As acute gastritis most commonly results from extrinsic irritants, it seems reasonable to postulate that the levo-dopa may have been the cause of the bleeding in this man's case. The rarity of this complication, and its occurrence in our patient without any previous evidence of gastric disorder, suggests an idiosyncratic response as a possible mechanism.—I am, etc.,

D. RIDDOCH

Department of Neurology,
Queen Elizabeth Hospital,
Birmingham

1 Keenan, R. E., *Neurology* (Minneapolis), 1970, 20, no. 12 pt. 2, p. 46.

Advising about Pregnancy Termination

SIR,—May I, as a family doctor of some 44 years standing and a most interested reader of "Personal View," make some comments about Dr. Andrew Smith's article (11 December, p. 678)?

The arrival in one's consulting room of a teenage girl in some distress accompanied by her mother in much more distress presages a difficult and often heart-rending interview. If termination is *not* advised what is the position some 12 months later? According to Dr. Smith, the resulting child is more likely to be rejected and become psychologically disturbed than other children.

May I quote three recent cases which go to prove the contrary? Firstly, a girl of 15; the man a soldier in Germany. Psychiatrist refused to certify. Secondly, a girl of 16; the man a West African and quite unacceptable to the girl's family. Girl refused to consider termination in spite of her mother's threats of suicide. Thirdly, a girl of 18—intending to go to university. Went to London bearing £120 in cash, accompanied by the boy friend. Both so disgusted by the conditions at a "nursing home" advertising in the medical press that she returned home on the night train and allowed the pregnancy to proceed to term.

In each of these cases the resulting baby is the apple of the mother's eye and each granny is absolutely thrilled with the child she could not even contemplate 12 months previously.

Results like these give one furiously to think, especially when it is the girl's mother who is pressing most strongly for termination.—I am, etc.,

J. D. BOTTOMLEY

Pontefract,
Yorks

Mycoplasma pneumoniae Infections

SIR,—I was fascinated to read the recent epidemiological report on *Mycoplasma pneumoniae* infections (4 December, p. 633). Unexplained, yet often striking, fluctuations in the prevalence of *M. pneumoniae* infections have been recorded amongst various populations, notably during the Parris Island (military recruit)¹ and Seattle (civilian)² studies. Indeed, a cyclic pattern of infection with a four to five year periodicity has been suggested.³ It is of interest to note that at the Brompton Hospital the incidence of *Mycoplasma pneumoniae* fell from 9% in 1968 to 7% in 1969 and only 3% in 1970, but that the number of cases diagnosed in the second half of 1971 has risen sharply.⁴

Also, whereas 18% of healthy adults living in South London had raised complement fixing antibody to *M. pneumoniae* prior to 1968,⁵ only 13% did so in 1968, 5% in 1969, and 2% in 1970.⁴ Peak antibody levels were found in the age group 21 to 40 years. It would thus appear that there has been a steady decline in the frequency of *M. pneumoniae* infection in Britain over the past four years, and that this trend has now reversed quite suddenly and for no apparent reason.—I am, etc.,

M. C. JONES

Queen Mary's Hospital,
London S.W.15

1 Chanock, R. M., et al., *Annals of the New York Academy of Sciences*, 1967, 143, 484.

2 Foy, H. M., Kenny, G. E., McMahan, R., Mansy, A. M., and Grayston, J. T., *Journal of the American Medical Association*, 1970, 214, 1666.

3 Evans, A. S., and Brobst, M., *New England Journal of Medicine*, 1961, 265, 401.

4 Personal observation.

5 Lambert, H., *Journal of Hygiene*, 1968, 66, 185.

Library for University of Hanoi

SIR,—I am helping to maintain a reference library of Western medical scientific literature in the Medical Faculty of Hanoi University, North Vietnam.

This work has helped to establish a much valued facility which is used intensively for teaching and research. May I appeal to your readers through the courtesy of your columns for contributions of books and journals? I shall be happy to arrange collection, if required.—I am, etc.,

PHILIP HARVEY

St. Stephen's Hospital,
London S.W.10

Unfair Pressure for Abortion

SIR,—Professor H. C. McLaren (11 December, p. 683) is incorrect in his belief that the M.P.U. has already given evidence to the Lane committee. It has in fact published the report of a working party on termination in *Medical World* for discussion.¹ If Professor McLaren or anyone else who does not get *Medical World* would like a copy and will write to me, I will send them one, so they can see what we really said. The next issue will contain four pages of letters on this question.

We are of course aware that some Roman Catholic doctors are opposed to termination under all circumstances on religious grounds. However, many Roman Catholic doctors and nurses resolutely refuse to allow their personal, philosophical, or religious opinions to interfere with their assessment of what is best for the patient—and what she wants.

The law as it stands permits termination with the well-known provisos. However, it is reported to us that in some areas it is extremely difficult for patients to find general practitioners and gynaecologists prepared to arrange for a perfectly legal termination, whatever the grounds. If half the terminations are at present carried out in the private sector, almost certainly many of these could have been done in the N.H.S. in some areas. No one knows how many, because the information is not recorded.

We have proposed that doctors should notify the authorities when they do *not* recommend termination on whatever

grounds simply to enable the health services to know what they need to do to meet the demand for the perfectly legal operation of termination under the N.H.S. Surely it is better for the Department of Health to know where such services are seriously deficient from the doctors themselves, rather than from other sources.

We of course agree that it is unfair that those who have the money can secure a termination virtually on demand, and our full proposals are directed to avoiding the need for the private sector.—I am, etc.,

HUGH FAULKNER

Medical Secretary,
Medical Practitioners' Union

London N.W.1

1 *Medical World*, December 1971, p. 6.

Calculation of Pension

SIR,—As matters stand pension rights for any years served in less than maximum part-time employment in hospital practice are calculated on a basis of 1½% of actual earnings. Ever-mounting inflation means that for earlier years this method yields a very much smaller pension than the adjusted eightieths method used for the whole-time and maximum part-time staff.

The argument that the calculation for a contributory pension must be based on actual earnings is quite untenable. Indeed, it is transparently dishonest because that same argument would have to hold for whole-time and maximum part-time staff, which it does not. This discrimination appears particularly mean and dishonorable when it is realized that some of us on changing to part-time practice had written into our new eight-session contracts that we were supposed to continue to do as much hospital work as when full time. This victimization of a small section of hospital doctors should be firmly opposed by the B.M.A.—I am, etc.,

DOUGLAS NEEDHAM

Aberdeen

"Added Years"

SIR,—With reference to Sir Keith Joseph's reply to the proposals for improving doctors' superannuation in the National Health Service (*Supplement*, 27 November, p. 51), Sir Keith mentions that some form of "added years" might be considered.

You may not be aware of a practice which has existed for medical staff under local government authorities in the Republic of Ireland, that the Minister for Health has the authority to grant added years service for pension purposes to professional persons joining the Health Service up to a total of 10 years, which, as far as I know, has always been granted.

This, in some way, would compensate for the late entry of doctors into the National Health Service when it is realized that no-one is entitled to a full pension who retires prior to 1988. I am sure that some arrangement could, in a similar manner, be worked out for general practitioners.—I am, etc.,

F. M. LANIGAN-O'KEEFE

Coventry and Warwickshire Hospital,
Coventry