with complete or partial success in 72 per cent. In illnesses not related to smoking, 37 per cent had been advised with some success in 23 per cent.

These findings are based on the patients' answers. They do confirm Russell's comment that face to face communication may be more persuasive, especially for the less well educated majority.[1]

Boulton and Williams have directly observed general practitioners giving advice. Their findings are based on one consultation per patient and in less than a fifth of the consultations for smoking related illness did the doctor exploit the opportunities available to discuss smoking habits. For illness not related to smoking in only 2 per cent of the consultations was the matter raised. The doctors in my series have seen their patients many times and the illnesses are sufficiently severe to need time off work. The increased opportunities have been exploited to a large extent, though 28 per cent of those with smoking related illness said they had not been advised. Advice to stop in illnesses not related to smoking is less effective but still worthwhile.

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Home Nursing Service

Sir,
For the past twelve months our practice has been involved in providing a charitable nursing service to help relieve relatives looking after very sick or dying patients at home. I would be interested to hear from any other doctors who run similar schemes.

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Post-coital Contraception

Sir,
Let alone availability of post-coital contraception (March *Journal*, p. 175), who knows if this is actually effective? It is impossible to conduct a trial, as many women taking the 'morning after pill' will not become pregnant anyway.

I have used it successfully in 75 per cent of patients, but how do I know that it actually *worked* in these women?

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Design of General Practice Equipment

Sir,
The Research Division has been discussing methods of improving the design and quality of equipment used by the general practitioner. In particular, we are aware that with changes in the pattern of care patients who were previously referred to hospital are now being treated in general practice, and that this may require the design of new equipment or modifications to existing equipment.

May I, through your columns, invite general practitioners who have worked in this field or have views about the inadequacy of their existing tools to write to me?

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Zooneses and Veterinary/Medical Co-operation: A Missed Opportunity

Sir,
We were interested to read the article on veterinary/medical co-operation (December *Journal*, p.819) and whilst agreeing entirely with the need to improve liaison between our professions, we would wish to correct the erroneous impression that little liaison already occurs. In recent years positive steps have been taken to improve and extend inter-professional dialogue, both in Scotland[1] and elsewhere in the UK.

One of the most important developments has been the creation of local liaison groups, many of which, although not all, followed the introduction of the Zoonoses Order 1975. The background to the development of those in Scotland has previously been described.[2] These groups bring together colleagues from the medical and veterinary professions and environmental health officers who also have an important role to play in zoonoses control. Most of these groups discuss topics far wider than those covered by the Zoonoses Order. Membership of several groups includes general practitioners, but the continuing problem of persuading practitioners to attend such meetings has not been satisfactorily resolved. Perhaps one way of attracting greater interest would be for more local divisions of the British Veterinary Association and the British Medical Association to hold joint meetings.

The Zooneses Order has also directly contributed to improving liaison by the creation of the 'nominated officer' who has the responsibility to co-ordinate the investigation in animals and to communicate with his medical and environmental health colleagues. We would agree that the Zoonoses Order should not be confined to salmonellae and brucellae and there is scope for inclusion of other zoonotic organisms such as toxoplasma, campylobacter, leptospirae, chlamydiae and so on.

Another significant move has been the secondment in 1977 of a veterinary surgeon from the Department of Agriculture and Fisheries for Scotland to the Communicable Diseases (Scotland) Unit. A similar appointment was made in 1979 between the Ministry of Agriculture, Fisheries and Food and the Communicable Disease Surveillance Centre of the Public Health Laboratory Service. The remit of these posts, albeit part-time, included zoonoses surveillance and control as well as the improvement of liaison between the professions. The success of those posts is reflected in the many successful joint investigations carried out, for example cysticercosis surveillance, ornithosis in ducks, milkborne salmonellosis and so on.

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