baby is after all a person to its mother. By using such a degrading description some doctors could be bringing the profession dangerously close to the attitudes of Nazi-ism, which was permitted as a State, merely 개념 numbers and statistics. It could be a dangerous illusion to think that free family planning will cure our pollution problems. There are aspects of our runaway technology that need looking at first.

Dr. D. M. OWENS (Hexham, Northumberland): It is tempting to quote in detail the amazing fallacies expressed in the letter, signed by 50 doctors, entitled "Doctors and Overpopulation" (8 January, p. 108). First, the doctors ignored the "environmgent population" and the second refers to "sheer overcrowding." It is arguable, and indeed would seem morally reformationist, that easily the commonest cause of overcrowding in Britain is the motor-car. Not only can cars be seen to cause overcrowding, but their number in the future, far beyond their space in towns, and motorways, which are destroying the countryside. On occasion, homes have been destroyed to make room for an car parks and motorways; it would seem logical, therefore, to begin our attack on the problems of overcrowding by attempting to reduce the numbers of motor-vehicles. Furthermore, there has been no suggestion to this effect from any body of opinion which claims to concern itself with either overcrowding or environmental pollution.

Dr. D. HOOKER (Truro, Cornwall): It seems in this generation that we pass from one horror to another. Now a group of eminent doctors advocate abortion as a means of population control (8 January, p. 108) ... I wonder if these doctors realize the implication of this act of moral and ethical vandalism. Originally this was a therapeutic operation, carried out only occasionally in cases of grave medical necessity. Careful examination has shown the moral and ethical consequences. Today with the reformed Abortion Law it has become an operation carried out on demand by the patient. In the future, far beyond the group's proposal is accepted, it will inevitably become an operation of compulsion, both for the doctor and for the patient, and it would be logially be used as a means of population control? Even without compulsion it would still be ethically wrong to use abortion for this purpose. The only ethical way of looking doctors. It is time the medical profession stopped being swept along in the stream of so-called "progressive enlightenment" and took a more robust ethical position... This group of doctors has its sights set wrong. No mention is made of the permissive society of today, with the rising illegitimate birth-rate despite contraception and abortion. A combined conscious effort by the Church, the doctor, and the whole community to bring about moral reformation would be far more positive than the wanton destruction of unborn children. No mention is made of the poorly controlled immigration land west of the potato."

Dr. Joel M. STRATTON (London W.1): writes: The real problem is lack of communications in utilizing resources. If India cultivated her available arable land in the same intensive manner as that in Japan, she could provide food for twice the world's present population herself. Surely the emphasis must be on better utilizing our vast potential resources rather than the resources for the number of children young. This would lead us, like unfortunate Hungary, with the lowest birth rate in the world, owing to liberal abortion, where one third of the population is over 65.

Dr. J. R. CALDWELL (Newick, Sussex): writes: One contribution we doctors might make to this problem is to try to introduce some reason into our quite Gilbertian legal, fiscal, social, and professional approach to it. If a young people chooses to remain celibate and single he or she immediately suffers a moral and social tax of $50,000. The tax is barred from such social benefits as housing. Having decided to wed or become promiscuous they will find it extremely difficult to obtain free sterilization, contraceptive supplies, and to be stationed and treated with great enthusiasm on the house. They will also find that, alone of all pharmacists, contraceptives have to be paid for in full. Those who have undergone abortion now have legal abortion to terminate it, so that a slaughter of the innocents continues and is rewarded to which Herod's example pales to insignificance.

Dr. I. R. Hook-Evans (DyserthNr. Rhyd, Flint): writes: I was interested to read the letter signed by a large number of doctors advocating very materialistic and, in my view, immoral ways of combating what they call "the British disease of overpopulation" (8 January, p. 108). I feel that their suggestions do a disservice to British medicine, and the methods they advocate are ones which have already contributed much to the collapsing moral fabric of the nation, and I hope that the Government will not respond to their suggestions. The crazy notion that overpopulation has been raised from time to time since the days of Malthus, I am of the opinion that this idea is a myth, and although I agree pollution is a vast problem a great amount of it is due to industrial products, and surely it is not above the ingenuity of modern technology to overcome this difficulty.

