Working of the Abortion Act

Str.,—In carrying out a survey for quite different purposes, over 600 doctors have replied to a questionnaire which included a request for their views on the present Abortion Act. These doctors are all general practitioners holding the postgraduate diploma of the Royal College of Obstetricians and Gynaecologists and have a median age of 36 years. They are likely therefore to be doctors of first contact to a considerable proportion of the unwanted pregnancies in their areas.

Sixty per cent of these doctors thought that the present Abortion Act was a reasonable compromise, 22% that it was a major social advance, and only 14% that it was a tragic mistake. The other 4% gave less easily classified answers. A survey of over 200 rural practitioners gave almost identical results.

Policy-making by referendum may not be wholly without its difficulties; but these figures were thought to be of sufficient general interest to warrant separate publication.—We are, etc.,

PAUL CARTER
CHRISTOPHER F. HOLMGREN
RICHARD SIMONS
FRANCICE BOWISHER
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Students' Union,
The London Hospital,
London E1

*, Thought this Bill has been given a second reading in the House of Commons its reference to a select committee provides the opportunity for interested persons and bodies outside Parliament to make their own views before any decision is made on the future progress, if any, of the Bill, and to influence them to do so. The B.M.A. has already submitted written evidence and has asked to be allowed to give oral evidence as well. Other organizing committees might consider doing the same.

Iron Treatment of Dialysis Patients

Str.—The drawbacks of regular intravenous iron therapy to patients undergoing regular haemodialysis treatment are clearly presented by Dr. S. Hussein and his colleagues (8 March, p. 546). Their emphasis on monitoring the amount of iron therapy needed is justified by the increased iron stores of most of their patients. What is not so clear is how their data allow this dose to be calculated and overloading avoided.

Since there is no good evidence to suggest that oral iron is less effective than intravenous iron in patients on regular haemodialysis, nor that it can overload patients, a safe alternative is to give oral iron to all these patients. In contrast to Dr. Hussein and his colleagues we have found a significant correlation between transferrin saturation and iron dose. Rises in haemoglobin level with oral iron are significantly greater when transferrin saturation is below 30%. Transferin saturation thus provides a simple indication of the likely response of patients treated with oral iron; it may not reflect iron overload, but it has not proved a problem if the pararental route is avoided.—We are, etc.,

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Practolol and Sclerosing Peritonitis

Str.—In their article on “Fibrous Peritonitis: A Complication of Practolol Therapy” Mr. W. O. Windsor and his colleagues (12 April, p. 68) observe that immediate withdrawal of practolol may result in the disappearance of the complication. We have recently observed a similar case of fibrosing peritonitis which presented with intestinal obstruction one year after cessation of practolol therapy. At laparotomy this 45-year-old man of 66, showed the characteristic fibrous membrane enclosing the small bowel, with thickening of both visceral and parietal peritoneum, and the histological features were similar to those described as “sclerosing peritonitis” by Brown et al.1 Special stains and all routine investigations were non-contributory. However, it emerged that the patient had had a psoriasis rash while on practolol therapy, this being the reason for its withdrawal. The patient subsequently died from rupture of a traction diverticulum of the caecum, produced by the peritoneal adhesions, four weeks after laparotomy. Of the cases of practolol-associated sclerosing peritonitis recently reported, two occurred eight months after stopping the drug, while another one, like our case, presented 12 months after practolol had been discontinued.2 All the patients appear to have received the drug for over one year.

We would like to emphasize that withdrawal of practolol does not necessarily protect the patient from sclerosing peritonitis and that it is therefore worth checking the terms of reference of the select committee (Amendment) Bill, 1973—Ed., B.M.J.
Cigarette Advertising

Sir,—Thirty years after publication of the first Royal College of Physicians' report on "Smoking and Health" the Government has, as you report (19 April, p. 149) been unable to get the tobacco industry to accept six proposals aimed at curtailing cigarette promotion. It is clear that the tobacco industry hopes that it will continue to secure voluntary "restrictions" which are known by them to be unlikely to affect sales and will never agree to any more effective measure such as Dr. David Owen has proposed. Such measures will therefore require legislation to bring them into effect.

We are starting a parliamentary campaign in relation to a private members' Bill designed to give legislative force to Dr. Owen's proposals and wish to ensure that it has sufficient support by M.P.s to gain Government backing. It would be helpful if doctors who would like to see tobacco sales promo-
tion curtailed were to write to their M.P.s asking them to support any Bill with this aim. We would be glad to provide any background information for them and to hear of any replies received.—We are, etc.,

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Wycombe General Hospital, High Wycombe, Bucks

Geriatric Admissions

Sir,—With reference to the letter from Dr. May Downie (19 April, p. 142) has it ever been considered what the geriatric patients themselves would wish? Too often geriatricians are influenced by relatives and the pressure of colleagues on acute wards to admit on a long-term basis.

