Oral contraceptives and intestinal ischaemia
J.D. Greig 76

Counsellors in general practice
P.J. Chuter 76

Survey of analgesic use
H. Fairhurst 76

The referral system and restrictive practices
D.E.A. Luxton 78

Sterilizing instruments
P.D. Toon et al. 78

Medical indemnity
J. StC. Anderson 78

Telephone consultations in general practice
H.M. Halle; P.J. South 79

A car with flat tyres?
R.H. Jones 80

Online information
Margaret Hammond 80

The influence of computer software on prescribing habits in general practice
Nick Booth 80

Computer appreciation courses
Malcolm Aylett and Neill Jones 80

Children's immunization records
Malcolm Aylett 81

Use of cotton buds in the ear
David W. Sim 81

AIDS and chastity
Andrew Brown 81

My husband is not a wife
Mary C. Haworth 81

Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Oral contraceptives and intestinal ischaemia

Sir,
Recent media attention has once again focused on the more sinister association between the oral contraceptive pill and the risk of developing carcinoma of the cervix. However, the more frequent, and potentially fatal, circulatory side effects should be considered when deciding whether to prescribe the pill.

This is exemplified by a 27 year old woman who was admitted to Hairmyres Hospital, East Kilbride with a 48-hour history of colicky upper abdominal pain and vomiting. The patient had been taking an oral contraceptive (Ovranette, Wyeth; 150 μg levonorgestrel and 30 μg ethinyloestradiol) for two and a half years, was known to be blood group A rhesus positive, was moderately obese and smoked 30 cigarettes per day. On examination, she had signs of localized epigastric peritonism. Her condition deteriorated and at emergency laparotomy a 15 cm segment of ischaemic jejunum with visible arterial pulsation was found. The ischaemia was caused by a localized mesenteric venous thrombosis. The bowel was wrapped in warm saline towels and on re-inspection it was considered to be viable. Post-operatively the patient was fully heparinized for 10 days and made an uneventful recovery. She remained well to follow-up 12 months later, having lost weight and reduced her smoking habit. She uses an alternative form of contraception.

Intestinal ischaemia is one of the rarer cardiovascular complications of the oral contraceptive pill which may be associated with a high morbidity and mortality. The particular cardiovascular risk factors predisposing to onset of hypertension and more importantly atherosclerotic disease have been emphasized by Kay.[1] This risk group is confined mainly to older women who smoke. However, the decision to prescribe the pill should also be influenced by other factors which increase women's risk of vascular disease: family history of vascular disease, diabetes, raised blood pressure, obesity and lipid abnormalities.[1] In the patient described here the only identifiable risk factor to venous thrombosis was a rhesus positive blood group;[2] moderate obesity and smoking are not recognized predisposing factors. While superior mesenteric vein and artery thrombosis are well documented in patients taking an oral contraceptive,[3] no reports have described a localized mesenteric venous thrombosis.

For a patient on the pill developing sudden onset of severe abdominal pain, in whom the other more common causes of pathology have been excluded, a diagnosis of intestinal ischaemia should be considered because its recognition at an early stage in its presentation is important.

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Counsellors in general practice

Sir,
I have recently read *Occasional paper 37, The work of counsellors in general practice.* Our practice employs a counsellor, and now receives 70% reimbursement of her salary from the Shropshire family practitioner committee.

However, at first our request for reimbursement was refused, and this decision was upheld by the Secretary of State, who decreed that when paragraph 52.5 of the *Statement of fees and allowances* (the red book) was written in 1960, it was not designed to apply now. The paragraph reads: 'Payments will be made ... for ... (a) nursing and treatment. For the purposes of the scheme, nursing and treatment will be deemed to mean such medical attention as is normally provided as part of general medical services, and which it is appropriate for a general medical practitioner to delegate to a suitably trained ancillary worker'.

We therefore decided to sue our family practitioner committee for breach of contract, as counselling appeared to fulfil these criteria amply. However, before legal action could be instigated, our family practitioner committee asked us to reapply, and subsequently awarded us 70% reimbursement for our counsellor. The interpretation of the red book rules appears to be up to the individual family practitioner committee and I am grateful to the Shropshire family practitioner committee for being one of the few in the UK to be forward thinking in this respect.

I would urge general practitioners to apply to their own family practitioner committees for reimbursement of counsellors' salaries. Persistence does pay.

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Survey of analgesic use

Sir,
I was interested to read the paper by Dr Hall on the effects of the Aspirin Foundation's publicity campaign to advise parents against the use of aspirin.[1] In August 1987 (15 months after the campaign, and nine months after Dr Hall's study), I sent a questionnaire to 100 patients of all ages selected at random from our practice list: this asked about analgesic use, own home supplies, and awareness of any problems with these drugs.