

most family doctors do not understand what the Minister has in mind.

If the G.P. is to provide contraceptive services, two problems are at once apparent. Firstly, in the average practice and particularly in young communities, there will be a staggering increase in the workload. Secondly, there is increasing criticism that family doctors have less time for their patients; family planning requires special skills and is unusually time-consuming. The involvement of the G.P. in family planning under the N.H.S. may be a social and political ideal, but while the unwanted birth rate may fall, so may the time devoted to the care of the sick and those in need.

The availability of "free" contraception is not in question. The ability of G.P.s to cope with this extra burden is in doubt.—I am, etc.,

IAN G. HAMILTON

Harlow,
Essex.

SIR,—It was with some misgiving that I read in my morning paper that as from 1 April 1974 all contraceptives are to be made available on National Health Service prescription.

Some seven months ago my partner and I found that the number of women in our practice on the pill was assuming such proportions that we were unable to be as thorough in our six-monthly check-ups as we wished. We therefore decided to employ on a sessional basis a woman doctor who devotes all her available time to family planning work. The result has been most encouraging and the 75p for prescribing the pill has been a great help in her remuneration.

Can I take it that as from 1 April 1974 family planning will be yet another item the general practitioner must carry out with no extra remuneration? If so, I am sure a great many G.P.s will discontinue any form of regular examination for these women. Even at the present time numerous women arriving in this area have been astonished to learn that they are unable to obtain a repeat prescription without an examination.

So far as condoms are concerned, I did not study medicine with the ideas of supplying these articles. If the general public are to have condoms on the N.H.S. I suggest that family planning clinics supply them, or possibly the local health or welfare departments. As a medical examination is not necessary before a condom is worn I do not propose to issue prescriptions for these articles and feel that many G.P.s will follow suit.—I am, etc.,

J. CANTOR

Faversham,
Kent.

SIR,—From 1 April 1974 oral contraceptives (and other contraceptive devices) will be available on prescription subject to the ordinary charges. This raises some interesting points.

General practitioners will now have a great deal of extra work thrust upon them. They will have to carry out regular checks on all women on the pill. The side effects are far from negligible, ranging from rapid weight increase to thromboembolic complications.

An entirely new precedent has been created

in that the family doctor will be expected to prescribe on demand, and for social reasons, a potentially dangerous drug. Cases have already occurred where a member of the profession has had to face the courts when a patient for whom he has prescribed oral contraceptives has died as a result. Should every woman demanding the pill be asked to sign a statement that she takes it at her own risk? Doctors are entitled to some such protection.—I am, etc.,

T. J. BURKE

Lytham St. Annes, Lancs.

SIR,—Contraception on the N.H.S. from April 1974. Why not now?—I am, etc.,

W. D. HOSKING

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Holiday Cruises

SIR,—With the growing popularity of package tour holidays an ever-increasing number of people are embarking on holiday cruises each year. Many of these are elderly and infirm and some have been encouraged by their family doctor to take a sea voyage to convalesce from a recent debilitating illness. It is most important that such individuals should take with them full medical reports of their condition and current medications so that the ship's doctor is aware of the clinical situation should a deterioration in health occur while at sea.

The majority of British shipping companies have medical services based ashore whose medical staff are available for advice and who are familiar with the medical problems of passengers at sea. They are usually able to ensure medical support aboard a ship, together with special facilities such as diet or a wheelchair, which can be reassuring to a passenger and add to the enjoyment and safety of the holiday.—I am, etc.,

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Group Medical Director

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Compulsory Powers to See Case-notes

SIR,—The medicolegal report (10 March, p. 623) and the letter from the Secretary of the Medical Protection Society (24 March, p. 746) are slightly puzzling.

Ever since the National Health Service Act the position with regard to destruction of the patient's records has been statutory, although it was modified a little by the Public Records Act, 1958 (see circular HM (61) 73¹).

Briefly, the position now is that no part of any patient's records, however trivial, may be destroyed until six years after the conclusion of treatment unless the patient should die in hospital, when the period is reduced to three years. At the expiry of that period the general day-to-day notes and the x-ray films may be destroyed, but the case summaries must be kept indefinitely. Presumably if before the lapse of six years a patient should re-attend at the hospital then the time would start to run again from this date and the older records would be still fully preserved.

I hardly think that it is reasonable to ask for the keeping of records much beyond this

statutory minimum. The sheer physical problems of storage become very considerable at a large hospital.—I am, etc.,

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¹ National Health Service, *Preservation and Destruction of Hospital Records*, H.M. (61) 73, London, Ministry of Health, 1973.

School Eye Clinics

SIR,—While welcoming the review by Dr. R. M. Ingram (3 February, p. 278) I would strongly disagree with the suggestion to move the school eye clinics to inside a hospital. First, the school eye clinic is a development of the public health services and as such its role is mainly preventative. Their officers are expected to be on the look out for eye troubles, to chase up defaulters, and to ensure if possible that glasses are in fact obtained and worn when ordered. This is quite different, and rightly so, from what pertains in a hospital clinic where the patient should firstly be seeking help in some respect; where, though appropriate treatment or advice is offered, it is up to the patient whether he accepts it or not—unsolicited advice is not uncommonly ignored. Also if the patient does not voluntarily return for follow-up he is unlikely to value his visit if finally persuaded to return.

One result immediately following the introduction of the school eye service in 1910, and attributed to it, was the marked decline in the incidence of divergent strabismus. This was because myopia was discovered early and corrected by glasses. One wishes that the preventative aspects of convergent strabismus and amblyopia were as good. Dr. P. A. Gardiner (3 March, p. 552) shows what can be done, but unfortunately it is the exception. Convergent strabismus generally arises much younger, around two years, and I have heard of school clinics that do not see preschool children. The sooner it arises the sooner it is necessary to get ahead with treatment, but there is little (apart from operation) which cannot be done in a school clinic with some orthoptic help. This is an age when the child or parent may be put off by the thought of going to hospital. I believe it would be most retrograde to expect them to do so when treatment can be done in the less frightening atmosphere of the school clinic. By all means have a separate children's eye clinic in the hospital for those whose conditions necessitate hospital treatment, but I do not think this is necessary or desirable for the ordinary school eye clinic children. Nor do I think it wise to push children whose only trouble is refractive error out of the school clinic service after the first visit, as, though there are other services by ophthalmic medical practitioners and opticians, they have no means of chasing up defaulters. I know of children of both sexes who keep quiet about their visual difficulties just because they do not wish to wear glasses, and of parents who agree with them or are under their thumb, or who do not bother or are too busy or forgetful to see about the child's glasses and follow-up.

Of course arrangements vary in different regions. The work need not be undertaken by a consultant, and a registrar, even a senior registrar, has scarcely the right experience for it. In our area serving a popula-