

MEDICAL NEWS

NATIONAL STATISTICS

Death rate

The crude death rate for England and Wales in 1972 was 12.1 per 1,000 population, which was the highest in any year since 1963. Ischaemic heart disease accounted for 25 per cent of all deaths in England last year, the next largest group being cancers which accounted for over 20 per cent of deaths. Lung cancer alone accounted for over five per cent of deaths.

Birth rate

The crude birth rate for England and Wales was 723,000, the equivalent to 14.7 per 1,000 population in 1972. This is a sharp fall from the 1971 figure of 16 per 1,000 population.

Maternal death rate

The maternal death rate in 1972 was 0.12 per 1,000 total births which was the lowest ever recorded. The number of maternal deaths, other than those associated with abortion, totalled 85. This is the first time the figure has fallen below 100. The percentage of births taking place in National Health Service hospitals and other institutions rose to 91.2.

Abortion

The number of notified abortions in England and Wales was 156,714 in 1972. Deaths from abortion dropped from 26 in 1971 to 23 in 1972.

The rate of increase in abortions has been slowing down and the number of British women having abortions was only ten per cent more in 1972 than in 1971.

General practice

About 70 per cent of health visitors and home nurses were now working closely with general practitioners. About ten per cent of all family doctors in England are now working in health centres.

The average number of patients per general practitioner fell from 2,460 to 2,425.

BIRTHRATE IN SCOTLAND

The number of births and the birthrate were the lowest in Scotland since comprehensive records were begun in 1885. The illegitimate birth rate was the highest since 1945. The infant death rate was the lowest ever recorded and the stillbirth rate, although up on last year, was still the second lowest on record. Deaths showed an increase while there was a

drop in the number of marriages. The birth-rate was 15.1 per 1,000 population. The number of illegitimate births represented 8.5 per cent of births.

STUDENTSHIPS

The Health Education Council offers three Studentships value £60 to medical and dental undergraduates. These will be awarded on a competitive basis to help with the expenses of those about to undertake the study of a health education topic in their period of elective study.

For information and application forms, write to: Director, Education & Training Division, Health Education Council, 78 New Oxford Street, London, WC1A 1AH.

ONE PARENT FAMILIES

The National Council for the Unmarried Mother and her Child has been renamed the National Council for One Parent Families.

The President is the Baroness Serota, J.P., the Director Mrs Margaret E. Bamall, O.B.E., M.A., A.I.M.S.W., J.P., and the registered office is at 255 Kentish Town Road, London, NW5 2LX. Telephone 01 267 1361.

CARE ON THE ROAD

The Royal Society for the Prevention of Accidents has recently started a new publication called *Care on the Road*, which has a circulation of over 30,000 a month.

This is the only national journal now devoting itself entirely to road safety. The subscription is £1.25 a year for the 12 issues and applications should be sent to Royal Oak Centre, Brighton Road, Purley, CR2 2UR.

RESEARCH INTO HEART DISEASE IN GENERAL PRACTICE

The Medical Research Unit at Northwick Park Hospital, Harrow, Middlesex, is working with Dr J. Tudor Hart, general practitioner, Glynccorwg, on research on the cause of heart disease.

The work will include assessing diet, blood pressure and way of life and Dr Hart has a full-time research assistant to help him in the practice with this work.

NUFFIELD AWARD

Professor A. M. Exton-Smith at University College Hospital, and Professor D. R.

Laurence who directs the Clinical Pharmacology section have been awarded a Nuffield Grant to study mental deterioration in the elderly, with special reference to making a behavioural assessment of a patient to determine how much they are able to do at home for themselves.

POSSIBLE CAUSE OF COT DEATH

Dr G. S. Dawes at the Nuffield Institute of Medical Research is to study reflex apnoea as a possible cause of cot deaths in infancy.

NEW HEALTH CENTRES

The Department of Health and Social Security have announced that it estimates that resources for health centres for 1973/74 will only be of the order of £12 million. Because of the growth in applications the Department will not approve the present authorities proceeding with detailed planning of new schemes.

Local health departments and executive councils are being asked to inform the Department of Health and Social Security of their health centre building programme, and to state their priorities. Since April 1974 health centre building has become the responsibility of the new authorities of the National Health Service.

ABORTIONS

Mr Michael Alison, Parliamentary Secretary for Health, has stated that two thirds of all abortions performed in 1972 were carried out privately.

GENERAL-PRACTITIONER PUBLICATIONS

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CORRESPONDENCE

ACTION ON BARBITURATES

Sir,

Recently released figures emphasise that many deaths in 1972 were caused by barbiturates. This group of drugs can largely be rejected, as has already been described and confirmed in separate articles published since 1971. (Matthew, *et al.*, 1969; Wells, F. O., 1973).

My partners and I in common with a considerable number of other doctors, have not prescribed barbiturates for any of our patients, except phenobarbitone in the treatment of epilepsy, for the past three years. During this time we have had no deaths from overdoses within our practice of 7,500 patients.

As a profession, I submit we have been dragging our heels in allowing barbiturate prescribing to continue at an unnecessarily high level for far too long. The facts that barbiturates are addictive and lethal in overdosage are enough, with the present availability of non-addictive, safe and effective alternatives, to justify their abolition; and it is up to us to do something positive to bring this to pass. Where time is taken transferring patients from the barbiturates on which they are dependent to non-habit forming alternatives, a high proportion of such patients eventually need no hypnotic support at all and sleep as well if not better than they did while taking barbiturates.

We have already confirmed that as a profession we can do without amphetamines; and I am now convinced that the time has come for us to take a positive lead in proving that we can practise good medicine without the need for barbiturates, except for phenobarbitone when used as an anti-convulsant.

Already a fearful amount of damage has been done to teenagers who have misused barbiturates just because they have been so widely available; suicide figures confirm that barbiturates have been responsible for the large majority of self-inflicted poisonings—is it right that we, as doctors, should provide the wherewithal for patients to kill themselves?

I am certain that most doctors do agree that barbiturates should be far less freely available, but it is only doctors who can influence this

availability. The pharmaceutical industry, the Department of Health and Social Security, the British Medical Association, and politicians, are not the bodies to influence our prescribing—we must do this ourselves. Those who agree with me that it is our responsibility to waste no more time in reducing barbiturate availability are asked to join me in setting up an Action Group on Barbiturates, and to write if you wish to support such a step.

FRANK WELLS
Chairman,

Ipswich Liaison

Committee on Drug Abuse.

38 Westerfield Road,
Ipswich, Suffolk, IP4 2UT.

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PATIENT POWER

Sir,

This is just a letter of thanks for your warm and splendid editorial (January *Journal*). It has all along been most heartening to know the College has been working for the real patient-doctor relationship in its most sympathetic form, giving the patient confidence that, when in trouble—small or great—he or she can turn to the man he *knows*; and that the sympathy and understanding will be there, as well as the knowledge to put things right.

How I hate the attitude of the doctor who smugly tells me that he now belongs to a partnership of five or more, and therefore he is 'on call' only once in five or more weekends. There is the school of thought which persists in saying that, in an emergency, the patient does not care who comes! This is so obviously rubbish, that it is amazing that any reasonable person can subscribe. However, the College knows all this; and their work certainly flourishes.

Dr John Stevens' article is fascinatingly original and stimulating in summarising the general-