ethical is the removal of the liver from healthy baboons as described in the article "Acute Hepatic Coma Successfully Treated by Extracorporeal Baboon Liver Perfusions" by Professor G. M. Abouna and others (1 January, p. 23)?

I believe that medical men ought now to consider the ethics of destructive experiments on primates.—I am, etc.,

A. E. STUART

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¹ Goodall, Jane. *In the Shadow of Man*. London, Collins, 1971.

Rural Postgraduate Medical Society

SIR,—Those with an interest in postgraduate medical education will have read with interest the letter of Dr. C. C. M. Watson (12 February, p. 444) and will commend his enterprise, and that of his colleagues, in forming their own postgraduate medical society in Portmadoc. I question, however, if the claim "that for the first time a group of general practitioners is arranging for its own postgraduate lectures when convenient" is valid. The history of early British medical societies, in which I have an interest,¹ abounds with instances of groups of local doctors, often working in isolated communities and before the advent of the motor car, forming their own organizations for their own medical educational betterment. They also, like the North Wales practitioners, well knew the value of the social side of such gatherings. The inclusion of medical programmes on B.B.C. 2. the refreshments at the expense of drug houses, and the annual financial subsidy from Government funds through the local postgraduate medical centre are new. However, I submit that Dr. Claud Watson and his colleagues are but carrying on the long tradition of British medical societies, the contribution of which to British medicine is considerable. The old societies that have survived are those which have adapted themselves to contemporary needs and educational techniques. As these needs and techniques have been recognized by the new postgraduate medical society in Portmadoc its success should be assured.—I am, etc.,

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Norwich, Norfolk

¹ Batty Shaw, A., *Medical History*, 1968, 12, 232.

Handicapped Children and Family Stress

SIR,—Your leading article on "Handicapped Children and Family Stress" (5 February, p. 329) is a useful reminder of the needs of the family with a handicapped child. I agree with the need for a medically trained person to co-ordinate the care of handicapped children and note that you support the concept of a "community paediatrician." The memorandum on *Comprehensive Assessment Centres for Handicapped Children*¹ proposes the appointment of a "co-ordinator," and the report of the standing medical advisory committee on the organization of group practice² proposes the appointment of a "community physician." Co-ordination is to be a major function of all these appointments. Before proceeding with them should we not examine the reasons why some areas have

achieved a co-ordinated service with existing personnel and why others have failed? The lessons to be learned from such an exercise may avoid the need for introducing yet more bewildering faces to these parents and children.—I am, etc.,

R. E. FAULKNER

Honorary Chairman,
Opportunity Nursery Class for
Handicapped Children under Seven
Stevenage, Herts

¹ Ministry of Health. *Comprehensive Assessment Centres for Handicapped Children*. File F/H1/2, London, 1968.

² Department of Health and Social Security Welsh Office. *The Organization of Group Practice*. London, H.M.S.O., 1971.

Doctors and Overpopulation

SIR,—I would be grateful if you would please publish a few facts about population increase in the United Kingdom and ask your readers to be extremely cautious before supporting political measures which appear rational today, but may have disastrous consequences for a future generation.

Year	Excess Births Over Deaths	Net Emigration	Population Increase
1966-68	334,000	19,000	315,000
1968-69	294,000	43,000	251,000
1969-70	240,000	63,000	177,000
1970-71	236,000	63,000	173,000 (Provisional) ¹

If this trend continued the United Kingdom would have a falling population by 1974. The crude birth rate for the United Kingdom has been falling since 1966, and at 16.2 for 1970 is below the figure for 1931. The long-term trend in the developed countries of West and East Europe and the North American continent is downwards.

In the following countries the birth rate has fallen below replacement rate: West Germany, Sweden, Denmark, Finland, Portugal, Czechoslovakia, and Hungary. France has a falling birth rate (1963: 18.2; 1968: 16.6) and if this continues will not be much above the long-term replacement rate. The birth rate in the U.S.A. was 24.1 in 1959, and 17.7 in 1969; in Canada it was 27.5 in 1959, and 17.6 in 1969.² It is likely that the U.S.A. birth rate is now below the long-term replacement level. Italy, Holland, and the United Kingdom also have declining birth rates but still increasing populations.

The contraceptive pill is already having its effect on the United Kingdom population, and it seems doubtful whether its use beyond family planning purposes is needed for population control. The "therapeutic" abortion rate in Britain is rising and is now 210 per 1,000 live births (to 2 December 1971). Abortions would have to rise to about 400 per 1,000 births to eliminate population increase and this seems to be likely to occur if the American experience is followed here. (The U.S.A. abortion rate is likely to stabilize at about 500).³

There is evidence from Hungary that a rising abortion rate is likely to be accompanied by a subsequent rising occurrence of spontaneous abortion, prematurity, and accidental haemorrhage. There are some indications that the future children of a woman seeking abortion may be more

likely to suffer from anoxic brain damage or be mentally subnormal, than her non-aborted sister.⁴

Thus the following may be the result of the measures proposed by your original correspondents for political control of a doubtful increase in population by the year 2000 A.D.:

(1) An increased number of handicapped children.

(2) A smaller proportion of active working people capable of the support and service needs of the population as a whole.

(3) A larger proportion of persons over the age of 60 unable to contribute to the economy, and larger numbers needing social support.

(4) A decline in the numbers of persons available and inclined to carry on the nation's "social institutions" because the measures for population control (the pill, abortion, and vasectomy) will be more effective among educated persons.

(5) Regional variations in social resources and opportunities would continue and probably be accentuated.

Are those in favour of population control by the proposed methods so sure of their facts as to contemplate the consequences of a falling population and allow the above to happen? Moreover, the problems of rising populations in the underdeveloped countries and falling numbers in Europe and North America have strong political implications which also must be faced.—I am, etc.,

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¹ *Social Trends* No. 2, 1971, H.M.S.O., pp. 48, 54.

² see *The Times*, 23 February, 1972.

³ *American Journal of Public Health*, 1971, 6, 1110.

⁴ Peel, J., and Potts, M., *Textbook of Contraceptive Practice*. London, Cambridge University Press, 1969.

Record Folders for General Practice

SIR,—I was one of those who took part in the experimental use of the A4-size (31 x 24 cm) folder for general practice records devised by Dr. J. K. Hawkey and his colleagues (11 December 1971, p. 667). My practice has approximately 2,000 patients and I have now converted about 600 records to A4 folders. This has been done in the normal working time of the secretarial staff. We work in more confined premises than we would wish, and I purchased for less than £20 two adjustable metal bookcases which allow the space between the shelves to be varied. We can store both A4 folders and EC6B (Scotland) record envelopes together in alphabetical order without the one confusing the other, and when names are changed by marriage or new records come in in old envelopes they can be filed in the correct place pending conversion. Thus both types of records can be in use simultaneously. The two bookcases should provide ample accommodation for the total practice records in A4 folders.

I would agree with the authors of the article that modification will come with experience, but so far as the size and mode of filing records are concerned our practice is convinced in favour of the A4. Both medical and secretarial staff are agreed on this. I would therefore press that all general practitioners should consider changing to the folder and try to get it officially adopted.