

Journal). If general-practice obstetrics is to survive then it must be in a form similar to that which they describe. There is one minor point, however, with which I would like to disagree. They state that patients booked for general-practitioner care should after delivery be nursed in a group of beds set apart from the consultant beds. I would suspect that it is better for these beds to be fully integrated. Certainly such a system works extremely well in the general-practitioner beds in the Queen Mother's Hospital Glasgow, which are fully integrated with the consultant beds.

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REFERENCE

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SOCIAL CLASS AND MORBIDITY/ MORTALITY

Sir,

I read with great interest (April *Journal*) that the Manchester Research Unit of the Royal College of General Practitioners responsible for the Oral Contraception Study is setting up a joint study with the Royal College of Obstetricians and Gynaecologists on the consequences of induced abortion. Such a study would be of great importance.

However, one aspect of the report *Oral Contraceptives and Health* which has been of great concern to me, is the under-representation of working-class women (which is not mentioned in the report). Social classes 4 and 5 form 17.4 per cent of Takers and 19.7 per cent of Controls. The 1970 census showed that social classes 4 and 5 form 27 per cent of women aged 15-44. Social class 3 women were equally represented in Takers and Controls (42.6 per cent) but are in fact 53.32 per cent of the female population in the reproductive years.

Since the Registrar General's 1961 occupational mortality tables show that women in social classes 4 and 5 already have a much higher mortality rate than middle-class women apart from the possible serious side-effects of the Pill—and the difference is particularly noticeable in certain groups, e.g. miners' wives—I cannot help wondering whether they are at greater additional risk as takers of oral contraceptives.

I have tried, but failed, to trace any studies of social class differences in mortality and morbidity among women on the Pill.

The social class composition of the sample is, presumably, because working-class patients are under-represented in the lists of those doctors who took part in the oral contraception study.

One can well imagine how such a bias might affect conclusions about the consequences of abortion.

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PARTICIPATION BY PATIENTS IN PRIMARY CARE

Sir,

When, in July 1973, the Aberdare Health Centre was opened it was considered that the patients (10,000) should be encouraged to become involved in running their general-practitioner services.

It was decided that this could best be done by calling a general meeting open to all patients from which a patients' committee would be elected and also to have lectures on the theme *Look after your Health*. At the first general meeting a committee of eight patients was formed. At the second general meeting this was increased to 13. The chairman is a retired teacher, the secretary a young industrial worker. One of the members is also a member of the local Community Health Council.

The Patients' Committee now meets (with the practice health team, doctors and nurses) every five or six weeks—in future the liaison social worker, will also attend. Initially the Committee discussed immediate difficulties, the doctors' weekend rota arrangements, the surgery appointments system, parking facilities, redecoration, the provision of picture rails, the health education programme.

Now, however, we have worked out how to provide a new limited screening for the over 60s to whom letters, signed by the senior doctor and the secretary of the patients' committee, are being sent soon after their 60th birthdays.

At a recent meeting the main matters discussed were, the waiting time for barium meal x-rays, the open university, training of doctors, the James White Abortion (Amendment) Bill, the health education programme for the next session, and euthanasia.

There has been a public lecture on *The Open University and Doctors*, but not yet on abortion or euthanasia.

The Community Health Council is now helping the Patients' Committee in pressing for improvements in the special x-rays service and the local abortion services.

One of the doctors reported at a recent Committee meeting that he had had difficulty in getting a violent mentally ill patient into hospital at a holiday weekend. It was decided, after discussion, to ask a psychiatrist to give an open lecture on *The Care of the Mentally Ill at home and in Hospital*, so that difficulties of this nature can be discussed in an amicable way.

I think, that patients should be encouraged to attend the Patients' Committee meetings to give their opinions, advice or complaints. There should also be more frequent general meetings for the same purpose.