The report has as an objective "a fully integrated health service." It also acknowledges the importance of links with local authorities, a matter looked at by another working party. Its emphasis on local needs is welcome, but how much local autonomy will there really be, and how much integration can there be in the wake of the Seehoorn legislation? Doubtless the new accountability with the region would be up. Each of the new proposals is to get the profession into a "management process" which is summarized in the favourite phrase—"delegation downwards should be matched with accountability upwards."

One of the principal places where doctors will play a part under the new management is in the district medical committees. Each committee is intended to represent all general practitioners and hospital doctors. With about a dozen members, it should co-ordinate the medical aspects of health care throughout the district. Each member would represent a group of doctors with common interests. Among other things the committee will have to arrive at a "consensus view" of medical policies and priorities, and according to the report "it will use its authority as a self-regulating body to persuade individual clinicians to co-operate in the implementation of plans agreed by the consensus." Its functions will also include "using persuasion" to influence expenditure on drugs, surgical supplies, etc. (the report's "etc."). Clearly these district medical committees are intended to be powerful bodies, and it seems hardly necessary to add that if they come into being the medical profession will have to watch very carefully the influence they are expected to exert.

Another function of the district medical committees will be to make recommendations to the district management teams. These are to be composed of representatives of doctors, one or two of whom will be elected by the district medical committee, dentists, nurses, and other health workers, and they are charged with managing most of the operational services of the N.H.S. They must review the district's needs for health care and the provision of services within their district. From that they will identify opportunities for improvement or changes in priority and then submit plans to the area health authority. Thus the district management teams will be the units with chief local influence over the running of the Health Service and with communication through the management hierarchy to the Minister at its apex.

Doctors must have many reservations on whether the new proposals for the management of the Health Service will actually improve the care of patients. The effect of the changes is difficult to guess at because they depart so greatly from the existing arrangements, and this in itself must give grounds for doubt, because real improvement in a complex organism such as the Health Service, with a long history that goes back far beyond its initiation in 1948, does not commonly follow except by inching forward to fairly predictable goals.

The question that must be asked of the new scheme is whether it will lead—insidiously rather than blatantly—to interference in the doctor-patient relationship by people who are concerned with management rather than medicine.

Doctors appear to be offered a responsible position in it, but the fact is that the great majority of them are busy men and women in the grip of an exacting profession. They have all too little time to bring their influence to bear in a State machine that provides the conditions in which they practise it. The immediate danger is the threat to clinical independence. The more remote one concerns the whole position of a profession in a tightly controlled State service. For the present the report goes out of its way to make placatory utterances and to encourage the medical profession to enter into the running of the reorganized Health Service. The extent to which its proposals seem capable of being fulfilled in reality needs the most careful scrutiny.


Success of Adoption

In recent years adoption has been an increasingly popular means of providing substitute care for children. It has proved to be remarkably successful. This is the encouraging message of the latest report of the National Child Development Study. The report describes the development at the age of 7 years of a representative sample of 200 adopted children born in 1958 and compares it to the development of children born in the same week who were not adopted. Of particular importance are comparisons made with the development of illegitimately born children who remained with their natural mothers.

About a third of children born illegitimately were adopted, and of the adopted children 89% were illegitimate. There were no differences of social background between mothers who decided to keep their children and those who offered their babies for adoption, and, surprisingly, there were no differences of background as assessed by the social class of upbringing between the mothers of legitimate and illegitimate children. But children in the latter group were at a disadvantage because a greater proportion of their mothers were very young and were pre-marital. There were significant differences in attendance at antenatal clinics and in bookings for confinement, and adverse physical factors were present before, during, or shortly after birth relatively more often for illegitimate children. The favourable environment enjoyed by most adopted children enabled them to achieve normal development despite their greater vulnerability at birth.

Adopted children were the same in most aspects as other children of their age. A physical examination including an assessment of vision, hearing, and intelligibility of speech showed no differences in the prevalence of defects between adopted children and all other children, but the adopted group contained relatively more tall children, which suggests that they received excellent nutritional care. Clumsiness, poor physical co-ordination, and fidgety, restless behaviour, as assessed by their class teachers, was found in a higher proportion of adopted boys than in all boys, but these differences were not found in girls. Ability in general knowledge, self-expression, creativity, reading, and arithmetic were
examined, and in all of them adopted children did at least as well as or better than all other children and much better than illegitimate children who had been in the care of their natural parents. Adaptation to school was measured by the Bristol Social Adjustment Guides, and little difference between adopted and all other children was found, but there were indications of a much greater prevalence of "maladjustment" among illegitimate children who were not adopted. Among the adopted children the amount of maladjusted behaviour varied in relation to sex and social class. Difficulties of adjustment were experienced by a greater proportion of boys adopted by middle class parents than by other boys or adopted girls. Faulty relationships with other children seemed to be the predominant cause of the difficulties, but the extent of the problem should not be exaggerated.

