BRITISH MEDICAL JOURNAL

SATURDAY 24 APRIL 1971

LEADING ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

NO. 5755 BRITISH MEDICAL JOURNAL 1971 VOLUME 2 181-232 WEEKLY PRICE 35p
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499

CORRESPONDENCE

Correspondents are asked to be brief

General Practitioners' Telephones

SIR,—I should like to draw attention to the problems frequently encountered by consultants and other members of hospital staff when they try to telephone certain general practitioners in the evening or at weekends. On many occasions when I wish to obtain or provide urgent information about a patient, and dial the general practitioner's number, I am connected to the G.P.O. telephone exchange and told that the line is disconnected until the following morning, or even until the Monday morning, if I should happen to telephone on a Friday evening or a Saturday. I am then given the telephone number of the doctor who is on call for the practice, but he may know nothing about the patient, and unless the patient's own doctor has a second (ex-directory) telephone number which his colleague on call can give me I cannot get in touch with him even if he should happen to be at home. The prospects of doing so are reduced to nil if his calls are being diverted to an emergency treatment service, because no form of persuasion will induce the official in charge to divulge the general practitioner's ex-directory number.

This situation, I submit, can sometimes be extremely dangerous, since there are occasions on which information obtainable only from the general practitioner who has sent a patient into hospital may be of vital importance to his further management. Apart altogether from emergencies of this kind, there are many occasions on which I would like to discuss less urgent clinical problems with a general practitioner and have not had the time or opportunity to do so during working hours, but my good intentions are only too often frustrated by a disconnected telephone. This unnecessary barrier is a source of considerable irritation to hospital consultants, and I have no doubt that it is a factor in limiting free communication between consultants and general practitioners.

It is always said that the purpose of omitting a general practitioner's home telephone number from the directory is to protect him from the demands of inconsiderate patients when he is off duty. There are, however, many doctors in Edinburgh, and no doubt elsewhere, who do not find it necessary to adopt this practice. I have spoken to many of these doctors (whom I am now apt to regard with a great deal more respect than the others), and they assure me that they are not, in fact, pestered by unnecessary calls from patients, provided of course that the on-call service through the surgery number is working normally. It is, therefore, difficult to understand why the practice of omitting home telephone numbers from the directory is so much on the increase, and I hope that this letter will cause my colleagues in general practice to ponder on its implications and consequences. —I am, etc.,

IAN W. B. GRANT

Respiratory Diseases Unit,
Northern General Hospital,
Edinburgh

Candida and Dentures

SIR,—The article on candida endocarditis treated with 5-fluorocytosine by Dr. C. O. Record and others (30 January, p. 262) prompts the suggestion that this hazard of candidal infection might be lessened if the *Candida* carried in the mouth by denture wearers (both in the patient and operating staff) is controlled before the operation is performed.

Candida albicans can be recovered from the dentures in from 30% to 70% of denture wearers, and in some of these individuals there is evidence of active inflammation of the palate beneath the denture and of the palate posterior to the denture, and also of angular cheilitis. Careful cleansing of the denture, of the mouth and denture after each meal, removal of the dentures at night, and the use of nystatin or amphotericin B held in the mouth a week before the operation will clear the *Candida* from the mouth and the bowel.—I am, etc.,

LOUIS FORMAN

London N.W.1

Chlormadinone and Mammary Nodules

SIR,—A little over a year ago the sales of oral contraceptive products containing chlormadinone acetate, a derivative of 17α-hydroxyprogesterone, were suspended by the manufacturers because of the appearance of fibroadenomatous nodules in the mammary glands of bitches given very high doses (many times the human dose). In a leading article (31 January 1970, p. 252) you drew attention to the slender nature of the evidence which had brought the substance under suspicion, a view evidently shared by one of your correspondents (31 January 1970, p. 303). Nevertheless more recently a second derivative of 17α-hydroxyprogesterone, namely medroxyprogesterone acetate, has been withdrawn from sale in the United States because of the appearance of similar nodules during the course of long-term toxicity studies.[1]

In order, therefore, to place the situation in better perspective we would like to bring to your notice certain observations of our own made in pursuance of an extensive investigation (the results of which will be published in detail elsewhere) of the effects produced in beagle bitches by prolonged administration of high doses of the natural hormone. In this investigation progesterone was given by subcutaneous injection in an oily vehicle (90% v/v ethyl oleate, 7% v/v ethyl alcohol, 3% v/v benzyl alcohol) at three different dose levels, the animals in the highest dose group receiving 7·5 mg/kg/day for 24 weeks following an initial period of 12 weeks at 0·75 mg/kg/day, and then being given 22·5 mg/kg/day for a further 38 weeks. On completion of this 74-week period of treatment the animals were killed and a detailed postmortem examination carried out. Microscopic examination of the mammary glands (Professor W. B. Robertson and Dr. M. J. Davies, St. George's Hospital Medical School, London W.1) revealed marked lobular hyperplasia, mimicking pregnancy changes, in most of the treated animals, with secretory activity which was generally proportional to the dose of progesterone given. Sections from two of the five high dose animals, however, also indicated the presence