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Rehabilitation Problems

SIR,—The article by Dr. D. A. Brewerton and Mr. J. W. Daniel (30 October, p. 277) makes interesting reading to all who are concerned with specialized rehabilitation, and should be of interest to all doctors who may have to accept responsibility for patients with long term disabilities. Their survey highlights the great gap which lies between the priorities of hospital care and the realities of everyday life in the community. It further emphasizes the inadequacies of the available organizations established to bridge the gap.

The authors rightly emphasize the individual responsibility of the doctor most concerned with the patient's care, and declare that rehabilitation can rarely successfully be a separate process divorced from other medical care. This is true for many common disabilities, but the multidisciplinary approach is an increasingly common feature of the hospital scene, too frequently leaving a bewildered general practitioner either with too much or too little guidance on the rehabilitation of his patient.

The authors have assembled material which amounts to a strong indictment of both hospital approach to resettlement in work and also the resettlement services of the Department of Employment. Those of us who are closely concerned with rehabilitation

know full well the difficulties of maintaining continuity of supervision and of progress for a patient who requires complex clinical care, specialized rehabilitation, and careful replacement in suitable employment. The various bodies concerned seem to be so organized as to prevent logical, gradual progression from hospital to work. Convalescence, rehabilitation, and resettlement almost always have to proceed by unnatural leaps and bounds, the patient being "handed over" at each stage with the assumption that each phase is mutually incompatible.

This article illustrates many of the human problems arising because of the inadequacies of our approach to total care and rehabilitation, but the authors (perhaps deliberately) draw no conclusions. May we hope that the Advisory Committee on Rehabilitation (the Tunbridge Committee) will point to some realistic solutions? Furthermore, may we hope that the much-vaunted integration of the health services to take place in the impending reorganization of the National Health Service will produce a system which can provide good resettlement as well as good primary and good hospital care?—I am, etc.,

Nuffield Orthopaedic Centre,
Oxford

P. J. R. NICHOLS

Better Specimens from the Female Genital Tract

SIR,—Drs. S. Selwyn and J. K. Oates (16 October, p. 170) reiterate the demand for a routine screening programme for gonorrhoea in the population at large. Recently, features on television and in periodicals and newspapers have greatly increased the attendance at special clinics. Examination of the results of clinical and

laboratory investigations do not demonstrate an equivalent increase in the number of positive cases of gonorrhoea found.

It was decided to survey the new patients attending a hospital who were not suspected of having gonorrhoea to discover how many of them were silent carriers of this organism. Every patient in whose case a full pelvic

examination was justified was investigated by wet and stained films, and by aerobic and anaerobic culture on normal and selective media of smears from the urethra, cervix, and vagina, transported to the laboratory in Stewart's medium on charcoal swabs. The results are shown in the Table.

Organism (Lactobacilli excluded)	With pus	Without pus
<i>Trichomonas</i>	35	—
<i>Candida albicans</i>	13	139
<i>N. gonorrhoeae</i>	3	—
<i>Proteus</i> sp.	2	—
<i>Str. faecalis</i>	18	51
<i>Coliforms</i>	15	153
<i>Staphylococcus aureus</i>	—	10
<i>Staphylococcus albus</i>	—	50
<i>Ps. aeruginosa</i>	—	1
No causative organism	25	—

Total patients 1,000.

Vaginal discharge complained of, or discovered clinically: 275.

The 1,000 investigations were made from the 2,996 new attendances between 11 March and 26 August this year. The group is biased when compared with the normal population of women as it contained no less than 300 candidates for abortion, and another 275 complained of, or were found to have, a vaginal discharge.

The three active cases of gonorrhoea found would have been discovered in any case since one was a girl of 18 who had an abortion, one had a vaginal discharge, and the third a Bartholin's abscess. If among these patients no unexpected cases of gonorrhoea were discovered it appears unlikely that a wide survey, however well conducted and competently supported by the laboratories, would demonstrate the reservoir that may exist. It must be remembered that if the husband or regular male partner of a woman has not developed the disease she has no reason to fear that she may be carrying it.

The biological test is still far more efficient than the laboratory investigation. It would be helpful if this point could be mentioned in future articles in the press as it would reduce the anxiety among the young women and the pressure on our overworked special clinics.—We are, etc.,

W. HOWARD HUGHES
J. M. DAVIES

Samaritan Hospital for Women,
London N.W.1

Pregnancy Testing

SIR,—Dr. F. W. Winton (30 October, p. 296) has quite reasonably pointed out the excessive demand made on hospital laboratories by people requiring pregnancy diagnosis. This of course is further confirmation of Mr. Enoch Powell's thesis that a free Health Service will inevitably lead to an unlimited demand on that service.

The fact that so many of the requests are for "social" reasons does not mean that they are not valid reasons. So much of the work we do in medicine (including pathology) is not strictly necessary medically, but we do it willingly for some such reason as reassurance of our patients. Most general practitioners are probably happier when patients consult at a stage when pregnancy can be confirmed clinically, but nowadays they seem to present only a few days after they have missed a period—and they expect an answer. This is understandable. Are we to refuse them and possibly allow our rapport with them to suffer?

If we believe in a free Health Service we must expect the demand on it to be almost unlimited, and we must have staff and facilities enough to cope with this demand. If we want the demand to be limited, the only way to do this is, surely, by some financial "deterrent."—I am, etc.,

W. G. BENSON

Exeter

SIR,—As a general practitioner I am in full agreement with Dr. F. W. Winton, a bacteriologist, in his views on pregnancy testing in normal healthy women for non-medical reasons (30 October, p. 296).

