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

Edinburgh

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.,

A. BATTY SHAW

Norfolk and Norwich Hospital,
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.,

PAUL MOXON

Leeds 7

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.

Some grant from National Health Service funds might be made towards the relative small expense of converting to the new system.—I am, etc.,

JOAN K. SUTHERLAND

Edinburgh

Hiatus between House Appointments

SIR,—The appointment of registrars poses a recurrent problem because of the difficulties in organizing a smooth transition between the end of one registrar's appointment and the start of the next. The registrar grade recruits mainly from senior house officers. Registrars and senior house officers are currently both required to give one month's notice to terminate their appointment. It is often impossible to arrange a transition between two registrar appointments without involving either a locum tenens or a period when the post is not filled. Such a period can only be avoided if (a) the registrar gives more than one month's notice—but he is often required in his next post only four weeks after he knows that he is to leave, (b) the registrar is "advised" not to apply for posts until the appointment is nearly over and then to terminate his appointment on a planned date (when he may have no post to go to). This may be to the advantage of the hospital, but not to the registrar. At the present time the minimum time between a registrar giving notice and his replacement arriving is 68 days and this is often increased by administration delays.

More time can be created by registrars giving as much notice as possible, but a change in the conditions of service throughout the country is really required. It would seem reasonable to require two months' notice of termination of employment (intermediate between senior house officer and senior registrar). The process still needs to be shortened by seven days and there is a

possibility of doing this in several ways:

(1) By the regional board delegating the responsibility for organization to the hospital management committee (as has been done in some regions). Supervision can be maintained by the regional board being sent copies of all correspondence.

(2) By the medical journals reducing the time taken between receiving the advertisement and publication. (Eight days if received on Friday, 14 days if received on Saturday.) There may be longer delays if an advertising agency is used.

(3) By the nomination of only two consultants to construct the short list (with circulation of this list and of "rejected" applications to all members of the interviewing committee).

An even greater improvement might be a system in which all permanent registrar and senior registrar appointments throughout the country start on either 1 February, 1 May, 1 August, or 1 November. This would enable posts to be advertised and appointed several months in advance. Candidates and hospitals would need to be matched by a national computer programme as is used for the allocation of housemen appointments in some regions.

A change either to a two-month "notice" period or to a computer-matching system would result in many less locums being required with great advantages to the patients, the hospitals, and also the doctors (because more permanent posts would be available).—I am, etc.,

MARTIN S. KNAPP

City Hospital,
Nottingham

Insurance Payments While in Hospital

SIR,—Full-page advertisements have recently appeared in the national press with details of insurance schemes making payments to

hospital patients. I have now received a communication from "The Continental Casualty Company" advising me of a similar plan for members of the B.M.A. These schemes make cash payments during illness of amounts varying between £3 and £10 per day, but only so long as the insured person occupies a hospital bed.

While acknowledging the value of such arrangements in relieving financial hardship the differentiation between illness at home and illness in hospital involves potential dangers. The insured patient would have a strong financial incentive to spend as much of his illness as possible in hospital, and it is easy to imagine the pressure that could be brought to bear on general practitioners to arrange admission and the difficulty hospital staff could be faced with when trying to arrange early discharge.

I submit, Sir, that rather than being associated with such a scheme in its present form the B.M.A. should be drawing attention to these aspects.—I am, etc.,

P. W. FISHER

Horton General Hospital,
Banbury, Oxon

** Readers' attention is drawn to an announcement by the B.M.A. in the *Supplement*, 4 March, p. 56.—ED., *B.M.J.*

Ambulance Noise

SIR,—While I appreciate the emergency service provided by police, fire, and ambulance, I wonder if their use of flashing lights, sirens, etc., could not be drastically reduced. Doctors have been providing a similar emergency service quietly for a long time.—I am, etc.,

JAMES HERD HENDERSON

Greenock

Points from Letters

Stereophonic Auscultation

DR. V. COLEMAN (Inkpen, Berks) writes: I was interested to read Dr. J. G. Smith's description of stereophonic auscultation (12 February, p. 445). . . . Since I started wheeling my new stethophonic equipment around the hospital ward rounds have become much more fun. I use three carefully positioned stethoscopes, a Swedish amplifier, and two German speakers. All the patients listen in with genuine interest; some of them can now pick up a mid-diastolic fourth heart whimper at 35 yards (32 m). . . .

Training Anaesthetists

MR. H. V. CORBETT (Liverpool 1) writes: Your leading article (22 January, p. 194) raises many important aspects of training not only in anaesthesia but in most other major specialties. . . . As you rightly observe "In the interests of the good name of British postgraduate education as well as of overseas trainees, it should be possible to complete their general training in three years." It would also be greatly in the interest of the under-doctored peoples of those countries overseas whence these trainees come, if the majority of trainees could return home with their diplomas after three to five years to serve their own communities. Many profess great willingness to do so, but terms and conditions of service in most of the under-developed countries appear lamentably

inadequate and profoundly unacceptable once our own terms and conditions have been experienced. . . .

Side Effect of Pentazocine

DR. R. H. DALE (The Hague, Holland) writes: . . . I disagree with Mr. W. M. Gould (29 January, p. 313) that hallucinations with pentazocine are "extremely rare." One of the striking features of the hallucinations is the experience of vivid colours. Furthermore, the relationship between reaction and duration of administration of pentazocine is such that reaction frequently occurs after one or two doses, within a time span of 6-8 hours. It is also noteworthy that in my extensive use of pentazocine over a period of four years I have found that women experience the mentioned side effects more than men, and children least of all. . . .

Reaction to Rubella Vaccine

DR. R. MARSH (Hedge End) writes: I should like to report an unusually severe reaction to rubella vaccine in a 13-year-old girl who received her immunization at a routine school session. . . . Seven days later she developed bilateral painless effusions in both knee joints. There was no malaise, pyrexia, or other symptoms. E.S.R. was 2 mm, A.S.O. titre was less than 200, and the latex fixation negative. X-rays of the knee joints were normal. Now, some three months later, the effusions have

almost cleared although there is just demonstrable patellar tap.

Gaviscon

MR. C. A. PRICE (York) writes: As a dental practitioner I would appreciate the opportunity to comment on Dr. J. H. S. Hopkin's letter (29 January, p. 315). I have personally experienced the benefits of Gaviscon in the treatment of oesophagitis associated with hiatus hernia, and consider they outweigh greatly any small possibility of untoward dental effects. The likely age of the appropriate patient for Gaviscon considerably reduces the possibility of dental decay, since susceptibility to dental caries reduces progressively with age. . . .

Doctors and Overpopulation

MR. J. A. LOURIE (University College Hospital Medical School, London W.C.1) writes: Those of us now about to embark upon our professional careers owe much to the far-sightedness of the signatories to the letter on this subject (8 January, p. 108). The silence of the "established generation" on these topics often suggests that they are either unaware of the manifold challenges of spiralling population size, or are as complacent as the editor of *Nature*. . . . The signatories of your original letter are to be congratulated; there is a glimmer of hope.