The report includes an account of interviews with adoptive parents when their children were 9 years old. It confirmed the impression that the majority of adopted children have a happy childhood and only a minority are anxious or confused by their adoption. Most adoptive parents considered that their particular adoption had been successful and very few were dissatisfied. There is reason to hope that most of the adoptions studied will continue to be happy, but it will be interesting to read an account of them during the difficult time of adolescence.

The report is about babies born in 1958, who were mostly placed for adoption as infants without special problems. Today agency practice is different and there is a much greater concern for the "hard-to-place" baby. Adoption and the easy availability of contraceptive advice have already resulted in fewer babies being available for adoption, and it seems probable that in future a greater proportion of older children and of children with special physical and social problems will be placed. Non-adoption has been shown to have severe consequences to the development of illegitimate children, but the care of a loving, accepting family has considerable curative potential. There are couples who will devote themselves to the upbringing of these problem children. Those who accept the principle that the interest of the child is paramount will wish to give adoptive parents the understanding support that they will require.


The Pill and Porphyria

It was reported in 1969 that about 18.5 million women throughout the world were using oral contraceptives. The total is probably higher now. And among the many metabolic changes recorded in women taking the pill are a few which indicate an effect on porphyrin metabolism.

The hepatic porphyrinas are aggravated by certain drugs, and it is therefore not surprising that these diseases have been provoked by oral contraceptives. A. W. McKenzie and U. Acharya have recently described a woman, previously asymptomatic, who was precipitated into an attack of varicose porphyria after taking an oral contraceptive for a period of one week. Two similar cases have been previously documented. Other forms of hepatic porphyria have been provoked from latency to activity by contraceptive pills—for example, acute intermittent porphyria and porphyria cutanea tarda. On the other hand M. G. Petrollo and colleagues succeeded in diminishing the clinical features of the disease by the administration of an oral oestrogenic and progestational combination, though others have found that such hormones exacerbate it. From a practical point of view these findings suggest that oral contraceptives should be avoided by women who have a blood relative with a hepatic type of porphyria, since the aetiology in practically all types of hepatic porphyria has some genetic component, and these hormones should be considered together with the growing number of drugs which have been reported to aggravate porphyria. These include sulphonamides, barbiturates, dichloralphenazone, meprobamate, glutethimide, tolbutamide, griseofulvin, and methyldopa.

All these drugs have one factor in common—namely, that in experimental animals they are inducers of hepatic delta-amino-levulic acid synthetase (ALA synthetase). This enzyme limits the rate of synthesis of haem and porphyrin and is increased in all types of hepatic porphyria. Thus these drugs compound the metabolic defect which is an important component of the disease process.

These observations are relevant to the aetiology of acute intermittent porphyria, the most important of the hepatic porphyrias. It has long been suspected that certain endogenous factors, possibly of a hormonal nature, may be responsible for the initiation or provocation of attacks, and this view was promoted by some clinical associations. The disease seldom starts before puberty, and more women than men have it. In some women it is also associated with the menstrual cycle and in others with pregnancy. It has been shown that a proportion of patients with acute intermittent porphyria have an increase in the excretion of urinary 17-oxosteroids. One of these 17-oxosteroids—namely, dehydroepiandrosterone—when injected into rats increased the hepatic ALA synthetase.

The exact mechanism of the provocation of porphyria by the oral contraceptive steroids is uncertain. It has been shown that in chick embryos the progesterational components of the contraceptive pills induced hepatic ALA synthetase activity, and the inducing effect was not significantly altered by the addition of oestrogens. Yet there have been many examples of the primary provocation by oestrogens of cutaneous hepatic porphyria in men treated for prostatic carcinoma and in women treated for menopausal symptoms. A. G. Redeker has precipitated mild attacks of acute intermittent porphyria in both males and females by the administration of a variety of exogenous oestrogens.

The question may be asked whether porphyria can be provoked by the prolonged use of the pill in a person without the genetic trait. It is known that in a group of apparently normal women taking contraceptive pills 64% had an increased urinary excretion of delta-aminolevulinic acid, one of the precursors of the porphyrins. But in view of the number of women at risk there is remarkably little evidence that the pill could provoke an attack of hepatic porphyria when the genetic background is completely normal.