

- (2) Family behavioural patterns,
- (3) Normal and abnormal sexual practices,
- (4) Family planning,
- (5) Stresses caused by children to the family.

Such a diploma would be very much more valuable and useful to general practitioners than many of the diplomas and courses that are available at present.

E. RONALD SEILER

University Health Service,
Richard Verney Health Centre,
Bristo Street,
Edinburgh EH8 9AL.

JAMES MACKENZIE LECTURE

Sir,

Professor McCormick in his James Mackenzie Lecture offers much food for thought, but surely he is totally out of touch with reality. In essence he seems to be suggesting that the family doctor should stop prescribing symptomatic treatment and should try instead to produce a state of mind in his patients that would enable them to face all the pains, discomforts, and other miseries of life with fortitude and resignation.

In my opinion this is dangerous nonsense and I suspect that Professor McCormick has been led to propound it by nostalgia engendered by a study of Mackenzie's work. I agree that the

prescription of frank placebos, where discussion and acceptance of symptoms is the correct treatment, cannot be excused. It is another thing to suggest that we should not use those medicines which give comfort and relief to sufferers from maladies that are not properly understood.

It is just not possible to put the clock back in this way and it is inconceivable that the whole medical profession could be persuaded to adopt such an attitude even if every doctor were a model of patience and compassion. At its most mundane level, is it possible to imagine what would happen to a practitioner who tried to accept Professor McCormick's philosophy? It would not be very long before his practice melted away and he had to look elsewhere for a living.

I have noticed that each year the James Mackenzie lecture seems to get more and more sentimental; perhaps Mackenzie is becoming too much of a legend and it is time to get his work back into perspective before scientific medical progress becomes almost a dirty word in the College.

M. CURWEN

8, Eaton Road,
Margate,
CT9 1XE.

REFERENCE

McCormick, J. (1975). *Journal of the Royal College of General Practitioners*, **25**, 9-19.

RELATION OF ABNORMAL CYTOLOGICAL SMEARS AND CARCINOMA OF CERVIX UTERI TO HUSBANDS' OCCUPATION

An analysis of the cytological records of almost 300,000 women in the Manchester area shows that the rates of positive suspicious findings from population screening are highly correlated with the rates of mortality from cancer of the cervix, when both are distributed according to the occupation of the husband. The correlation holds for various occupational groupings and for all the individual occupation units in which there are more than 1,000 women. This evidence strengthens the case for believing that the condition revealed by a positive smear is a stage in the development of invasive cancer of the uterine cervix.

REFERENCE

Wakefield, J. *et al.* (1973). *British Medical Journal*, **2**, 142-143. (Authors' summary).

PROPRANOLOL IN THE TREATMENT OF MIGRAINE

Beta-blocking drugs that prevent cranial vasodilation are potentially valuable in the prophylaxis of migraine. Forty-nine patients with either classic or common migraine were treated with propranolol 160 mg/day for an average of six months.

The first 30 of the patients to respond well to this treatment then participated in the double-blind cross-over trial with a placebo and propranolol. None of the patients expressed a preference for placebo. Propranolol seems to be an effective prophylactic for common and classic migraine but the antimigraine properties of the various beta-blocking agents probably differ.

REFERENCE

Wideroe, Tor-Erik & Vigander, Tor. (1974). *British Medical Journal*, **2**, 699-701 (Authors' summary).