In this day and age that these tests are necessary and are frequently requested for social reasons cannot be disputed. Work, holidays, and indeed legal abortion may be very good reasons for making a diagnosis of pregnancy at an early stage. That a hospital laboratory should do these tests is, in my view, a waste of valuable time and is unnecessary and undesirable. In a partnership of two with a not very large list we receive frequent requests for this test. For several years now they have been done in the surgery while the patient waits, either by the practice nurse or by ourselves.

The test costs us 25p per test and the annual expense to the practice is £18. We regard this as a normal practice expense like other simple surgery diagnostic procedures. We would not object, of course, if we were reimbursed by the D.H.S.S.—I am, etc.,

GEORGE GRANT

Jarrow, Co. Durham

SIR,—I do not think that Dr. F. W. Winton (30 October, p. 296) can have any idea of the strong emotion felt by a woman await-

ing the result of a pregnancy test. I would question the criteria on which he has divided the reasons for requests for pregnancy tests into "medically acceptable" and "social" grounds. To my mind the only "social" reason for a pregnancy test would be if it were requested by a third party, in the same way that a chest x-ray is sometimes requested by a prospective employer or immigration authority. Any pregnancy test requested by a family doctor must have a "patient-care reason." Dr. Winton seems to be unaware that in general practice we are concerned with our patients' hopes and fears as well as the bacteriological and pathological states that he observes in his laboratory.

The question of who undertakes the testing may be at issue. It must be part of the National Health Service, and I hope that whoever does it will realize its importance and not look upon it as an interruption of his real work. To me as a general practitioner the efficient, prompt, and courteous pregnancy diagnosis provided by my local hospital laboratory is an aspect of the National Health Service that gives me great pride and is of the greatest value to my patients.—I am, etc.,

MACPHERSON KNOWLES

Worcester

SIR,—I agree with Dr. F. W. Winton (30 October, p. 296) that pregnancy testing under the N.H.S. could be provided where indicated by general practitioners. I would prefer the test to be carried out at my surgery if the small cost were reimbursed or could be met by the patient. An alternative way around the present disincentive would be the provision of the equipment by executive councils (as with disposable syringes) or by the clinical pathology department of local hospitals (as is already done for containers of specimens)—I am, etc.,

JEFFREY SEGALL

London N.W.2

SIR,—While agreeing with Dr. F. W. Winton (30 October, p. 296) that many pregnancy tests pander to the impatience of the modern woman to know the worst before nature in the shape of a second missed period gives the answer, one must remind him of the extreme urgency of the matter when induction of abortion is contemplated. Without this test how can the general practitioner set in train the elaborate machinery (referral to a psychiatrist or organization of a trip to London or Birmingham) necessary to remedy the unfortunate patient's condition? Then there are the harassed mothers on the pill who miss a period. Social reasons these may be for this test (in my experience the most used of any laboratory procedure) but as valid surely as any if the patient's good is the primary consideration.—I am, etc.,

S. L. HENDERSON SMITH

Huddersfield

Taking Medicines during Ramadan

SIR,—We should be grateful to Dr. N. H. Silvertown (23 October, p. 233) for drawing our attention to this important aspect. He has very rightly described the practice of Moslems during this holy month, but let me

point out that if the doctor feels that the patient's health is not fit for observing the fast then the patient is not bound to fast from a religious point of view. It has been said in Holy Koran that a person does not become nearer to God by subjecting himself to unnecessary misery. The whole purpose is then lost. In fact disobeying the doctor then would amount to suicide, which is unpardonable. All the women who are having periods or are lactating or any person who is undertaking a long journey or any sick person is not to fast. They should fast later and complete the "course," so to say. Therefore the question of fasting does not arise for anyone who is suffering from acute illness, but for chronic illnesses each case should be dealt with according to its individual merit, in the light of the above. I hope this will be of some help to my colleagues.—I am, etc.,

K. SAYEED AHMED

Bronglais General Hospital,
Aberystwyth

The Ward Sister

SIR,—This committee, in the belief that the National Health Service is for the benefit and treatment of patients, would like to express its concern at the loss of status of ward and outpatient sisters under the present Salmon structure. We consider there is a great need for an improved salary structure and status recognition without the need for such key staff to leave their ward or department.—I am, etc.,

IAN D. HENDERSON

Chairman,
Group Medical Committee,
Tunbridge Wells and Leybourne H.M.C.
Tunbridge Wells,
Kent

Treatment of Bell's Palsy

SIR,—Having myself followed a small number of Bell's palsy cases recently in a relatively unsophisticated trial while at senior house officer grade, it was with great interest that I read the authoritative paper by Dr. D. Taverner and others (2 October, p. 20) comparing the benefits of prednisolone and corticotrophin.

However, I feel several points should be raised. Firstly, the initial five-day course of prednisolone at 80 mg daily seemed too high a dose to compare with 60 units of corticotrophin daily, and I would suggest therefore that the relative benefits conferred by prednisolone were purely dose-dependent rather than due to any specific action of prednisolone. Thus the result of the trial could possibly have been reversed by giving a larger dose of corticotrophin, and ideally the blood level of circulating steroids might have been measured. With the high dose of prednisolone recommended, even in the short term, there must be an increased risk of side effects, especially when used outside the close confines of a therapeutic trial such as this, where aged, hypertensive, diabetic, dyspeptic, and pregnant patients were carefully excluded.

Secondly, it was stated that "the results of earlier treatment were indeed better," whereas 78% of the group in which treatment was commenced on the third and fourth day (94 out of 120) recovered completely as compared with only 71% of those