Dr. T. D. RICHARDS (Pucklechurch Nr. Bristol): writes: Some 50 doctors in a letter to the B.M.J. (8 January, p. 108) are demanding that the Government takes urgent steps to deal with what they call "the British disease of overpopulation." Obviously there must be a limit to how many people can live in this country in reasonable conditions of comfort—but surely we should have taken steps ten years ago, as other countries have done, and that is to have had a much stricter control on the numbers of people coming into these islands. This is a more realistic step than put forward in their letter which suggests free family planning, more hospital beds for abortion, and paid for male sterilization, financed from taxation.

Dr. R. F. STRONGE (Rhosstrfan, Caernarvon): writes: Few would disagree with the main theme of the letter on overpopulation by a group of doctors (8 January, p. 108) but it is easy to see how some of the methods they suggest to combat overpopulation, if left to individual choice, could lead to immigrants taking over Britain in the foreseeable future. The time will come when it will be advisable for mankind to take his destiny into his own hands and introduce some form of selective breeding...

Congenital Dislocation of Hip

SIR,—In 1958 for the first time the annual hospital inpatient inquiry for England and Wales attained national coverage. The Registrar General's office has kindly supplied figures for that year and for 1968 which show that the percentage of admission of children under 5 with congenital dislocation of hip was about 2 years, and only 12.5% were under 1 year. Ten years later, despite all the propaganda about "instant" neonatal diagnosis, the percentage under 1 year was 21.

These figures of inpatients do not, of course, give the whole picture. The medical records department at Great Ormond Street Hospital has been good enough to give me their figures for 1970. Of 47 children under 5 who attended for the first time 18 were under 1 year, 1 the age that they were treated as inpatients. In 1960, on the basis of 10 years' experience, I suggested that if early diagnosis of congenital dislocation of hip were regarded as a public health problem then repeated routine examinations in the first year would work.

It seems that until regular routine examinations are regarded as complementary and not just supplementary to neonatal examinations we will continue to encounter the inevitable crop of "ones that got away." Further, with the increasing trend to hospital confinement and discharge after 48 hours we can expect more of this type of case. Finally, of the 25 primary patients seen in the past 22 years only four were born at home—"I am, etc.,

R. A. STRANG

Westmole, Middlesex.


Coronary N eros  

SIR,—It has been suggested that patients and potential patients should be educated to appreciate the importance of seeking immediate medical aid when they experience symptoms which they think might be due to an attack. However, scant attention has been paid to the extremely prevalent coronary neerosis which already exists in middle-aged and even young adults. A man's usual reaction to a pain in the chest is to assume he has had a myocardial infarct. This may be the case, but often the pain is benign. It is most important that the doctor consulted should avoid making an erroneous diagnosis of coronary disease and perpetuate the patient's fear of impending doom. This unfortunately occurs only too frequently.

Effective re-assurance can really be given only after taking a thorough history and making a full examination, including but possible electrocardiography and x-ray examination. The most important thing in elucidating the characteristics of the pain. An essential question when the information is not spontaneously volunteered by the patient is "Have you been worried in case your pain should be arising from the heart?" The answer is almost invariably yes, and the patient is grateful for being given a chance to ventilate his fears. Half-hearted reassurance is worse than useless, leaving the patient with a sinking suspicion that the aches and pains of heart disease continues to exist. In fact, it seems kinder and less harmful to reassure a patient mistakenly than incorrectly to attach the label of coronary artery disease. In the period of one year angina pectoris accounted for 10% of new outpatient referrals to a medical clinic at the Cumberland Infirmary and fear of heart disease accounted for 5%—fears proved to be groundless.

Almost certainly the increased incidence of coronary neerosis stems from a combination of people's awareness that ischaemic heart disease is common, personal contact with it in the home and at work, and the wide publicity it now receives. Education of the patient to recognize cardiac pain when it