the natural increase in milk concentration throughout the feed,[5 6] a mid-feed milk fat concentration of less than 2% is suggestive of undernutrition in a mother who is experiencing difficulty in lactating or whose baby's weight gain is failing.

The successful establishment of lactation could be dependent on many factors, but clearly any form of nutritional stress, whether actual or secondary to the physiological demands, could have a direct bearing on the psychological stress observed in clinical practice. Consequently maternal nutrition during this postnatal period should be a matter of high priority, especially where it may not have been possible to give adequate attention to this aspect during the last few weeks of pregnancy.—We are, etc.,

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2 Gunther, M., *Infant Feeding*. Hannardsworth, Penguin Books, 1973.
3 Crawford, M. A., *et al.*, in *Dietary Lipids and Postnatal Development*, pp. 41-56. New York, Raven Press, 1973.
4 Crawford, M. A., *et al.*, *Proceedings of the Nutrition Society*, 1974, **33**, 50A.
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Medical Priority Rehousing: A New Approach

SIR,—I wish to draw attention to a successful new medical priority rehousing scheme recently introduced in Sheffield.

Before the N.H.S. reorganization, the City of Sheffield arranged for their medical officer of health to act as medical referee in medical priority rehousing cases following detailed housing reports supplemented by medical evidence and assessment of need by either a public health inspector, health visitor, or social worker. In many instances, before a final decision was made whether or not to recommend a case for high priority, the household would be visited by the M.O.H. or his deputy.

In the five-year period 1969-73 8264 medical priority applications were received by the housing department and 4341 (52·5%) were recommended, the M.O.H. or deputy having personally visited 3618 (44%) cases. With this arrangement there was a constant risk of delay with possible medical hardship, as such case visits had to be fitted in with other administrative duties. Local family and hospital doctors had misgivings because of the duplication of medical effort and the constant demand for subsequent medical certificates.

With reorganization of the N.H.S. and local government in April 1974 an opportunity was taken to review and amend many old existing practices and the following new arrangements for medical priority rehousing were formulated for a six-month trial period beginning in October that year.

A housing applicant applies, either in writing or in person, to the Sheffield housing service department for consideration of rehousing on medical grounds. If the applicant is incapacitated then any other agency may do so on his behalf. The house is then visited by a housing department visitor in the case of corporation tenants or by an environmental health inspector in the case of tenants of private properties or owner occupiers, as it is necessary to take note of the structural condition of these houses, and an application form completed. Should either corporation official have reason to believe that there may be difficult medical circumstances applicable to the case, then the applicant is asked to sign an authority at the bottom of the form which gives the family doctor or hospital consultant permission to divulge information to the City of Sheffield director of housing and/or the area health authority Specialist in Community Medicine (Social Services). The form is now taken by the applicant, together with a prepaid "confidential" envelope to his family doctor. In certain cases environmental health officers may dispatch the form with a prepaid envelope direct to the family doctor. A decision is taken whether or not the case merits medical recommendation. The completed form is posted direct to the director of housing. On receipt of this medical evidence the housing service department will consider the essential facts and consult with the S.C.M. (Social Services) in borderline cases. Finally, a special subcommittee of the housing committee considers a monthly housing priority list prepared by the director of housing and, once approved, applicants are rehoused as soon as possible, dependent upon the area and type of accommodation required.

During the trial period a total of 1333 new applications were dealt with by this new method and 449 (34%) were recommended for medical priority. Only 57 (4%) were referred to the S.C.M. (Social Services) for a guiding opinion compared with those seen previously by the M.O.H. or his deputy.

This new scheme has the advantage that no time is wasted by scarce medical staff in unnecessary housing visits. Both general medical practitioners and hospital consultants in Sheffield now feel that with this new arrangement and the use of prepaid envelopes the confidential aspects are preserved and genuinely urgent cases have every chance of rapid assessment and rehousing. There is less frustration from the applicant's point of view as no longer is it necessary for a succession of medical notes to be sent to the housing services department or for pressure to be brought on the family doctor or medical officer to support a case which has virtually no hope of success.—I am, etc.,

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Abortion and Promiscuity

SIR,—I was somewhat disquieted by the letter from Dr. Louise F. W. Eickhoff (12 July, p. 99). To refuse to terminate a pregnancy on a matter of conscience is both legally and ethically acceptable, as is a refusal in the absence of the requisite medical, psychiatric, and social indications. But to refuse a termination because the continuation of the pregnancy is held to be a valid means of managing a behavioural disorder, "promiscuity," is a more questionable matter.

In such circumstances the continuation of the pregnancy becomes a therapeutic procedure for which valid consent must surely be obtained. In circumstances where a young girl presents requesting a termination under Sections 1.1(*a*) and 1.2 of the Abortion Act, 1967, it seems unlikely that consent will be readily forthcoming. To bring pressure to bear upon the girl or her parents is surely ethically dubious, and, further, when one is attempting to manage "promiscuity," not accepted by all to be within the medical ambit, the ethical problems become so great as surely to lay anyone following such a course of action open to allegations of unethical conduct.—I am, etc.,

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Reorganization of N.H.S.

SIR,—I read the first two articles on reorganization (28 June, p. 729; 5 July, p. 22) with considerable interest. I hope that further articles on this subject will appear in your journal from time to time. If you arrange any further informal conferences may I suggest that you invite former local health authority doctors to take part as their contributions will be great value. At the Chichester conference in May it would seem that the area medical officer and district community physician taking part had not a local health authority background. You will appreciate that the greatest effect of reorganization has been on the services previously provided by local health authorities, and many of us who came from this service are at present aware of the adverse effect that reorganization has had on many of the community health services. Further topics relating to reorganization could well be devoted to (*a*) the new medical advisory system, and (*b*) health care planning teams.—I am, etc.,

F. T. HUNT

Reading

Junior Hospital Staff Contract

SIR,—We write in support of the suggestion made by our colleagues from the National Hospital and Maida Vale Hospital, London (5 July, p. 43), that a national ballot be held to determine the real support among junior hospital staff for the proposed new contract. The main concern is that our negotiators, in drawing up this contract, have represented a minority opinion.

In Edinburgh strong feeling has been expressed against the contract. A ballot is at present under way to determine local junior staff opinion. Surely it is not too late to conduct a national ballot on this important issue. It is our earnest belief that such a step is justifiable because only now are the full implications of the contract becoming apparent to many people. Even the negotiators of the contract themselves must wish to know whether they truly represent the main body of junior staff opinion.

It is indeed distressing to learn that plans are being laid for junior staff to take strike action if the contract is not fully implemented by October 1975. It would seem essential to seek the opinion of all junior staff before threatening the Government with industrial action over a cause which, we believe, is not supported by the majority.—We are, etc.,

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