rightly draw the conclusion that lack of professional concern is partly due to failure to appreciate the use of well-validated developmental tests on the child.

Psychologists and clinical medical officers have a great deal to offer in relation to the measurement of mental growth, even in the very young child, through testing and the observation of the status of the child's behaviour and play. The physical effects of abuse and deprivation are there to be seen even postmortem, but equally observable are signs of overall behavioural immaturity or specific immaturity.

Whether the aetiological causes arise from within the child or from without secondary social problems arise. The parents, who may have limited understanding and no insight with their problem, sometimes react highly and emotionally or primitively. It is strange that society lays less blame at the door of more careless parents—for example, those involved in road traffic accidents.

It is generally accepted that all children ought to be subject to brief developmental screening. Those with special needs, be they physical, social, or to do with mental ability, can be separately assessed in great depth on the Griffiths Mental Developmental Scale, as Dr. Smith and Mrs. Hanson have demonstrated. Given astute professional advisers we may expect advice to be available to those parents and children in need. It is usually only psychologists and specially trained (mostly self-trained) doctors who have the impartiality which makes them accessible. At least it should be part of the new community paediatric service to make such advice available where and when it is most needed—that is, in the context of services available to all children. Only in this way will advice be available soon enough or often enough.—I am, etc.,

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Tests of Thyroid Function

SIR,—We were interested to read the paper by Dr. C. W. H. Havard and Miss Margot Boss (14 September, p. 678) in which it was stated that similar information to that provided by the thyroid-stimulating hormone (TSH) stimulation test may be obtained by the measurement of serum TSH levels before and after the injection of thyrotrophin-releasing hormone (TRH). In our paper,¹ to which they refer but unfortunately misinterpret, a single estimation of serum TSH, and not the TSH response to TRH, was as valuable as the time-consuming TSH stimulation test in the assessment of thyroid reserve. In our experience, in the investigation of suspected hypothyroidism no additional information is gained by estimating the TSH response to TRH unless to attempt to differentiate between pituitary and hypothalamic hypothyroidism.

In the following issue (21 September, p. 708) Dr. E. G. M. D'Haene and his colleagues did not find as good a correlation between the effective thyroxine ratio (E.T.R.) and the free thyroxine index F.T.I. as previously reported. They did not, however, assess the diagnostic accuracy of either test on the grounds that an objective measurement would be compared with a subjective clinical impression. They there-

fore have no basis for assuming that the F.T.I. is the better clinical test. In a recent report² we could find no difference in diagnostic accuracy between the E.T.R. and the F.T.I. measured in 100 consecutive patients referred to the thyroid clinic. The thyroid status in these patients was determined not only by subjective clinical means but also by other in vivo and in vitro tests of thyroid function such as plasma TSH estimations and radioiodine uptakes with triiodothyronine (T-3) suppression and TSH stimulation if required. Since the E.T.R. has the advantage over the F.T.I. of being both a one-stage procedure and yielding a more rapid result we still prefer it to the F.T.I. as a screening test of thyroid function. Indeed, we have stopped using serum T-3 uptake measurements for some two years, these being perhaps indicated only if one suspects a diagnosis of binding protein abnormality that has not been induced by pregnancy, oral contraception, or other medicaments.—We are, etc.,

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- 1 Irvine, W. J., et al., *Clinical Endocrinology*, 1973, 2, 135.
- 2 Toft, A. D., et al., *Clinical Endocrinology*, 1973, 2, 127.

C-Film as a Contraceptive

SIR,—In April 1973 the Family Planning Association started a clinical trial to try to assess the efficacy and acceptability of C-Film used as a sole method of contraception. This trial was carried out at the request of the manufacturers of C-Film, Potter and Clarke Ltd., and with their financial support for which we are most grateful.

