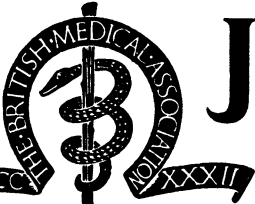


1000  
377

# BRITISH MEDICAL JOURNAL



SATURDAY 25 JANUARY 1969

## LEADING ARTICLES

Demand for Abortion page 199    Leptospirosis page 200    An English XYY Murder Trial page 201  
Reversibility of Pulmonary Hypertension page 201    Industrial Therapy in Mental Hospitals page 202  
Indications for Tonsillectomy page 203    Ventricular Tachycardia page 204  
A Parasitic Infection page 204

## PAPERS AND ORIGINALS

Psychiatric Education during a Period of Social Change	SIR DENIS HILL .....	205
Cardiac Monitoring in a Regional Hospital	CLIVE P. ABER, R. W. PORTAL, AND M. P. CHOPRA.....	209
Lignocaine Therapy after Acute Myocardial Infarction	M. P. CHOPRA, R. W. PORTAL, AND CLIVE P. ABER.....	213
Positive Smear in Pregnancy	H. C. MCLAREN .....	216
Drug Defaulting in a General Practice	A. M. W. PORTER.....	218
Daily Peak Flow Measurements in the Assessment of Steroid Therapy for Airway Obstruction	S. W. EPSTEIN, C. M. FLETCHER, AND E. A. OPPENHEIMER.....	223
Benign Leptospirosis: First Reported Outbreak in British Isles due to Strains Belonging to the Hebdomadis Serogroup of <i>Leptospira interrogans</i>	ALEX SAKULA AND WILLIAM MOORE.....	226
Leptospirosis in Human Pregnancy followed by Death of the Foetus	JOYCE D. COGHLAN AND A. D. BAIN.....	228

## MEDICAL MEMORANDA

Strangulated Obturator Hernia with Acute Gangrenous Appendicitis	E. Q. ARCHAMPONG.....	230
--	-----------------------	-----

## MIDDLE ARTICLES

The Abortion Act	T. L. T. LEWIS.....	241
Sir John Floyer, M.D. (1649-1734)	D. D. GIBBS.....	242
Personal View	DAVID KYLE.....	246

BOOK REVIEWS.....	238
-------------------	-----

OBITUARY NOTICES .....	259
------------------------	-----

## NEWS AND NOTES

Epidemiology .....	261
Medico-Legal .....	262
Medical News .....	263

## CURRENT PRACTICE

Leptospirosis	L. H. TURNER.....	231
Today's Drugs	Vitamin P .....	235
Any Questions? .....		237

CORRESPONDENCE .....	247
----------------------	-----

## SUPPLEMENT

Agenda of Special Representative Meeting.....	25
Public Health Committee.....	31
Private Practice Committee.....	32
Occupational Health Committee.....	32
General Medical Services Committee (Scotland).....	33

# Correspondence

*Letters to the Editor should not exceed 500 words.*

<b>Marriage and the Law</b> J. J. Foley, F.R.C.O.G. ....247	<b>Screening for Phenylketonuria</b> Mary McMillan, M.D. ....252	<b>Drug Intervention in the Common Cold</b> Anita E. Davies, M.R.C.P. ....256
<b>Priorities in Medicine</b> W. J. Dempster, F.R.C.S.; M. Macleod, M.B.; M. H. Pappworth, M.D.; J. M. Anderson, F.R.C.S. ....247	<b>Radiocontrol for General Practitioners</b> R. D. Haigh, D.P.H. ....252	<b>Preperitoneal Prosthetic Herniorrhaphy</b> J. McK. Buchanan, F.R.C.S.ED. ....256
<b>Computers in Medicine</b> D. Wallis, M.B. ....249	<b>High Finance and Public Health</b> A. S. Paterson, F.R.C.P.ED. ....253	<b>Asthma from Aspirin</b> C. A. Clarke, F.R.C.P. ....256
<b>Was it a Drug?</b> A. A. Lewis, D.P.H. ....249	<b>Intermittent Claudication</b> D. N. Golding, M.D.; R. Mulcahy, M.D.; R. J. T. Woodland, M.B. ....253	<b>Ichabod</b> Major C. G. Harper, M.R.C.S. ....256
<b>Occupational Cancer of the Scrotum</b> C. N. D. Cruickshank, M.D.; P. L. Pelmear, D.P.H. ....249	<b>Psoralens</b> R. M. B. MacKenna, F.R.C.P. ....254	<b>Experimental Cardiac Transplantation</b> R. G. Richardson, B.M. ....256
<b>Damages against Doctors</b> L. Dulake, M.B. ....250	<b>Hypnosis for Asthma</b> J. G. Ingham, Ph.D. ....254	<b>Cerebral Malaria</b> H. L. Peake, F.R.C.S. ....256
<b>Training of Surgeons</b> T. H. Berrill, F.R.C.S. ....250	<b>Management of Depression</b> D. Waxman, M.R.C.S. ....254	<b>Resignation of Young Consultants</b> I. J. T. Davies, M.R.C.P. ....257
<b>Maternity Services</b> C. R. Morison, F.R.C.O.G.; E. E. Rawlings, F.R.C.O.G. ....251	<b>Inhibition of Lactation</b> P. S. Firth, F.R.C.S.; R. E. Senior, M.B. ....254	<b>Administrative Structure of the N.H.S.</b> D. J. B. Ashley, M.D.; G. H. Fowler, D.C.H.; G. J. Lloyd, B.Sc. ....257
<b>Amphetamine Theft</b> R. B. Roe, F.F.A. R.C.S. ....251	<b>Scabies in Negroes</b> Constance M. Ridley, M.R.C.P.; M. Ganpule, D.T.M.&H. ....255	<b>Consultant Contracts</b> R. J. Evans, M.D. ....258
	<b>Vulval Pruritus</b> J. K. Oates, M.R.C.P.ED. ....255	<b>Inconsistent Salaries</b> A. H. Haley, M.B., D.O. ....258
		<b>Mr. Kenneth Robinson</b> G. Scott, M.D. ....258

