I would endorse very strongly that "there must be a close working relationship with the public health authorities" and that if the local hospital establishes this relationship, the "school eye clinic" becomes a "children's eye clinic" at which even very young children can be seen, sparing them the necessity of a number of hospital visits. In effect these clinics become outposts of the hospital; the staffing overlaps with that at the hospital and continuity of personnel, so essential to children, and consistency of treatment, so essential to obtaining a co-operative and understanding parent, present no difficulty.

With Dr. Ingram's objectives in view, this organization was set up some years ago in the London Borough of Barnet, though not without some administrative panic. The eye clinics in the borough are split between the consultant and his assistants at the hospital. In addition, the orthoptist at the hospital not only is the orthoptist at the children's eye clinics in the borough, but holds "open door" squint diagnostic clinics which have proved a great success in very early diagnosis. Hence no child born and bred in the borough can arrive at school with an undiagnosed squint or amblyopia except by serious neglect of the practitioner or parent. The rules under which she operates have been outlined.¹ Dr. Ingram emphasizes the importance of family history, and the orthoptist in these clinics is encouraged to see the siblings of known squinters as part of her duties.

I suggest that this type of organization should be positively aimed at in the future administration of the N.H.S. and not left to the unsupported initiative of enlightened ophthalmologists.—I am, etc.,

P. A. GARDINER

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¹ Gardiner, P. A., *Community Medicine* 1972, 127, 117.

Free Contraceptives

SIR,—I refer to your timely and well argued leading article (20 January, p. 130) and I fully support the case you have put forward for free contraceptives. The crucial question is how many unplanned pregnancies are there which must be eliminated for the common good? I will attempt to answer this.

In England and Wales in 1971 there were 783,155 live births, of which 65,678 were illegitimate. No one knows the number of illegitimate births which resulted from a planned pregnancy but the proportion must be small, and I consider that one-eighth is a reasonable fraction to use. One can assume that virtually all the 123,091 pregnancies which ended in legal abortion were unplanned, and 55,540 of these abortions were in married women.

There is good evidence that at least one-third of births within marriage are unplanned. Fraser and Watson¹ and Cartwright² showed this by their surveys, and a recent survey in depth of 350 couples for five years³ again showed that one-third of pregnancies within marriage were unplanned.

Applying these criteria in 1971 and not taking into account stillbirths and multiple pregnancies (they tend to cancel one another out), there were 718,000 live births and

55,000 abortions relating to married women—a total of 773,000 pregnancies. According to the surveys mentioned one-third (258,000) of these were unplanned. Therefore the unplanned pregnancies in 1971, which I feel are, if anything, an under-estimate, were as follows: one-third of pregnancies within marriage, 258,000; seven-eighths of illegitimate births, 57,000; and pregnancies outside marriage ending in legal abortion 68,000—a total of 383,000.

If the term "planned pregnancy" is confined to those where the couple engage in sexual intercourse with the avowed intention of starting a pregnancy as soon as possible then within marriage the incidence of unplanned pregnancy must be very high and sexual intercourse should not be confused with procreation. However, it would appear that in 1971 there were probably 523,000 pregnancies which were planned. This is substantially below the number of deaths (567,000), and if unplanned pregnancies could be eliminated our population would not only stabilize but would start to decline. This is what is vitally necessary in this the third most densely populated country in the world. However, we are making progress. In England and Wales the excess of births over deaths in 1972 was 130,931 compared with 218,121 in 1971 and 341,234 in 1964. Nevertheless, those who are opposed to family planning and population control should remember that this reduction has not just happened but is due to the unremitting, strenuous efforts of those dedicated doctors and nurses working in family planning clinics, an increasing number of enlightened gynaecologists working in the hospital service, and many general practitioners.

The case for a free family planning service is overwhelming. The local authority family planning service in Lincoln became completely free in September 1972 and the number of women attending in the first quarter was twice the average for the previous four quarters. This proves that although the cost of supplies may appear to be insignificant it is indeed a disincentive to many women, and particularly many of the women whose needs are greatest.—I am, etc.,

R. D. HAIGH

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Lincoln

¹ Fraser, A. C., and Watson, P. S., *Practitioner*, 1968, 201, 351.

² Cartwright, A., *Parents and Family Planning Services*. London Routledge and Kegan Paul, 1970.

³ Peel, J., *Journal of Biosocial Science*, 1972, 4, 333.

Rigid Footwear

SIR,—Dr. J. J. R. Almeyda's report (20 January, p. 176) on "platform nails" underlines the importance of the rocker principle in rigid footwear. For a normal heel-to-ball gait one must have either a flexible sole or a rigid sole which is shaped to allow the forefoot to rock on the ground. This principle is well illustrated in the traditional shape of the wooden-soled clog (fig. 1).

It is not always appreciated that this principle should be used when ordering cork raises for patients who have shortening and who are capable of a normal heel-to-ball gait. Not infrequently these patients are pre-

Fig. 1

Fig. 2

scribed a "universal" raise or a tapered raise. These patients should have the end of the sole rounded off to give a toe roll with the same contour as the clog (fig. 2).

It is a pity that the teenagers of today, as yet scarcely delivered from the tyranny of "exercise sandals," should now have to endure platform soles, which are a negation of the basic principles of footwear design.—I am, etc.,

A. W. FOWLER

Bridgend, Glam.

Nitrazepam and the Elderly

SIR,—Dr. F. O. Wells (27 January, p. 235) clearly prescribes hypnotics for his patients thoughtfully and with careful supervision. His experience thus puts him in no position to question the accuracy of our observations on the consequences of the way nitrazepam is generally used by the elderly members of a large urban population.

We recommended that, for the elderly, nitrazepam should be used only in carefully selected cases and imagine that Dr. Wells would be prepared to admit that this is exactly what he does. On the other hand, we have had no difficulty in managing in-patients and a large outpatient clinic for 12 months without using nitrazepam, and consider this to be a safer general policy.—We are etc.,

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Soaking Beds

SIR,—On two successive days I encountered something occurring in two different hospitals which appears to me to be so important for the comfort of bed-fast patients that I feel I must try to attract the attention of medical and surgical staffs to what their patients may be having to endure. This is the covering of the mattress with a plastic cover.

The first of the two patients was a young man suffering from a bilateral haemopneumothorax after a car accident. He told me that in the morning he tried to inch himself across the bed to a dry spot. The second was a woman who was so wet with perspiration in the night that she had to ask to be dried down and changed. Her temperature during the evening before had not been raised. Removal of the plastic cover has left her comfortable ever since.

I am sure that physicians and surgeons on