administration. Inoculations and screening checks are necessary and helpful but the personal approach of the family doctor, with proper records, training and the confidence to help the patient to increase his resistance to disease, must be achieved.

Clapham, J. A. FARRER. via Lancaster.

Medicine today

Sir,

I hope you will forgive a covering letter to the circular concerning the Royal College of General Practitioners Journal.

I am most concerned at the general trends in medicine which appear to be away from the concept of the service of one individual to another. The idea that ‘doctoring’ can be based on statistics, mass observation and hair-brained political philosophy, all negate the time-honoured principles of medical service. On top of this the high pressure ‘ethical’ (sic) pharmaceutical advertising procedures on totally untrained therapeutic systems on an over-stressed profession.

These concepts are the enemies of our profession and the press makes matters worse (Blaiberg and all that). Surely the Journal should have an antidote effect on the medical world—it should make a stand for wisdom, common sense, humanity and political freedom. It should avoid jargon, pseudo-science and clap-trap, political or medical. In fact it should aim to be a stabilizing influence in this troubled revolutionary world.

Sleaford. T. SMALLHORN.

Cambridge Spring Meeting

Sir,

Many application forms to attend this meeting have been received. Unhappily not a few are without the names and addresses of the senders.

May I please urge any applicant who has not received an acknowledgement to write to me immediately, detailing the session or hotel bookings which he had requested?

A. S. PLAYFAIR, Honorary secretary, East Anglia Faculty.

20 Long Road, Cambridge. CB2 2PS.

Question and answer

Sir,

The following exchange of letters took place between a general practitioner and the Professor of Haematology at Cambridge University.

Dear Professor Hayhoe,

I wonder if you can help me in a dilemma. Like many other general practitioners I find myself increasingly involved in the supply of contraceptive pills to my patients. My only scruple about this is the thromboembolic risk. Every now and again a coroner attributes a woman’s death to the taking of ‘the pill’. Could this, I ask myself, happen to one of my patients?

It seems to me that there are three major risks of the occurrence of fatal pulmonary embolism—postoperative, obstetric and ‘the pill’. In the first of these the circumstances are grossly abnormal (pre-operative disease of some sort, anaesthesia, surgical intervention, postoperative inactivity). In the second, I am unable to imagine such a fatality occurring in any normal physiological childbirth in an entirely healthy woman. In the third, does the coroner’s verdict reveal all the facts? Can a normally healthy woman lose her life simply through the agency of the contraceptive pill?

Are there, perhaps, two possibilities here? May not the circumstances in all three types of cases be similar, namely, the presence of abnormality in the woman? This is obviously the case in the surgical fatality. I think it probably is the case in the obstetric fatality. I feel this must be the case also in ‘the pill’ fatality. Were this factually established I should have my answer. The contraceptive pill ought not to be given without very careful thought to a woman about whose state of health there is doubt. Data gathered from known fatalities might provide clues to the sort of predisposing pathology which would suggest complete contra-indication to the use of the contraceptive pill.

But there is a second possibility, the one in which I am especially seeking your guidance. Having regard to the complicated chain of physiological factors involved in the process of blood-clotting, is it possible that one or more of the links in this chain may be weak or missing or behaving abnormally in all the three classes of fatal thromboembolism I have mentioned? If this were so, and were it possible to detect the presence of such an abnormality in the clotting mechanism before starting to take ‘the pill’, or its development whilst taking it, this would remove the fear that must be in the minds of so many of us who find ourselves with this responsibility. By suitable blood tests it might then be possible to discover the woman in whom the use of the contraceptive pill would be a bad risk.

This would be the answer to the general practi-