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Imipramine in Pregnancy

SIR,—Recent publicity (*The Times*, 4 March) about possible harm which might arise from taking imipramine in early pregnancy prompts us to bring to the attention of the profession the relevant findings from the Royal College of General Practitioners survey on the outcome of pregnancy (17 October 1970, p. 178). The data were mainly collected in 1964, and relate to about 10,000 pregnancies.

Records were kept of all medication taken by each mother, whether prescribed by her doctor or on her own initiative, during the period from six weeks before until 22 weeks after her last menstrual period. The outcome of each pregnancy was analysed in relation to drug usage and other parameters. Among over 8,000 women whose pregnancies lasted beyond the 27th week, there were 19 prescriptions issued for imipramine during these early weeks. No abnormalities in this group were reported at birth, nor subsequently. Another 28 pre-

scriptions for amitriptyline were issued. Twenty-seven were associated with babies who appeared to be normal in all respects.

One baby was described as showing at birth "swelling of hands and feet" of unknown aetiology. The prescription for amitriptyline had been issued in the sixth week after the last menstrual period; a total of six 25-mg tablets was consumed. Subsequent inquiry at the age of two years established that the child's limbs were by then normal in all respects and that no other specific malformation had been detected by the general practitioner nor the consultant paediatrician concerned.—We are, etc.,

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Medical Superintendents' Society

SIR,—After nearly 90 years of active life, the Medical Superintendents' Society will cease to exist in the very near future. Though this end to an honourable existence will raise some comment, and even a tinge of nostalgia in certain quarters, it is important that full publicity should be given to the following relevant observations.

The importance of the medical aspects of administration in the National Health Service, now and in the future, is by no means diminished by this step, but, on the contrary, will be enhanced.

The recent formation of a Medical Administrators' Group of the British Medical

Association is an indication that the vital necessity of medical men exercising administrative functions within the Health Service is becoming more widely appreciated among members of the profession, and the principles which the Medical Superintendents' Society has upheld for so long are, at last, receiving fuller recognition.

It is anticipated that all the present functions of the older body will be incorporated in the activities of the new organization. This new group will be in a favourable position to extend these activities, to encourage membership by many present day medical administrators, who, by the terms

of its constitution, were ineligible for membership of the Medical Superintendents' Society, and will also be well placed to institute such new measures as may seem desirable in the future.

Within a short period of two years vast changes in the structure of the National Health Service are visualized, accompanied by equally vast reorganization of administrative control, at all levels. It is of the utmost importance that all doctors should realize that, unless there is unity and loyalty within the profession, there is grave danger that we will be puppets at the end of a lay administrator's string—indeed this is, to a considerable extent, the situation already. The decline in power of the hospital medical administrator, in particular in recent years, is to a large extent the result of unworthy suspicion and distrust of the office within the profession itself. The outcome of this attitude is self-evident.

We, as doctors, must have effective management functions in the Health Service of the future. We have been far too dilatory and lackadaisical in emphasizing this need, and, to a large extent, we have been manoeuvred into a position of passive subservience by career strategists who have had no training in the relief of sickness, which is, after all, the prime function of the organization in which we serve.

It is in the hope that the profession as a whole is, at last, becoming aware of the need for a more authoritative medical voice in the management of the Health Service, that the Medical Superintendents' Society relinquishes its task and transfers its ideals and its aspirations to the new B.M.A. group.—I am, etc.,

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