

We have been stimulated to look for mitochondrial antibodies in patients with systemic sclerosis by their presence in a titre of 1 in 128 in a patient with this condition who presented with jaundice, and was subsequently found to have histological changes in the liver consistent with primary biliary cirrhosis. Eleven more patients only with systemic sclerosis have been studied so far, but mitochondrial antibodies have been found in three, in titres of 1 in 16, 1 in 100, and 1 in 1,000. In none of them was there clinical evidence of liver disease, and though liver histology is not yet available we look forward to recording our findings more fully in the near future.

It is of interest that in a recent leading article on the subject (4 July, p. 6) mitochondrial antibodies were not described in association with systemic sclerosis and in the paper by J. G. Walker and colleagues<sup>1</sup> none of the 35 patients with positive mitochondrial antibodies and without overt liver disease had a clinical diagnosis of systemic sclerosis.—We are, etc.,

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IAN SNEDDON.

Rupert Hallam Department  
of Dermatology,  
Hallamshire Hospital,  
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#### REFERENCE

- <sup>1</sup> Walker, J. G., Doniach D. and Doniach I., *Quarterly Journal of Medicine*, 1970, **39**, 31.

### Family Planning Counselling

SIR,—In the letter from Dr. E. F. Daily (8 August, p. 345) on family planning counselling it must be a matter of astonishment to many, as it is to me, that references to "failure-proof" methods of conception control make no mention whatsoever of vasectomy. Has Dr. Daily never heard of the Association for Voluntary Sterilization Inc., New York? Vasectomy is being widely practised in the United States, as elsewhere, and it is surely preferable that men should be given the chance to undergo this minor surgical procedure rather than expect their wives to submit to tubal ligation.

Nobody would seriously claim that the I.U.D. is a failure-proof method of contraception.—I am, etc.,

L. N. JACKSON,  
Honorary Director,  
Simon Population Trust,  
Voluntary Sterilization Project.

Crediton, Devon.

### Handicapped Children

SIR,—Having had time to digest *Living with Handicap*<sup>1</sup> I cannot think why your leader writer (25 July, p. 179) did not comment on the "note of dissent" by the medical members of the working party.

Working with the "under fives" in a local authority health department, I am very much aware that the register should be a practical, living exercise, which involves getting out to see the children and their families. To make it a paper exercise of a central government department with "branch offices" in the local authority social services departments,

will tend to make "reviews" merely paper reviews and not reassessments of the child and his family.—I am, etc.,

BETTY RIDOUT.

London S.W. 16.

#### REFERENCE

- <sup>1</sup> *Living with Handicap*, ed. E. Younghusband *et al.*, National Bureau for Co-operation in Child Care, London, 1970.

SIR,—Your otherwise excellent leader (25 July, p. 179) on our book *Living with Handicap* was seriously misleading in one respect. I would be grateful if you would allow me the opportunity to correct the error which, I suspect, was due to the inadvertent omission of one word.

You stated that Michael Power and Jean Packman "calculated that in 1966 there were 21,000 children with physical handicaps and 24,000 with mental handicaps living in boarding schools and hospitals, plus a further 115,600 children who were receiving help from their homes—a gigantic total." The relevant sentence in our book (p. 197) referred to an estimated 115,600 children "who received help away from their homes including 69,000 in the care of children's departments." It was thought that "only a minority of these are likely to be handicapped" (that is, physically or mentally).

The grand total is still "gigantic," but the

largest group (115,600) comprises children who are socially handicapped including those in the care of children's departments and voluntary organizations; those away from home under private arrangement; children awaiting adoption; and those in approved schools, borstals, or detention centres.—I am, etc.,

RONALD DAVIE,  
Deputy Director,  
National Bureau for  
Co-operation in Child Care.

London W.1.

### Membership of the C.M.A.

SIR,—Many readers will learn with deep regret that the Commonwealth Medical Association has expelled from membership doctors from the Republic of South Africa and Rhodesia (22 August, p. 472).

Discrimination by race and colour has been foreign to the practice of medicine, and it is sad that countries which have benefited so greatly from a fine tradition should now be responsible for this unhappy action. The world is the poorer for it, and not least the states responsible.—I am, etc.,

J. STALLWORTHY.

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and Gynaecology,  
Churchill Hospital,  
Oxford.

### Public Health

SIR,—Public health doctors will have read with encouragement your excellent leading article (1 August, p. 236), which describes a number of the present problems of this branch of medicine. While saying that "... the long-term future of the public health doctor is not in doubt, but in any reorganization his position is bound to change more than that of general practitioners and hospital doctors" you also rightly stress the difficulties of the present. You refer to lack of recruitment, the invidious position over remuneration (obstinately tied to that of local government officers rather than doctors since the exclusion of local authority doctors from consideration by the Royal Commission on Doctors' and Dentists' Remuneration in 1957 and from the Review Body itself when it was set up in 1962), and the adverse effect on the public health service which is likely to be produced by postponement of National Health Service reorganization, while in the meantime local authority community health services are apparently to be divided as a result of the Local Authority Social Services Act, 1970.

The change to a unified National Health Service, though radical, would in many ways be advantageous for public health doctors; it is the interim period which will impose strains. Although much useful development of value to a future unified service should take place during this time, it is likely to occur only if conditions in the local authority service are made tolerable so that recruitment of young doctors with potential is possible. It is here that inclusion in the remit of the Review Body could provide necessary encouragement.

In declining originally to include public health doctors within the terms of reference of the Royal Commission the then Minister of Health said that he was "... satisfied

that any settlement for National Health Service doctors following the report of the Royal Commission could not fail to be taken into account in considering the position of the local authority doctors. A claim on their behalf through the normal machinery would of necessity be considered in the knowledge both of the Royal Commission's Report and of the subsequent settlement, and I am confident that due consideration will be given to both these factors."<sup>1</sup> The Minister also offered to consider further representations at a later date. In the event, the prophecy has proved completely erroneous, and the further representations have still to be made. Later, when the remit of the Review Body was under discussion the Public Health Committee helped to avoid further difficulties over the remuneration of general practitioners and hospital doctors by agreeing to the abandonment of resistance to an illogical and unjust attitude on the part of the Government in omitting public health doctors. Public health doctors therefore deserve well of their general practitioner and hospital colleagues.

During the recent dispute with the Government public health doctors were asked to play their part by refusing to act as substitutes for other doctors in signing certificates and by taking no part in the administration of the National Health Service outside the confines of their local authority work. As many medical officers of health are members of hospital management committees and other relevant bodies, their participation in the dispute was real. Now that the Review Body is to be reconstituted the opportunity should be taken to reform it through further representations to the Secretary of State for the inclusion of public health doctors in pursuance of the promise given by the Minister of Health in 1957 to