After many years in geriatric social work I have found that very elderly people would prefer, as Dr. Downie terms it, "squall conditions etc., to hospitalization as they view this as waiting for death, rejection by family and society. It is appreciated that better living conditions are desirable, but if one has no desire for change then it will be a sorry day if after the age of 65 the citizen cannot at least make some sort of choice unaided.—I am, etc.,

M. INGLIS
Princess Louise Hospital, London W.10

Consultant Negotiations

Sir,—After allowing the dust to settle, I still feel as incensed now at the Central Committee for Hospital Medical Services decision to recommend the lifting of "sanctions" as I did at the time the recom-
medations were made.

My principal reason for this attitude is that it has been made to appear that the profession has lifted its sanctions in order to agree with the Review Body report. The B.M.A. may deny this, but it is a fact that this is the impression they have given to the public.

Secondly, the basis for this recommendation is the apparently satisfactory inter-
pretation of the maximum part-time contract by Mrs. Barbara Castle. This is, of course, a question of opinion, but I cannot see any-
thing satisfactory in the Secretary of State's letter about this when all it needed to say was that a maximum part-time contract was a 9/11ths contractual obligation with a total ethical obligation.

Thirdly, the sanctions were originally recommended jointly by the B.M.A. and the Hospital Consultants and Specialists Asso-
ciation. The recommendation to lift sanctions should also have been made jointly by the two associations. The B.M.A. broke its gentleman's agreement with the H.C.S.A. at the most critical stage.

Fourthly, given that the sanctions had nothing to do with any possible pay award from the Review Body, why was it necessary to act within hours—unless, of course, the two were related? Before the application of sanctions the B.M.A. sought the opinion of its members through its links; why did it fail to do so before recommending lifting of the sanctions? Why indeed?

At the C.C.H.M.S. meeting on 18 April Mr. Grabham was put through the hoop with many of the criticisms made by Mr. F. E. Weale and Mr. M. Spiro (3 May, p. 280). His bearing, his level-headed sanity and absolute cool in the face of many need-
class arguments, coupled with provocative answers with no glib, evasive side-
stepping earned him the unstinted admiration of, I should think, the entire committee—no mean feat. Several members of the Negotiating Subcommittee paid tribute to his superb conduct of those 14 hours of that long night, a night which none of them recall as "amiable."

I have written this, Sir, realizing well that I may be accused of fulsome flattery and adulation, but I do so because it is not really possible for those not present to appreciate the impact and effect which Mr. positive reasons for lifting them. The C.C.H.M.S. in its consideration of the Negotiating Subcommittee's recommenda-
tions.

To summarize the reasons accepted by the C.C.H.M.S.—the one thing that has been called for since all forms of negotiation approaches about a new contract on the "principles of the profession" had failed. These principles embraced the 10-session contract and its integrity and time. However, after the past year's discussions and talks among senior staff about contracts it has become clear that the 10-session contract has steadily lost favour, nor does there seem to be much support for item-of-service, and more and more it is being felt that perhaps the existing contract is not so bad after all if certain elements of it could be given adequate recognition.

In this changing climate of opinion the reasons for sanctions at the time of their application held less validity for their con-
tinuance. Still, there had to be some good, solid, positive reasons for lifting them. The negotiating team was sufficiently satisfied by Thursday, 17 April that worthwhile formal negotiations on the existing contract could be resumed. As our appointed negotiators, they did not feel that the hazardous thing—they took a decision and recommended to the C.C.H.M.S. the lifting of sanctions.

So now they and the C.C.H.M.S. are accused of acting arbitrarily without proper consultation and with indecent haste so that the Review Body report might not be held up by Government—that is, they had sanctions lifted so that our mouths could not have been seen to be glib, even at the expense of the gold, we will be back to square one, but otherwise the gold, we will be back to square one, but undoubtedly much wiser. The issue is now quite clear. We are now going for improvements on the present contract, some of which have been discussed through the proper principles and which have no technical or ad-
m-ministrative problems. Let such an item—

For example, emergency recall—be a test item, and here I would ask the forbearance and support of specialists such as pathologists who may see nothing in this item for them. But if this easily identified and recognized