chronic non-productive cough, his exercise tolerance will be reduced, and he will have considerable emphysema. Terminally, he will have right-sided heart failure. This tragedy overtakes him usually in the early forties if he has smoked since youth. That is to say he will die prematurely, after much misery to himself and his family.

A person, once 'hooked' by hemp, has great difficulty in giving it up. To say that it is mildly addictive or a soft drug, in the current parlance, is just mere nonsense. Surely addiction can not be defined so.

Why do our 'progressives' and 'do gooders', amongst whom I am sad to note appear to be members of our own profession, make statements to the press and to medical journals stating that the drug is 'soft' and no harm or only a little harm can come from its use? When they have little or no experience of its effect in a society. I think if an enquiry were made to the Indian medical profession or to Indian social workers, a true picture of the long term effects on the individual would emerge. They would inform you how such an individual becomes a shiftless and degraded member of the community, and ultimately a sick member. How he becomes eventually unemployable because he is so incapable and unreliable. And how a society with many such members deteriorates.

Why in a society such as Britain today, where crime is rising, production falling and delinquency on the increase, must we even consider legislation to release a drug such as cannabis? How is it a matter of controversy? Why does anyone wish to make it easy for youth to have access to a drug the effects of which are euphoric, hallucinatory, sexually stimulating and ultimately degrading, unless they are deliberately plotting to undermine the whole basis of that society? And this at a time when every ounce of productivity is required to save the standard of living.

Why, at a time when we see pressures being brought to bear on the government, the T.V. and the press to ban advertisements for cigarettes, because they are carcinogenic and lead to premature death, do we have, simultaneously, pressure-groups trying to legalize a drug which kills its habitués a decade or a decade and half earlier than does tobacco?

How do we define 'mildly addictive'? The Ontario Addiction Research Foundation apparently circulted that "Some subjects would be adversely affected, others would not". How are we to know in advance as to the effect on any given individual? And why expose yet another group to addiction? We already have alcohol and many addicts to it. Will the legalization of yet another drug of addiction improve our society? Even if such legalization is pushed under the guise of scientific fact, or in this case, should I say 'scientific fiction'?

Assam. K. J. DUNLOP.

Herpes zoster

Sir,

Herpes zoster, in addition to its cutaneous manifestations, is sometimes accompanied by an internal dysfunction, e.g. hiccups from irritation of the thoracic nerve of supply to the diaphragm accompanying a T6 rash, a myocardial disorder preceding zoster vesicles in the appropriate skin area.

If any reader remembers any such case, I should be grateful for details.

Ilford. R. N. COMPTON SMITH.

Medical record card envelopes

Sir,

Dr D. J. Davies in the College *Journal*, January 1969, recommends an improvement in our medical record card envelopes.

I have been studying this problem with the help of an Upjohn Travelling Fellowship for some time. My researches have convinced me that the only real answer appears to be to change our whole recording system and so dove-tail it with the new International Paper Size. These new sizes have come to stay and any change that is made should have this very much in mind. All hospitals are going over to these sizes and the Civil Service has accepted it. This is a system we should aim for.

I have designed a double pocket gussetted envelope (A5). This large envelope allows the ordinary hospital letters to go in unfolded and the very large letters (A4) only require one fold. As well as allowing for the International Paper Size, the pockets are cut away on the inside so that the current E.C.5/6, 7/8, etc. may be accommodated and removed with ease.

A number of doctors are assisting me in this project and are testing out the double pocket wallet (A5) to see if the design and layout could be improved.

There are specially printed sections for recording colour codes, blood groups, special investigations, cervical smear dates, x-ray results, etc. As well as trying to organize the medical record to make it simpler for the general practitioner's use, I have tried to avoid over-direction of recording.

There is only one serious objection to this new double-pocket wallet and that is its size: 9 in. high and 6.5 in. wide. It will not go into the usual metal drawer cabinets.

If any practitioners wish to have some of these wallets perhaps they would get in touch with me.

A. J. LAIDLAW.

Thorneloe Lodge,
29 Barbourne Road,
Worcester.

Routine induction of labour at term in domiciliary obstetric practice

Sir,

I should like to compliment Dr White on his most interesting report on routine induction of labour in the September number of the *Journal*, but at the same time add a note of caution.

Dr White's practice of routine induction is a brave attempt to overcome the problem of the personal obstetrician and midwife being available at the time when their patient goes into labour.

It is very tempting when he suggests that an obstetric practice can be so well organized as almost to eliminate the unexpected and the night work, but such ideas must be carefully scrutinized. It is in the routine use of oxytocin buccal tablets that Dr White is most liable to criticism. His own results are good, but in his factual paper he seems to make light of the dangers in such a way that others with far less experience may be encouraged to use this product which can still be responsible for rupture of the uterus and foetal death.

His report mentions some of the hazards such as the way in which pupil midwives and relatives were liable to amend the instructions. Other practitioners who have used oxytocin outside hospital can recount similar experiences. A doctor who would follow his example should think carefully about these risks. The makers of buccal oxytocin tablets certainly recommend this product for hospital use only, and have the support of the Safety of Drugs Committee (Dunlop) on this.

Warrington. P. O'BRIEN.

Book reviews

Patterns of performance in community care. G. F. REHIN, B.A. and F. M. MARTIN, B.A., Ph.D. London. Published for the Nuffield Provincial Hospitals Trust by the Oxford University Press. 1968. Pp. 235. Price 21s. 0d.

This is a report of a PEP study of community mental health services in different areas of the country. Three contrasting areas are chosen for intensive study, and what in particular emerges is the variety of concepts of functions and aims, and of standards of performance, that at present exists in this country. The aims and work of the mental welfare officer come particularly under the authors' searchlight; they can vary from the old 'duly authorized officer' to the MWO who is also a psychiatric social worker and whose aims are therapeutic. One of the areas under discussion is Worthing, an area of special experiment, where hospital psychiatrists, through domiciliary visits and a day hospital, do much work ordinarily done in other areas through MWOs.

The authors regard the local authority social work services as perhaps the crucial element in community care, and they do not discuss the role of the family doctor except as a referring agent. They view the division of the National Health Service, especially the separate organization of hospital and local authority services, as a brake on efficient organization and deployment of scarce resources. The authors have provided facts and figures in an area not well covered previously, and within the limitations they have imposed on themselves they have, with an elegant lucidity, given valuable background information for future planners.

Having reviewed this book, the reviewer would like to amplify what he means by "within the limitations they have imposed on themselves". By avoiding consideration of the role of the family doctor, not only do they ignore his role in the early and after treatment in the community of the psychoses and organic mental illnesses, but they also ignore his role in the treatment of the less