Dips, plexus, classification, fetal, of am, etc., of four the condition of the fetus at birth.

undoubtedly fetal scalp sampling is a more reliable estimate of fetal hypoxia. Fetal pH changes are largely the result of changes in PCO2 which are the result of circulatory disturbances. The fact that 30% of high-risk fetuses developed some fetal heart rate abnormality while only 10% became acidaemic in is in favour of using fetal heart rate as an early warning sign of fetal hypoxia showing the need for continued vigilance.

Undoubtedly fetal scalp sampling is a valuable method of assessing fetal condition, but interpretation of fetal pH is difficult. Advocates of fetal scalp sampling have indicated the success of the technique in predicting the condition of the fetus at birth. Results of fetal heart rate showed correct predictions in 62-82% of cases. On the other hand, and of greater importance 31-85% of babies depressed at birth had normal fetal pH and 31-84% of fetuses with low pH values were vigorous at birth.

Detecting hypoxia is valuable and because it is continuous I am testing the method of choice. Interpretation of fetal heart rate patterns is not easy and confusion has resulted from the present complex classification of dips. This classification is dependent on the temporal relationship of dips to uterine activity. In Sheffield we have shown that it is the dip area which is important and more recently that the temporal relationship is not significant. The suggestion by some that the dip area is a measure of placental function is hypothetical and evidence is now accumulating to show that all types of dip may be seen with cord compression and placental insufficiency. —I am, etc.,

R. H. Tipton

Jesop Hospital for Women, Sheffield, Yorks.

SIR.—"Doctors and Overpopulation" (8 January, p. 108) is signed by an impressive list of 52 doctors and contains some well-known and intriguing names. I feel that I must voice some thoughts that this letter gives rise to, not only an attempt to clear my own thoughts. Their fourth paragraph begins "What can we as doctors do to combat the British disease of overpopulation?" The italics are mine and seem to give the impression of the heart of the problem, especially as the letter is written to the British Medical Journal by a large group of doctors who are advocating combined action by doctors. I find it difficult to see that as doctors we have a concern with the problems of overpopulation. As responsible, thinking citizens there is no doubt that we have, or should have, great concern, but this is a sociological problem and I fail to see that under the Hippocratic code it is a medical concern. Perhaps in this late 20th century we have reached a point at which we should abandon the Hippocratic code, but so far I have not seen this put forward as a serious objective by the fetal scalp group of letters.

When there are good medical reasons for sterilization or for abortion there can be no doubt about our duty; on that I have no reservations. I am less clear about sterilization or abortion by operation for non-medical or social reasons, and there can be no doubt that your correspondents are concerned substantially with non-medical or social reasons for population limitation. They are speaking as social reformers, not as doctors.

This matter becomes relevant in regard to the proposed liberation of vasectomy. By now we should be fully aware of the complex and difficult situation that has arisen as a result of the Abortion Act. Now we propose to chance the issue once more. The problem is rendered more difficult because the operation of vasectomy is relatively simple with little morbidity and little chance (but not no chance) of mortality. This relative safety justifies us as doctors to be compaisant in the matter.

I must make it clear that I have nothing against vasectomy or even abortion as a social measure if Parliament, voicing the will of the people, wishes to legalize both as social measures. I can be fully sympathetic to the decisions, provided their implementation does not fall on doctors. But I maintain that as doctors, in the words of your letter writers, the situation is different. Vasectomy done on medical grounds is fully acceptable, but on social grounds or on request should not at present be supported by doctors as doctors. It may well be that medical ethics will change totally and that we shall all feel justified in advising and performing operations on social apart from medical grounds. But so far this is not so and it is not a problem that can be just brushed aside.

There will be plenty of doctors who will support no manipulation about non-medical operations for non-medical reasons and perhaps will be contemptuous of me for raising this. Nevertheless, as I see it, a precise and definite change in our ethics as a profession is involved. We shall have to decide if we wish to change the Hippocratic code to include a social code.

I see complicated situations arising from such a change, as we have already seen result from our abortion adventures. It might be as well to bear in mind that at some future time someone may decide that we should also include a communist code. Perhaps your 52 eager correspondents may feel it a moral problem and give me some assistance. I especially wonder if certain of those whose names I see on the list of signatures gave this aspect real cold thought before they signed. —I am etc.,

B. G. Brock

House of Lords.

SIR.—There can surely be no objection to a responsible section of the community, be they doctors or anyone else, raising an urgent voice on the problem of overpopulation (8 January, p. 108). In the nature of things, politicians can take no action on their own initiative, but only when public opinion permits.

Those who believe immediate action on population control to be imperative will agree with William Petersen who, in his superb book Population, writes "The control of family size, no matter what means is used, demands self-control; and self-control is likely to prevail only in a society in which individuals have strong motives for imposing it."

People convinced of the looming errors of overpopulation, casting a shadow over their declining years and threatening the very existence of their children in the near future, need no further motive; but we believe that people not so convinced require a motive to be provided.

The situation is no different from that of Singapore (each one of us is 10 times more expensive in terms of natural resources), where in the face of a terrifying number of births fiscal sanctions were imposed in 1966. It was enacted that no maternity leave or benefit, nor any child allowance, would be payable in respect of the fourth or subsequent pregnancy from a given date; at the same time sterilization and vasectomy were made freely available without even the usual $10 dollar fee for medical treatment at Government hospitals. When the average Singapore Asian, as obstinate as the next man, found that his pocket was being seriously affected by the firm "no" to application for benefit, he sent his wife post haste for sterilization; a minority chose vasectomy. The result was an immediate fall in the birth rate, which has since been maintained; those who have been to Singapore recently will be aware that the policy is now fully endorsed by the people (for example, taxi-drivers) as a whole; the pump has been primed.

The need for similar measures in Britain is urgent, not least for those communities whose birth rate is far above the national average, itself too high.—I am, etc.,

T. L. BARCLAY

Bradford, Yorks.


Glasgow Family Planning Service

SIR—In view of Dr. J. A. McGarry's letter (29 January, p. 315), I feel that I must reiterate some of the major points in my report.

We visit only families who wish to discuss