

covered from an episode of depression? Without more information about what happened in the G.P. consultations, and without the differential results in the more severely depressed, the more chronically stressed, the more greatly dissatisfied, and the organically ill, we are hardly in a position to draw any conclusions at all. We may begin to suspect that Dr. Johnson's opinions are less realistic than those of the G.P.s who co-operated with him—nor is it surprising that his views on "adequate" dosage of anti-depressants, or the need for major interventions, may need rethinking when he sees a type of illness not commonly referred to psychiatrists.

There can be no dispute that some depressed patients need "full" dosages of anti-depressants, social help, psychotherapy, frequent consultations, and close supervision. On the facts presented there is great doubt if this group consisted of patients with such needs. Perhaps one realizes this only with the benefit of hindsight, but then there is no evidence that the G.P.s would have been blind to the emergence of such needs.

In considering the place of the G.P. in the treatment of depressed patients Dr. Johnson hints at the superior skills of the hospital psychiatrist but refrains from recommending referral. This is just as well, since there are so many depressed people and the amount of psychotherapy and close supervision offered by psychiatrists to the more severely depressed leaves a great deal to be desired. He recommends greater awareness of stresses—which is rather like being in favour of virtue—and a greater use of social agencies, which is probably now painfully under way. His contribution to an important problem has been to provide the daily press with another opportunity to belabour G.P.s on the basis of a study that offers little support for the conclusions he chooses to draw.—I am, etc.,

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Pruritus Vulvae

SIR,—Your leading article (17 March, p. 628) on pruritus vulvae fails to mention several factors which we feel are becoming increasingly prominent in the aetiology of this distressing condition.

Some women, perhaps more than we realize, add antiseptics (as advertised on television) and common household detergents to their bath water. As you mention, certain patients are very susceptible to even small amounts of these irritants. Vaginal deodorants are extensively advertised and recommended in women's magazines. These too may contain chemicals to which the patient is particularly sensitive.

Finally, prolonged dampness may cause skin changes and, in the case of the vulva, subsequent pruritus. It is known that oral contraceptives cause changes in the epithelium of the cervix which predispose to an increase in "physiological" discharge; add to this the fact that most women are now wearing at least two layers of underwear (nylon pants and nylon tights) and the increase in pruritus vulvae, particularly in younger patients, can perhaps be explained.

Like Woodruff and Thompson,¹ we are

finding that multiple local injections of absolute alcohol are beneficial in the more intractable type of vulval pruritus. We have not found focal areas of slough to be a significant complication of this treatment.—We are, etc.,

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¹ Woodruff, J. D., and Thompson, B., *Obstetrics and Gynecology*, 1972, 40, 18.

Dangers of Gas Fires

SIR,—I was recently called urgently to a young woman whose heart was "jumping as if it would fly out of her mouth" and her head pounding (neurotic symptoms if ever I heard any). As the gas fire was full on and the room was very thoroughly draught-proofed with adhesive foam strips round each door, I took a blood sample, and to my surprise the carboxyhaemoglobin concentration was reported as 27%. Several thoughts come to mind:

(1)—How many gas-heated rooms in the country must be draught-proofed so well that a significantly carboxyhaemoglobin-aemia develops every evening? You couldn't draught-proof a coal fire too well—it smokes.

(2)—If carboxyhaemoglobin concentration of 16-18% causes "a greatly increased incidence of stillbirths and malformed babies" in rabbits (leading article, 17 February, p. 369) what about somebody surveying heating arrangements in the homes of women with fetal death etc?

(3)—If a carboxyhaemoglobin level above 5% increases the likelihood of atherosclerotic disease 21 times (Dr. N. Wald and others, 31 March, p. 761) a survey of heating might be done in people with atherosclerotic symptoms.

(4)—What about all those people with palpitation and headache to whom I give tranquilizers? And the elderly people with symptoms apparently due to cerebral anoxia?

(5)—Shouldn't the people who fit gas fires warn users about an adequate air-intake?—I am, etc.,

JOHN CHAPMAN

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Social Workers and Family Doctors

SIR,—It is widely thought that closer co-operation between doctors and social workers is to be encouraged. A social worker can be a very useful member of the family health team. Interesting experiments have been described from Andover¹ and Derby,² and the Royal College of General Practitioners' reading list on the subject has grown to 50 relevant references.

Many people who otherwise support the proposals of the Seebohm Committee nevertheless feel that certain services (notably the mental welfare function) have deteriorated. Many deplore that the restructuring of the National Health Service (making its administration coterminous with local government areas) has left the departments of social services outside.

Local authority attachment would obviously be the norm, and no question of payment would arise. Our local director of social services is unable to implement even

an experimental scheme because of staff shortages and the pressure of in-service training of unqualified staff. We wish to employ our own social worker but, as the regulations stand, we would be unable to claim reimbursement of her salary as her duties would not qualify under the heading "nursing and treatment." The N.H.S. *Statement of Fees and Allowances*³ (the "red book") specifies that "nursing and treatment will be deemed to mean such medical attention as is normally provided as part of general medical services and which it is appropriate for a general medical practitioner to delegate to a suitably trained ancillary worker."

Of course the concept of what is "appropriate for a general medical practitioner" is changing. It seems clear that when this paragraph was written an employed social worker was not envisaged. As regulations now stand, it is in fact a tautology. Nursing and treatment means nursing and treatment as provided at the moment. The moment has changed and it would now seem appropriate for family doctors to experiment with the employment of social workers. Do other doctors feel this way? We would be interested to hear of their experiences.—We are, etc.,

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¹ Evans, J. W., Lovel, T. W., and Eaton, K. K., *British Medical Journal*, 1969, 1, 44.

² Cooper, B., *Lancet*, 1971, 1, 539.

³ National Health Service, *Statement of Fees and Allowances*. Department of Health and Social Security, 1972.

Prescribing Mandrax

SIR,—Dr. C. G. Brown (7 April, p. 54) is likely to have considerable support from general practitioners for his pungent views on the virtues of our medical administrator overlords. He is, however, unlikely to command such support for his views on the virtues of Mandrax (methaqualone and diphenhydramine).

This substance (known as "mandies," "love drug," "heroin for lovers," "sopes," "nudes," and "sopers," is now one of the major drugs of abuse in North America. Various surveys have shown that many of the abusers have been introduced to the drug by legal prescription or through someone who had "legal" access to it. Concern by the administration as to the prescribing habits of this drug is justified, while a study of the literature may lead to a questioning of the promotional claims for methaqualone, making doubtful its superiority to other sedative-hypnotics already flooding the drug market.—I am, etc.,

GEORGE MATHERS

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SIR,—It is interesting that Dr. C. G. Brown's letter (7 April, p. 54) criticizing a senior medical officer of the Department of Health and Social Security for reminding him of prescribing habits concerning Mandrax (methaqualone and diphenhydramine) was preceded in the same issue ("Any Questions?", p. 45) by a warning from an "expert" of the dangers in using this drug.

I would suggest that Dr. Brown accept the senior medical officer's communication in the