activity fell ($P = <0.05$), suggesting that the raised plasma renin activity in these patients was probably the result and not the cause of the initial renal vasoconstriction. This fall in plasma renin activity could not be attributed to a change in arterial blood pressure.—I am, etc.,

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REFERENCE

- 1 Barnardo, D. E., Summerskill, W. I. S., Strong, C. G. and Baldus, W. P., *American Journal of Digestive Diseases*, in press.

Role of Social Workers

SIR,—I cannot allow Miss Joan Brandon's rather resigned comment in "Personal View" on communications between the medical and social work professions (7 February, p. 361) to go unanswered. She says that even the contributions from social workers in medical journals "seems unable to arouse much interest or to stimulate correspondence." She has stimulated mine.

I agree heartily with the sentiments which she expresses concerning the gap between doctors and social workers. In Scotland, of course, we are a step ahead in that the Social Work (Scotland) Act 1968 (see *Supplement*, 22 November, 1969, p. 43) is at present being implemented and creating many of the situations recommended in the Seebohm Report which she discusses. Those of us who were apprehensive about these plans felt much as she did. "It is not, of course, so easy to separate social problems from medical problems, and there is a whole range of emotional reactions to ill-health and social malfunctioning which interests both doctors and social-workers"—and, may I add, is the responsibility of doctors as well as social workers. It seemed to us that to establish separate departments to administer social work was likely to aggravate rather than decrease the difficulties of communication arising in this large area of care in the community where social aetiology and therapy play a part in the diagnosis and treatment of "dis-ease."

It is difficult to say at this early stage whether this fear is going to be realized, but it is interesting to note that in one area a health visitor's assessment for the need for home help has been said to be inappropriate by those administering the services, and that in other areas the liaison committees for mental health services have ceased to invite any medical members to take part in their deliberations. It becomes more and more clear that positive action must be continually in the minds of those concerned, which will keep each profession informed about the work of the other and allow the members of both to co-operate closely.

It is, I believe, in the sphere of general practice, where the doctor is dealing with family ill-health in the community environment, that there is probably most overlap between social work and medical work, and yet it is in this sphere that there has been until now possibly the least knowledge of each profession by the other. I agree with Miss Brandon that medical students and doctors in the postgraduate years should be much more informed about the functions of the various branches of social work, but I would make a strong plea for allowing the social worker in training and afterwards to see very much more of the activities of the family doctor than has hitherto been the

case. I still frequently seem to evoke surprise from a social worker when I express knowledge, interest, or willingness to accept responsibility in many areas of care for my patients.

This purpose would be forwarded, in my view, by determined and early efforts to establish attachments of social workers to general practitioners in health centres or group premises. This is a most effective way of members of two disciplines learning about each other's work content, skills, and attitudes. It has been proved in the health visiting context, where communications were often unsatisfactory under the old regime and have improved beyond recognition since attachment schemes became the pattern.

It would not be unreasonably optimistic to anticipate the same development in the sphere of social work, with consequent improvement in the services rendered by both our professions to the public.—I am, etc.,

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Haemophilus Endometritis in Woman Fitted with Lippes Loop

SIR,—The article by Drs. M. B. Skirrow and A. Prakash (3 January, p. 32) prompts me to record a case of apparent infection of the female genital tract by non-capsulated *Haemophilus influenzae*.

A healthy woman of 29 had been fitted with a Lippes loop in 1967, having had three children in the previous five years. In January 1969 she had severe dysmenorrhoea and a heavy period, but no abnormality was noted on vaginal and abdominal examination. The February period was also heavy and painful. Intermittent lower abdominal colicky pain persisted after this period and was accompanied by an offensive, non-irritant discharge. Otherwise she remained well.

On examination, six days after the March period she was afebrile. There was no abnormality on abdominal examination, and there was no lymphadenopathy. Speculum examination showed healthy introitus, vagina, and cervix. A purulent blood-stained discharge was issuing from the external cervical os. A swab of the discharge was taken, and the Lippes loop was removed. On pelvic examination the uterus was anteverted, mobile, and firm, but bulky. The appendages were normal. No additional treatment was given after removal of the loop, and the symptoms cleared within two weeks.

Stained smears of the discharge showed blood and pus cells. Pure cultures of *Haemophilus influenzae*, of characteristic appearance, were yielded on aerobic and anaerobic blood agar plates and CO₂ plates. As this finding was so unusual the cultures were sent to Dr. K. S. Zinnemann, who confirmed that the isolate was non-haemolytic and X and V dependent, and noted a somewhat stubborn CO₂ dependence. After four subcultures the growth became completely adapted to air. The organism was non-capsulated, reduced nitrates to nitrites, and was catalase-positive and indole-negative.

There seems little doubt that the patient was suffering from endometritis associated with infection of a contraceptive device. The infection was not severe, and resolved after removal of the loop. *Haemophilus influenzae* is occasionally isolated from the vagina, and the route of infection is likely to have been an ascending one.—I am, etc.,

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Cigarette Smoking and Influenza

SIR,—I welcome the suggestion from Dr. J. S. Raban (17 January, p. 171) that this is an ideal time to encourage the habitual smoker to smoke no more. I wonder if this, combined with New Year resolutions, caused a good response to our offer of help at the Portsmouth Smokers Advisory Clinic.

Unfortunately, although the total weight of tobacco consumption per adult in the U.K. has been steadily dropping (6.9 lbs. (3.2 kg.) per adult in 1961, the year before the Royal College of Physicians' report, to 6.1 lbs (2.7 kg.) per adult in 1967), the number of cigarettes per adult per year has slightly increased from 2,810 for 1961 to 2,830 for 1967,¹ and advertising continues at a high level. In one month (August 1969) about three-quarters of a million pounds² (£736,025) were spent on advertising cigarettes in the press. Cinema advertisements and hoardings are not included in this figure.

In the preventive medicine and health education fields we shall need all the help we can get to create any large effect against this sort of competition. We must be thankful for the personal example of British³ and American doctors, but a Government ban on press advertisements for cigarettes would be accepted without protest by at least one of the more responsible Sunday newspapers, though it feels unable to take such action on its own account. I quote (with permission) from a letter written by one of that paper's editorial staff: "It [the paper] could not afford to lose this source of revenue while its competitors continue to profit from it."—I am, etc.,

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- 1 Besse, D. H., *Tobacco Consumption in Various Countries*, 2nd ed., p. 60, London, Tobacco Research Council.
- 2 Health Education Council Ltd., personal communication.
- 3 Department of Health and Social Security, *On the State of the Public Health*, p. 227, London, H.M.S.O., 1968.

Lung Cancer: Diagnosis and Survival

SIR,—It occurs to me that in view of Professor P. Armitage's comments (31 January, p. 300) the point of the statistical argument he questions has not been as clearly expressed as it could have been. What I intended to convey in the penultimate sentence of the paragraph quoted by Professor Armitage was that the upper end of the mortality curve in the test series of lung cancer was not so much shifted as raised in level, which persisted for a longer period—that is, there were more long-term survivors. However, I shall be glad to let Professor Armitage have the relevant unpublished figures for his assessment.

It would perhaps be worth while to mention that the conclusions reached in the study (1 November, p. 260) were not primarily based on the difference in mean survival time between the test and control series but on other findings as well, particularly the difference in the five-year survival rate.—I am, etc.,

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