factor is not enough on which to make a decision.

(10) *Where should the operation of termination of pregnancy be carried out?* In any place licensed for the purpose by the Ministry of Health.

(11) *Should the termination of pregnancy be notified?* Under no circumstances. If every other operation is notified then it may be reasonable but there can be no reasonable grounds to make this an exception. If statistics are needed about termination they may perhaps be obtained by a continuing hospital in-patient inquiry embracing all branches of hospital practice.

My answers to the questions are necessarily brief for the considerations of your space. A general comment would be that the law needs reform for the sake of the law and not medicine.

I have performed abortions for what I and my colleagues have considered to be good reasons. I do not like to perform the operation, and those who assist me like it even less. I can think of no comparable operation in which normal tissue is removed and that tissue is a potential new individual. Already the practice of obstetrics and gynaecology is hedged round with certification and State guidance—for example, in the length of stay of a woman in hospital after the birth of a baby and the length of time for which she needs care. These rules and guidance take no note of individual clinical circumstance and one is constantly having to fight authority to be reasonable.

The prolonged discussion about abortion law reform has, if anything, made me feel that the intrusion of the law into present practice will make that practice more difficult. I can see myself becoming so hedged about that I will come to refuse to perform the operation of termination at all. If many gynaecologists do this the patient will either have an illegal abortion or force other doctors, especially psychiatrists, to find adequate methods for the relief of her distress. In addition the social welfare services would have to be improved to help these women. It may be that we gynaecologists would in the end perform more of a service for our patients by making psychiatrists and social welfare workers take up their full responsibilities than in making abortion easier and so practice for ourselves more difficult.—I am, etc.,

PHILIP RHODES.

St. Thomas's Hospital Medical School,
London S.E.1.

Medical Laboratory Technicians

SIR,—The qualifications of laboratory technicians are of current interest in Western Australia as well as in Britain. Both Mr. G. H. Spray (22 January, p. 236) and Dr. A. L. Woolf (12 February, p. 418) have made important points which can be synthesized into a system to allow mobility upwards between the different grades of technicians.

All who work in laboratories can recognize those assistants with the good qualities described by Mr. Spray; there will always be a place for them in the medical laboratory, and any attempt to exclude them by the creation of the "closed shop" should be resisted with the utmost vigour. Some of them may wish to become qualified, and means must be provided for them to study for an associateship or diploma on a part-time basis. The proposed institution of a full-time three-year diploma course in this State may pose a threat to this means of advancement which must be safeguarded.

Perhaps more important is the position of the qualified technologist who, were he a graduate, could work for a doctorate. In a few universities such as Oxford such gifted technologists can acquire a first degree by thesis and then proceed to a doctorate in philosophy. Should not all universities allow those with proved research abilities to submit published works or a thesis for a first degree? If they did then full mobility would be possible, and the occasional exceptionally talented junior could, in time, become a graduate scientist and realize his full potential as a medical laboratory staff member.—I am, etc.,

H. J. WOODLIFF.

Perth,
Western Australia.

Follow-up

SIR,—As Mr. T. Rowntree (19 March, p. 738) has "trailed his coat," perhaps I could give one general practitioner's point of view on follow-up.

I don't think anyone could possibly object to a patient being reviewed by a consultant as often as he pleases; but surely he is, in fact, more often seen by a succession of junior housemen.

I always thought that the point of this was to give junior staff experience in writing letters over their own signature, which is splendid, but does it really help the patient or his general practitioner?

There is just one point about consultant reviewing over the years: it does tend to produce a "hospital addicted" attitude in the patient, so that the initial illness becomes the later hobby.

In this area, to which people often retire from the big cities, I get a number of patients who resent my refusal to transfer them for "follow up" of long past illness to already overloaded local outpatient clinics.—I am, etc.,

NORMAN WATFORD.

East Wittering,
Sussex.

SIR,—Mr. T. Rowntree's suggestion (19 March, p. 738) that there should be a reduction in the number of patients instructed to attend hospital follow-up clinics is pertinent. It has a number of advantages besides the one cited of reducing the work load on hospital staff. These advantages include: (1) A reduction in the amount of time wasted by patients in waiting-rooms. (2) A lessening of the duplication within the medical services. This will include not only a reduction in the work done by hospital staff but paradoxically a reduction in the work done by family doctors. Patients who attend hospital outpatient clinics invariably visit their family doctors shortly afterwards to learn the contents of the hospital report. These visits are frequently repeated two or three times before a report is received. (3) A reduction in the work done by the ambulance and sitting-car service in conveying patients to hospital will be effected, particularly in rural areas where there is no public transport. This will not only reduce the cost of the service but will help to reduce the work of family doctors, who often arrange for patients to be transported to these clinics. (4) A more rapid return to work of patients who have received hospital treatment. Some people who have recovered sufficiently from their illness or operation to resume work quite genuinely consider that they cannot be fit for work while the hospital doctor still wishes to see them. They will often resist a suggestion that they should resume work by saying that they have an appointment with the hospital doctor in a few days' time or are waiting for a new appointment. Theoretically these arguments should carry no weight, but in practice they do, and I am becoming increasingly convinced that many of these follow-up clinics are fostering a considerable amount of iatrogenic neurosis.—I am, etc.,

W. DEWI REES.

Llanidloes, Mon.

SIR,—I should like to comment on the interesting letter from Mr. T. Rowntree (19 March, p. 738).

Most patients are attending hospital outpatients and their own family doctors simultaneously, and this serves little useful function except in a few specialized cases. The number of consultants who see all their own follow-ups must be very small, and the majority are seen by junior doctors, often a different one each time the patient attends. This leads to the patient receiving conflicting advice from the various people who see him, as few doctors (however newly qualified) can resist the temptation to advise in some way.

The other point which I think is important concerns "cures." Patients are told they are cured of such and such complaint and find it very puzzling that they still have to attend hospital at intervals "just to see everything is all right," which in my view is bound to lead to considerable anxiety and neurosis in some, if not many, cases.

I appreciate the need to keep statistics regarding various conditions, but not at the expense of creating unnecessary anxiety in the patients we are trying to help, just to satisfy the whim of an individual doctor accumulating a series of cases to burst into print.

I think the time has come when the system of follow-up should be radically altered.—I am, etc.,

D. JOHN WARREN.

Chillington, Devon.

SIR,—As a newcomer to general practice my comment to the letter of Mr. T. Rowntree (19 March, p. 738) is the opposite to what he expects.

I am amazed by the number of cases of mine seen over and over again at a follow-up clinic. The example—and there are many which spring to mind—is the chronic bronchitic who goes to the hospital every three months or so to be told, "Nice to see you looking so well," probably by a house-physician.

In the meantime I have treated him for two acute respiratory infections and have decided on long-term prophylactic therapy.

This is a waste of the hospital's time, patient's time, perhaps the ambulance service's time, and is a frustration to myself.

In a teaching hospital I think perhaps the situation is different, because of teaching purposes, research, statistics, etc.—I am, etc.,

I. A. D. JOLLIE.

Driffield, Yorks.

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