To be eligible for recruitment to the study a woman had to be aged 16-35 years, to have a stable sexual relationship, and to have had no exposure to oral contraceptives for at least one cycle. All those who entered the study volunteered to do so. On admission a history was taken from each subject, paying special attention to vaginal discharge, pruritus vulvae, and venereal disease. Any history of balanitis, genital pruritus, or venereal disease in the subject's partner was also recorded. After a gynaecological examination the woman was taught how to insert C-Film and written instructions on the use of the contraceptive were given to her. These included the following points: (a) that one C-Film should be used for each act of intercourse, (b) that no other contraceptive should be used during the period of the study, and (c) that a monthly record card should be kept to note the dates of menstruation, the days on which intercourse took place, whether C-Film was used for each act of intercourse and which partner used it, the presence of vaginal symptoms, and whether

other methods of contraception were used (despite instructions to the contrary). Finally, each woman was asked to return to the clinic at three-monthly intervals. Sixty-three subjects entered the study. Of these, 18 were not included in the analysis—three because they never used C-Film, six because they were lost to follow-up, and nine because they failed to keep their record cards satisfactorily. It may be noted that the nine subjects in the last category completed at least 19 months of use of C-Film between them and that, to the best of our knowledge, none became pregnant.

Of the 45 subjects included in the analysis, all had regular menstrual cycles, 23 were nulliparous, and one was lactating at the time of enrolment. Nine of these women experienced an involuntary pregnancy during a total of 175 person-months of exposure to risk, representing a use-effectiveness pregnancy rate of 62 per 100 woman-years. Two pregnancies occurred during the first month of use, one during the second, two during the fourth, and the remainder during the fifth or later months. In only one case did the woman admit to having had unprotected intercourse; the remaining eight women stated that C-Film was always used. In addition to the nine women who became pregnant, a further 25 withdrew from the trial—four because of side effects (irritation and discharge), two because of the difficulties with the method, and 19 for reasons not connected with the method.

During a total of 185 cycles of use C-Film was always used by the female in 109 and always by the male in 15. In six cycles C-Film was always used by both partners, in 47 the pattern of use was "mixed," and in eight it is unknown which partner used C-Film. It has been suggested that male use of C-Film offers less protection against pregnancy than female use. Accordingly, in the assessment of the nine involuntary pregnancies particular attention was paid to which partner had used C-Film during the cycle of conception. In five cases C-Film was used exclusively by the female, in three the pattern of use was mixed, while in only one case could we establish exclusive male use during the cycle of conception. Though the subjects were instructed that no other method of contraception should be used for the trial period several did use other methods on odd occasions during a total of 18 cycles. In these instances other contraceptives were generally used instead of rather than in addition to C-Film. In none of the nine involuntary pregnancies was another method of contraception used during the cycle of conception.

In spite of the fact that the women were carefully taught how to use C-Film, several complained of difficulties in inserting the film properly. This and the fact that C-Film may not always dissolve completely may be responsible at least in part for the high failure rate.

In view of the unacceptably high failure rate the F.P.A. decided to terminate the study in June 1974. The association does not recommend the use of C-Film as a sole method of contraception to women attending its clinics. Whether C-Film has a role to play as an adjunctive to other methods of contraception remains to be seen.—We are etc.,

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Economies in the N.H.S.

SIR,—I am prompted to write in support of the letter by Dr. H. P. Hughes (5 October, p. 41) suggesting that there should be a reappraisal by the Law Society, B.M.A., and medical defence societies on what might or might not be considered negligence in failing to x-ray an accident case. There are, without doubt, a great number of unnecessary examinations carried out at the request of inexperienced casualty officers because they fear litigation. Apart from the waste of money, these requests are a source of further unrest among radiographers, who

often have had considerable experience of trauma and who know that the x-ray examination requested is unnecessary. In fact, during the radiographers' strike many of the accident cases sent away never came back again.

Another factor seldom considered is the question of exposing the patient to unnecessary irradiation. *The Code of Practice for the Protection of Persons against Ionising Radiations*¹ states: "The clinician requesting the [x-ray] examination of investigation must satisfy himself that it is neces-