Points from Letters

Talking about Death

Dr. E. STUNGO (Felbridge, Surrey) writes: Considering its significance and inevitability, death is a topic which is relatively rarely discussed (leading article, 20 April, p. 131). It is difficult to decide whether this is due to an unconscious desire to avoid contemplation of an unpleasant reality or fatalistic acceptance of an inescapable destiny. However, the tendency of people to delay serious intentions to arrange their affairs in orderly manner strongly indicates a psychological reluctance to face the fact that their days are numbered. . . . But when the more immediate prospect of death arises surely the individual concerned and/or his family or advisers should be given the opportunity of dealing with all relevant matters provided that there are items which merit attention and the victim is considered to have testamentary capacity. . . .

Dr. T. D. SAYER (Margate, Kent) writes: It is encouraging to see this subject being aired in your columns (20 April, p. 131) though perhaps something more factual needs to be added. The maintenance of an atmosphere of hope in our contacts with patients is perhaps one of the greatest therapeutic agents we have, and learnt at its best by apprenticeship from the older physician. It is equally true that many such physicians were born and trained in an age when a profound religious faith was an integral part of the professional personality. This was indeed the criterion set at the founding of King's College, London, and emphasized particularly by Jelf when as Dean he opened the academic year with the sentiment, "To you is being entrusted the care of the body which houses the Divine soul; how can you care for the former unless you have grasped the significance of the latter."

If it is true that the art of dealing with death is an expression of the personality born out of conviction, then apprenticeship rather than didactic methods would seem the medium for giving guidance to undergraduates. That such is seldom given may be evidence of the declining emphasis on apprenticeship in the undergraduate and early postgraduate sphere.

Attitudes to Abortion

Mr. T. J. HYPHER (Cambridge) writes: Your leading article (13 April, p. 69) is indeed disturbing, for its attitude is one of uncritical approval of insidious value changes. It accepts unquestioningly that . . . priority in certain appointments will go to those who see abortion as properly part of clinical gynaecological practice and that a young doctor may find difficulty in taking up a career in gynaecology if he is fundamentally opposed on ethical grounds to abortion. . . . I would submit that those who have the courage to stand by their convictions against substantial pressures will be among our most highly principled colleagues. We cannot afford to be without them, and indeed they and both our profession and our patients require that you give them your strongest support. You may not agree with their opinions, but if you do not champion their principles then we shall be in a sorry plight when each subsequent wave of emotion effects an Act in some kindred field.

Dr. C. E. G. GILL (Penarth, Glamorgan) writes: If, as you surmise (leading article, 13 April, p. 69), despite the "shrill and emotional argument" of pressure groups "abortion for a wide range of indications is . . . now an established part of conventional medical practice," nevertheless some provision should be made in British medicine for dedicated aspirants to gynaecological and obstetric practice who can never take part in an abortion programme. The skills and aptitudes for the normal practice of this specialty will be sadly lost (some by emigration to more liberal countries) if such aspirants are prevented from learning and practising an art which embraces so much more than the merely destructive act of procuring abortion. . . .

Dr. P. RAWSON (Luton) writes: I was truly appalled by your irresponsible leading article (13 April, p. 69). By its very terms of reference the Lane Committee was carefully emasculated beforehand so that, whatever the findings, there would be no mention of the real result of the Abortion Act —namely, the wholesale destruction of human lives, nearly 400 a day, a fact which you would doubtless dismiss as "shrill and emotional argument." But once conception has occurred, surely there can be only one logical conclusion possible—that human life has begun—and there can be no reason why the fetus should have any less right to live out its span than has any other member of our species further along the road. And when a pregnant woman consults a doctor he must have a duty to *two* patients and be professionally bound to further the well-being of both. Of course he has a duty to give help to the pregnant woman who comes to him seeking an abortion, *not* by acceding to this wish but by giving her all possible ethical professional help, be it counselling, psychotherapy, medical treatment, or advice about social aid. . . .

Cost of Drugs

Dr. M. J. AYLETT (Corsham, Wilts) writes: Amoxycillin appears to be taking over from ampicillin and this seems to me to be an example of the way in which the energetic promotion of a drug can result in too little objective consideration of its benefits against the greater cost incurred. For almost a decade ampicillin has been the most widely used bactericidal broad-spectrum antibiotic and, in general practice, 250 mg rather than 500 mg six-hourly the more usual dose. . . . Amoxycillin has a similar antibacterial spectrum, is as effective given eight-hourly as the larger dose of ampicillin but has a lower incidence of side effects. It is said to penetrate bronchial secretions more effectively. . . .

Prescriptions from this group practice are dispensed by two pharmacies and all EC10s filed by one of them for the month of February were examined and the amount of amoxycillin prescribed was recorded. Assuming that both pharmacies received prescriptions similar in this respect it was calculated that two doctors had prescribed 1,011 capsules at a cost of £65. Had ampicillin in its usual previous dose been prescribed instead, this would have cost £45. . . . The nationwide use in general practice of amoxycillin in place of ampicillin on these figures would increase the drug bill by more than £2½m.

Malaria in Birmingham, 1968-73

Dr. E. R. S. KELLETT (Northampton) writes: The interesting paper by Dr. V. E. Ansdell and others (27 April, p. 206) raises some interesting points. The graph showing the incidence of malaria in England and Wales follows very closely the situation over a similar period of time in the south-east Asia region, and particularly in India. The effects of the National Malaria Eradication Programme reached its zenith in 1962-3 with about 200,000 cases, and from that time onwards there was a slow and gradual increase in the number of positive blood slides (a better expression than "cases" for obvious reasons) . . . the figures mounting to over 1,500,000 at the end of 1973. This resurgence of malaria occurred over the entire Indian subcontinent and a comparison of graphs in my own notes with that for England and Wales is remarkable. . . .

I would disagree that pyrimethamine should be given as a prophylactic in areas of malaria transmission, particularly where *Plasmodium falciparum* is the dominant species. Its rightful place in these circumstances is its use as a sporonticidal drug. Finally, as far as *P. vivax* cases from India are concerned, it would be difficult to ascertain whether these were new infections acquired in India at the time of a visit or were relapses. Primaquine is not available to general practitioners in India.

Training for General Practice

Dr. H. M. S. NOBLE (Sheerness, Kent) writes: I agree with Dr. J. M. Aitken (4 May, p. 275) that general practice should be learnt in general practice and that the trainee year scheme should be continued. The following proposals might help to strengthen present postgraduate training. . . . Trainers should attempt to contact each other in districts or areas and form some simple type of liaison appropriate to their area. This would allow occasional meetings of trainers and trainees to discuss problems and exchange ideas. It would also facilitate short periods of exchange of trainees to give them experience of different types of practice. . . . A "feed-back" arrangement would be of great help to trainers. I have obtained this personally from my old trainees and have found it to be of great assistance in attempting to improve the trainee year. . . . There are no doubt other ways of improving the trainee year and I hope that some academic thought and skill are being applied to these as well as to the presently popular and rather complicated vocational schemes.