have sought to apply pressure to union headquarters to bring their branches into conformity with the agreement which was reached in their names on 5 July. I have also kept in touch personally with hospitals where problems have been particularly acute.

Lastly, I fear there is yet no progress to report on the matter of family planning services in hospitals. We are still awaiting proposals from the Health Departments for discussion. May I take this opportunity of reminding all consultants of our policy, which was set out in a statement printed in the *B.M.J.* (Supplement, 2 March, p. 16) and also of the guidance issued by the Government to N.H.S. authorities at that time—namely, that in general family planning services in hospitals should be maintained but not expanded pending agreement on outstanding issues between us. It continues to be our view that family planning services for social reasons are outside the terms of the present contracts. We would therefore strongly advise that no new local arrangements be entered upon until agreement has been achieved centrally.—I am, etc.,

C. E. ASTLEY

Chairman,

Central Committee for Hospital Medical Services

B.M.A. House,
London W.C.1

N.H.S. Family Planning

SIR,—As practising doctors, we would like to add the following personal comments to the stimulating correspondence in your columns on this subject.

Supply of free contraceptives from 1 April 1974 has resulted in an increase in the number of individuals attending the Family Planning Association clinics. Patients who would have otherwise gone to their general practitioners are now attending the clinics in ever-increasing numbers. Some of them come because of the preliminary and routine check-ups at the clinics; others because the age barriers have been removed. It is important to maintain the motivational and educational services rendered by the clinics—not to mention the management of problems such as psychosexual complaints, overweight, and hypochondriasis—to the same degree. The primary aim of the F.P.A. is to help people plan and limit their families in the context of personal, community, and world population problems; not just “dishing out” contraceptives. Thus there is a need to look into the currently available consultation time per patient in some of the clinics where there has been disproportionate increase in the attendance.

Many F.P.A. clinics are staffed by single-handed doctors and most of these doctors work on part-time basis. Research into the side effects of contraceptives is increasing; so also, the variety of pills available on the clinic tables. Added to this, the armchair statisticians and epidemiologists are adding masses of conflicting information to this overburdened field of medical research. Thus it becomes impossible for the part-time, lonely F.P.A. doctor to improve his or her knowledge of contraceptives in order to practice “good medicine.” Dr. M. J. V. Bull (1 June, p. 506) expressed his belief that a G.P. untrained in contraceptive practice can be expected to provide only a second-rate

service and be rewarded accordingly. Failure to provide compulsory refresher courses for the F.P.A. doctors may result in the delivery of a second-class service for first-class remuneration.—We are, etc.,

T. A. REDDY

CHRISTIAN A. M. ROAN

Glasgow

Health Service Delays: New Birmingham Eye Hospital

SIR,—The failure of the Health Service is well exemplified in the delay in building a new eye hospital in Birmingham. In 1964 an inadequate pharmacy in the existing hospital led to tragic eye infections, though this inadequacy had already been firmly pointed out by medical staff in 1961. This resulted in wide publicity and press statements such as appeared in the *Sunday Times* on 21 November 1964—“A new eye hospital is urgently needed in Birmingham. . . . A three-point plan to be put to the Ministry of Health as a matter of urgency provides for extension of the hospital by the acquisition of additional premises. . . . New departments of ophthalmology to be opened as quickly as possible in other Birmingham hospitals to relieve pressure. . . . Acceleration of plans for an entirely new eye hospital.” At this time an official statement was made to the press by the Birmingham Regional Hospital Board: “It has been agreed by the authorities concerned that a new Birmingham and Midland Eye Hospital will be a part of the teaching hospital complex at Edgbaston, Birmingham, and the necessary finance will be made available as soon as the plans are completed.”

The need for a new hospital was recognized before 1939 and money was available at that time, but this money was lost to the Health Service in 1948. Nearly 40 years later we are still waiting for a new hospital which has been firmly promised at dates from 1968 onwards.

There is now little chance of a new eye hospital in Birmingham before the 1980s. This means that in the City of Birmingham adequate ophthalmic services cannot be made available for the next 10 years. Though the existing hospital will continue as always to provide the best possible service within its limited facilities, a comprehensive coverage is no longer possible. In 20 years the consultant staff have done all in their power to improve conditions, but have failed to obtain a new hospital when it was essential. This failure has already been due to a willingness to work long hours in ridiculous conditions and so allow an inefficient health service to appear to be adequate.—We are, etc.,

W. MARTIN WALKER

M. J. ROPER-HALL

K. RUBINSTEIN

S. J. CREWS

VERNON H. SMITH

P. EUSTACE

D. R. BARRY

Birmingham and Midland Eye Hospital,
Birmingham

Are our Priorities Correct?

SIR,—One London teaching hospital has been almost completed at a cost of £25m.

Many others have been lavishly extended and some rebuilt. Regional hospitals have been deprived of reasonable finance. This town has had a new hospital scheduled for 24 years, but building has yet to begin. Medical, surgical, and gynaecological cases are treated in six hospitals. Many of the wards are overcrowded and cross-infection is not uncommon.

A few months ago London teaching hospitals were attempting to recruit hernias and varicose veins to widen the scope of their teaching material. Meanwhile in the past few weeks two local residents well known to me have been admitted to superspecialist departments in the metropolis.

The first, a man of 72 who has had severe attacks of disabling bronchitis for the three years I have known him, was admitted to a cardiothoracic department for valve replacement. During intensive routine investigation he died of what was stated to be “metabolic failure.” The second, a man of 69, was admitted to a neurosurgical department for prolapsed disc. This man had had one cooked meal a week for the past five years since the death of his wife. Otherwise he had existed on cornflakes and occasional pies from the “local” where he had his daily pint. These facts were unknown in the hospital. The operation was successful but “Bill” died on the fourth post-operative day from “bronchopneumonia.”

Meanwhile, in the north of England hundreds of children with congenital heart disease wait for surgery which could be successful in many cases. The nation waits the full implementation of family planning services while the profession waits for and insists on more money. Surely we should meet this national need while bargaining for “relativities” which many other sections of the Health Service and the community submit to.—I am, etc.,

HORACE JOULES

Colchester

Maternity Services in the Community Hospital

SIR,—I would like to draw attention to the memorandum issued by the Department of Health and Social Security on the development of community hospitals in the Health Service.¹

The most significant exclusion from the work of the general practitioner hospital will be maternity services. It is true that on purely technical grounds these services should be superior in a district general hospital, but that does not gainsay any function for the smaller units. No reason prevents the antenatal division of mothers into those whose delivery might be complicated, and who therefore must attend a district general hospital, and those whose delivery is likely to be straightforward. The latter may be, and indeed will, be very reluctant to leave the community and will elect for home confinement, especially as the district general hospital may be 30 miles (48 km) away.

Confinement in the local G.P. hospital is a highly satisfactory alternative. The maternity services in this area have functioned along these lines for the past 25 years to the satisfaction of patients and doctors alike and I would regard any change from this as dangerous and retrograde.—I am, etc.,

D. GWYN JONES

Tymawr, Cardigan

¹ Department of Health and Social Security. *Community Hospitals: Their Role and Development in the National Health Service*. D.H.S.S., 1974.