## Marriage and the Law

SIR,—As a consultant obstetrician of some 20 years' experience I come across young unmarried girls whose intention is to keep the baby and to get married as soon as possible. Normally over the age of 16 this does not raise any real problems. However, I have recently seen two such patients, the last being a girl who will be 16 on 30 June 1969, on which day she intends to get married. Her baby is due on 8 July, and in my experience, and in particular in this patient, I feel she will be delivered before her birthday. I have consulted the medical social workers, the Medical Defence Union, and registrar of marriages, and am informed that as the law stands there is no legal outlet, and marriage is not permissible in law before the age of 16, whatever the circumstances. However, the registrar of marriages did say that the law in relation to the legalization of illegitimate children has been radically changed, and in the case mentioned above, even if this baby

is born prematurely, it can subsequently be registered as if born in wedlock.

While it is true that in this day and age the stigma is no longer what it has been hitherto, there is likely to be considerable anxiety for a girl and her parents, and under some circumstances (not this one) I believe severe anxiety could bring about temporary or permanent psychological disorders.

I would be interested to know what your readers' experience and opinions are on this problem, in particular in respect of the present legal position. It does seem to me that the law could readily be amended to relieve these patients of anxiety early in pregnancy of the danger of birth before marriage. In my view this would be of such considerable relief to both patient and her relatives as to permit the pregnancy to be more likely to proceed normally.—I am, etc.,

St. Mary's General Hospital, JOHN FOLEY.  
Portsmouth.

## Priorities in Medicine

SIR,—So this is the important statement on priorities by the Planning Unit (11 January, p. 106)? Despair must be the main reaction of those researchers who see the road ahead, but see it blocked by committees of experts, B.M.A. Planning Unit reports, superficial clichés, and the price to be paid for nonconformity. If the Planning Unit had taken a cursory glance at even my review<sup>1</sup> of the transplant problem at least the general reader would know where we really stand today.

Compare the statement of the Planning Unit: "The operation [renal transplantation] is now successful in most of the cases treated, the patient enjoys better general health than the subject of dialysis, and he requires very much less medical supervision" with a very recent report on prospective tissue-typing based on the results of the top American transplant teams. "An immediate improvement in clinical results, however, should not be expected, for the initial mortality is high in both matched and mis-

matched patients."<sup>2</sup> And, to demonstrate how human we all are, these authors had to exclude about 30% of the patients in their report because out of 104 there were 7 technical failures, 7 immediate and permanent anurias, and 12 patients with insufficient data.

Where on earth did the Planning Unit get the glib information about transplanted spleens just around the corner? The first recorded human debacle of a ruptured spleen on day 4 and the inconclusive evidence of the spleen as a major centre of antihaemophilic factor synthesis has rightly led to a pause—to put it mildly. Did the Planning Unit seriously weigh up what it describes as "recent claims"? Is there one surgical unit in this country collaborating with haematologists on this one specific issue and did the Planning Unit consult it? Has anyone in the Planning Unit seen a transplanted spleen 48 hours after transplantation?

Then: "The Planning Unit believes that organ transplantation and mechanical organ replacement are of enormous potential benefit, and that they should be the subjects of vigorous clinical research." *Clinical research?* But this is what the fuss is all about. Are we (and the public) not concerned about using the human as the experimental animal? Or has the Planning Unit accepted my dictum, "It is cheaper and administratively easier to use the human as the experimental animal"? Surely not *clinical*, but animal experimental research, and here is the rub. Who is to pay for it all? Can any university surgical department stand up and declare that it has any reasonable funds at all for this kind of work or that there is any likelihood of adequate