would, I believe, be surprisingly small and acceptable to most people.—I am, etc.,

S. A. ROUSSEAU

Chandlers Ford, Hants

Fees for Contraceptive Services

SIR,—During the past 30 years I have spent effort, time, and money keeping myself well informed and proficient in all aspects of an important branch of preventive medicine—family planning. In the course of an evening clinic I may deal with problems of infertility and psychosexual illness and give prevasectomy counselling. During an I.U.C.D. session I fit an average of five women and supervise some 10 others, including cervical cytology and blood for haemoglobin estimation. For this—despite unsocial hours—I and other doctors em-