the Family Practitioner Services) and to make recommendations on how to make better use of resources by improving these arrangements, with particular regard to the proposal to establish a Supply Board."

GROUP PRACTICE PREMISES

Dr Gerard Vaughan, Conservative Party health spokesman, in an interview with the Pharmaceutical Society, is reported to have said: "I should like to see a reversal of the trend towards health centres, which have in too many cases damaged the close relationship which should exist between patient, general practitioner, and pharmacist. I believe this would mean that a Conservative Government would have to make it easier financially for general medical practitioners to set up group practices outside health centres. This might even involve giving them help towards staffing."

Reference

The Pharmaceutical Journal (1977). 219, 368.

LEVONORGESTREL

The World Health Organization and the

British Pharmacopoeia Commission have officially adopted the name 'Levonorgestrel' for the active isomer of the progestogen, norgestrel, which was formerly known as D-norgestrel. For products containing both the active and inactive isomers of norgestrel the term DL-norgestrel is used.

Reference

Family Planning Association (1977). Reviewed List of Contraceptives 1977-1978, p.2. London: FPA.

COMPLAINTS AGAINST GENERAL PRACTITIONERS

The number of appeals by patients to the Secretary of State for Social Services against decisions adverse to the patient by family practitioner committees were as follows: 1975—65, of which three were successful; 1976—52, of which six were successful.

COST OF THE NHS

Mr Roland Moyle, Minister of State (Health) reported that Government spending on the NHS in England per head of population has been as follows:

£ p 35.75

1971-2	40.19
1972-3	45.57
1973-4	51.44
1974-5	72.06
1975-6	97.69

Reference

Hansard (1977). Official Report. No. 1074, 931, col. 450.

PATENT FOR MICRO-ORGANISMS

The United States Appeal Court on 6 October 1977 allowed the Upjohn Company to patent the micro-organism Streptomyces vellosus.

This organism is used in the production of lincomycin. It had been argued previously that forms of life did not conform to the United States' patent law categories.

The Appeal Court ruled, however, that micro-organisms had become "important tools" in the pharmaceutical industry and there was no reason to deprive such a tool's "creator or owner" of the protection and advantages of the patent system.

Reference

Pharmaceutical Journal (1977). 219, 370.

LETTERS TO THE EDITOR

MEDICATION FOR THE MENOPAUSE

Sir

We read with great interest your editorial on "Medication for the Menopause" (October *Journal*, p.579). However, we should like to clarify one point regarding the effects on blood clotting of hormone replacement therapy.

The only published double-blind trial on the effects of oestrogen replacement therapy at the menopause on blood clotting has been our own report on 'Premarin', to which you refer (Coope et al., 1975). This indicated that there was acceleration of certain blood clotting tests after three months. Your other reference to clotting studies was to a letter by Aylward et al. (1976) which appeared in the British Medical Journal. This contained the interesting and important suggestion that piperazine oestrone sulphate ('Harmogen') might

not accelerate these clotting tests.

As a result of this preliminary communication, we began, 12 months ago, a double-blind cross-over trial on this preparation in menopausal patients. Meanwhile, we would suggest that your readers should regard the absence of accelerating effects on blood clotting by piperazine oestrone sulphate as a possibility which has not yet been proven.

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References

Aylward, M., Maddock, J. & Rees, P. (1976). British Medical Journal, 1, 220.
Coope, J., Thomson, J. M. & Poller, L. (1975). British Medical Journal, 4, 139-143.

Sir,

In your editorial (October Journal, p.579) you state that the General Practitioner Research Group (1977) found no clinical difference in effective treatment of menopausal symptoms between piperazine oestrone sulphate ('Harmogen') and ethinyl oestradiol; yet it concludes that the former is clearly preferred on the grounds of safety.

For over 20 years I have prescribed ethinyl oestradiol in doses of 0.01 mg (one fifth of the amount in the majority of contraceptive pills) per day or alternate days, and have found it to be effective in controlling menopausal symptoms. The minute dose has yielded tremendous dividends in terms of relief to the patient and gratitude at minimum cost, and no adverse effects have been reported.

The commonest, most embarrassing and uncomfortable symptom of 'flushing' is easily controlled and the dose