areas of expertise of different team members are known to all; equality of team members with leadership of the team rotating or individual team decision; integration of social workers into general and family practices.

It is unlikely that all problems between different professions can be obliterated. Open forums and practical demonstrations appear to be at least partial answers.

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REFERENCE

Journal of the Royal College of General Practitioners (1971). **21**, 101–4.

Women doctors

Sir,

I would strongly support Dr Sapper's letter (February *Journal*). Judging from the advertisement on the inside of the cover (same issue) for the Newcastle training scheme which states " every effort will be made to devise flexible training schemes for women", opportunities are slowly becoming available for women to train as general practitioners.

The College would seem to be in an excellent position to give consideration to the specific needs of women for training and for suitable posts afterwards. Too many highly skilled women are being forced to give up work and become frustrated when they are unable to continue in a job which they find extremely satisfying. In this way many excellent general practitioners are being lost. Can the College give a lead to the rest of the profession?

AHILYA NOONE

39 Wykeham Hill,
Wembley, Middlesex.

Contraceptive advice

Sir,

As the major United Kingdom manufacturers of non-systemic contraceptives, we read with interest the article on advising patients on the risks of oral contraception, (February *Journal*). May we comment on the statistics as presented, from the Peel and Pott's table, with specific reference to the condom.

The chart showed a failure rate of 10·0 for the condom, which in turn converted to 106,000 pregnancies per million users. A point of detail is that this figure should apparently be 100,000.

Meanwhile, the mortality rate due to pregnancy is quoted at 28. Practitioners will be aware of the progress which has been achieved in reducing maternal mortality, and the latest figure from the Registrar General (Return for England and Wales, week ending 21 May 1971), gives a figure of 18 per 100,000, including therapeutic abortions.

Furthermore, the average failure rate for the condom of 10 is based partly on rather ancient American trials—in one instance dating back nearly 30 years—on products not on sale in the United Kingdom, and under unknown trial conditions. The only published United Kingdom trial of condoms to current United Kingdom standards was reported in *The Practitioner* (1969) —after the table was compiled, and provided a failure rate (Pearl formula) of 3·1 per 100 women years.

May we therefore suggest that the chart should read as follows:

Contraceptive method (one million users)	*Failure rate*
Oral contraceptive	1·0
Condom	3·1

Women of all ages Annual deaths through			
Pregnancies	*Pregnancy*	*Method*	*Total*
10,000	2	20	22
31,000	6	—	6

It is of course accepted that, as the oestrogen content of the oral contraceptive is reduced, the risk of method fatality may reduce, although conversely there has been some suggestion that the failure rate may increase.

However, the purpose of this letter is not to indulge in an attack on other methods of contraception, but to point out that the condom, which remains by far the most widely used contraceptive, is also a remarkably safe method.

E. C. CORDEROY

L. R. Industries Ltd.
North Circular Road,
Chingford, London, E4 8QA.

REFERENCE

Black, S. & Watts, K. (1972). *Journal of the Royal College of General Practitioners*, **22**, 96-99.

The Handedness of Kerrs

Sir,

Following your editorial (December *Journal*) I carried out a survey of all patients in this practice of 11,000 who were named Kerr or Carr. We have 30: not one was left handed.

D. HUTCHISON

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Musselburgh,
Scotland.