

made and that an abdominal approach to treatment was employed.

The diagnosis of hydrocolpos in a newborn baby can often be straightforward procedure if the condition is thought about. The presence of the lower abdominal swelling, which may also be felt bulging backwards and downwards on rectal examination, should suggest this possibility and a careful inspection of the vulva should then be undertaken for any sign of obstruction. It is easy to omit examination of the external genitalia in a female baby, however, and a bulging membrane has often been overlooked. Dr. Joseph and his colleagues do not mention the appearance of the vulva in their case but they do say that the cause of the obstruction was partial atresia of the vagina. Absence of any obvious bulging membrane may prevent a correct diagnosis being reached, as presumably it did here; a further factor obscuring the diagnosis may be the size of the abdominal swelling, which may be so large as to make the diagnosis of hydrocolpos seem inconceivable. In each case, however, the presence of a bulging swelling on rectal examination should bring the condition to mind and may result in treatment by the simple procedure of incision of the membrane.

With regard to treatment the authors suggest that a small rubber draining tube should be left in place for a few days. In my view this is quite unnecessary and indeed undesirable in all cases where the obstruction

is membranous; after incision the remaining portions of the membrane may be snipped off and nothing else is necessary. If the condition results, as it did here, from partial vaginal atresia treatment will be much more difficult, and whether a vaginal or abdominal approach is indicated can be decided only in each individual case. It is clearly desirable, however, to consider this point of treatment with the possible diagnosis of hydrocolpos in mind. If a vaginal approach is employed successfully in a case of partial vaginal atresia then a small draining tube left in for a few days may be of benefit.

The blood-stained nature of the fluid retained in the vagina in Dr. Joseph's case seems on the whole a chance and unimportant event. If the condition arises, as I believe it does, as a result of passive stimulation of the child's genital tract by the mother's oestrogens the fluid may occasionally be blood-stained as a result of endometrial bleeding; the longer the time interval from birth before treatment is carried out (eleven days in this case) the more opportunity is there for a fall in the level of this passive oestrogen stimulation and for endometrial breakdown to occur.

Dr. Joseph and his colleagues have done a considerable service in reporting this important case and in drawing attention to this interesting abnormality.—I am, etc.,

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Abortion Law Reform

SIR,—Mr. Wilfrid G. Mills was right when he stated (5 February, p. 355) that the present law permits the medical profession to perform all necessary abortions. But I think he was wrong when he inferred that there was no need for reform of the law. At present the law seems uncertain and threatening, and consequently is frequently interpreted narrowly; health, in the context of a request for abortion, usually means an absence of grave physical or mental disease that will be aggravated by the pregnancy. In other situations in medicine it has become usual to consider health positively as a state of well-being rather than as non-illness. Thus a pregnant woman living in one room with an inconsiderate husband and four children often has her request for abortion refused because she is merely tired and unhappy and cannot be labelled with a diagnosis such as "depression" or "renal failure." Such a woman is not in a state of positive health, and her pregnancy will cause further serious deterioration.

The unpleasantness gynaecologists associate with abortion is mainly due to the attitudes of their teachers and the aura of illegality that surrounds the subject. Interrupting a normal pregnancy is always done with regret, but this can be tolerated provided the surgeon and his assistants believe the operation is justified. Reform of the law, as proposed by Lord Silkin, would encourage women made miserable by unwanted pregnancy to request abortion, and would reassure doctors that abortion could be performed in deserving cases with safety from prosecution. The attitude of the medical profession would not change overnight, and illegal abortion would continue, but a liberal move would

have been made that would ultimately improve the health of many women.—I am, etc.,

London W.2. D. B. PAINTIN.

SIR,—Most doctors in the U.K. know that as a result of the large number of resignations from the N.H.S. there will be in the not too distant future an insufficient number of doctors to look after the whole population of this country in the N.H.S.

Most doctors also know that an increasing number of patients prefer to have private treatment, and that private medical insurance schemes are being patronized more than ever.

It seems reasonable, therefore, to conclude that an increasingly large number of therapeutic abortions will be dealt with privately in the future.

I am therefore perturbed that an attempt is being made to limit the activities of medical practitioners who are not in the N.H.S. I refer to the desire of Lord Dilhorne to make it necessary that at least one of the two doctors who will take responsibility for a therapeutic abortion must be in the N.H.S. (12 February, p. 430).

Does a retired gynaecologist automatically cut himself off from this kind of work if he works in conjunction with a private general practitioner? Neither are in the N.H.S. The necessary qualifications for advising and performing a therapeutic abortion can only be: (1) both doctors must satisfy the law in being registered, and (2) one must be recognized as being of consultant status in obstetrics and gynaecology.—I am, etc.,

Brighton, Sussex. ROBERT BURNS.

Alcohol and Driving

SIR,—I was most interested to read your leading article on alcohol and driving (1 January, p. 3), particularly because you have emphasized the need for changes in the traditional pattern of social drinking. You have rightly pointed out that we should strike at the root of the problem by changing the social habits. It is alarming to note that in the United States¹ one out of every 15 drinkers eventually becomes an alcoholic. Should it not, then, be a human duty for a sincere attempt to be made to alter the whole social pattern of drinking and party-giving as it exists to-day? Comparatively recently the recognized meeting place was the coffee-house, not the public-house, and this works to-day in many countries.

In Western countries one has only to admit to being a non-drinker to be regarded as some sort of freak, but if the social pattern could be changed and total abstinence regarded as a strength to be admired by the young and old alike, I believe a startling decrease in accidents would follow. While it is realized that this method may not achieve immediate results and would have to be regarded as a long-term measure, it does at least strike at the root of the disease. A practical example of a non-alcoholic State has been experienced in Kuwait now for sixteen months where alcohol is prohibited by law. This was immediately followed by about 90% drop in road accidents. A full report about our experience in Kuwait is in course of preparation.—I am, etc.,

Emirie Hospital, Kuwait. S. N. SALEM.

REFERENCE

¹ Conference on Alcoholism, *Brit. med. J.*, 1964, 2, 502.

Intrauterine Contraceptive Devices

SIR,—Dr. M. C. Latham (15 January, p. 168) may have had his tongue in his cheek when writing parts of his letter, but his thesis that conception rather than contraception should be the deliberate act deserves support and further study.

In the present era of concern with the population explosion and its very crude corollary, abortion law reform, it behoves us as a supposedly scientific profession not to let reason be overwhelmed by sentiment however other bodies may react. What tends to overwhelm the majority is what has been called the "rate of change of the rate of change." An accelerating tempo of advance requires adjustment, within a short lifetime, which previously could be absorbed in generations—for example, 2,000 years between Archimedes and Newton, 200 years between Newton and Einstein, who I gather is already outmoded.

I cannot equal the length of experience of Dr. R. Thompson (29 January, p. 294), but I have yet to see a patient with a neurosis arising from *voluntary* infertility, whereas one has seen thousands with neuroses due to sexual frustration from fear of pregnancy, and unsatisfactory methods of coitus and of contraception. Dr. Thompson talks about "delicate emotional links of sex," but can anything be more "crude and mechanistic," to use his own words, than to interrupt love-making to insert a diaphragm or put on a condom? The great advantage of the I.U.D. is that it is always there and both partners