The proportion of tetanus cases among those receiving A.T.S. (Group 1) compared with those receiving antibiotics (groups 3 and 4) shows no significant difference when considered on the basis of *exact test* (P=0.51). Also the comparison of the figure in A.T.S. group with "no prophylaxis" (groups 2+5) shows no significant difference ($\tau=4.42$). No significance could be seen between cases in "antibiotic prophylaxis" and "no prophylaxis"—that is, groups (3+4) against groups (2+5) ($\chi^2=3.3$, using Yates's correction). Since it is important, even in India, to have sound evidence of the benefits of prophylactic A.T.S., we draw attention to reports[3-6] that among 5,199 cases of tetanus, 1,573 occurred in those receiving prophylactic A.T.S.

Of 20 cases of tetanus reported by Drs. Lucas and Willis, 15 cases showed an incubation period of seven days or more. Of these, 10 cases had received medical attention on the day of injury. With such incubation periods it is questionable whether A.T.S., given at the time of treating the injured, would exert any influence. Case No. 20, who had received A.T.S., can be referred to in this context.

The contribution of Drs. Lucas and Willis cannot, in our opinion, be taken as a definite evidence for continuing A.T.S. alone or its reintroduction where this has been abandoned for other serious reasons.[7 8]—We are, etc.,

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Therapeutic Abortion

SIR,—The Abortion Law reformers will not be pleased with the moderate proposals put forward by Dr. E. A. Gerrard and his Special Committee (2 July, p. 40), although the proposals will be greeted with relief by most gynaecologists. The recommendations amount to the giving of power over the life of the foetus to two practitioners, one of whom should be a gynaecologist, both, of course, acting in good faith. In Britain in 1966 with the National Health Service available to help in the care of the pregnant woman, there are very few maternal indications for termination of pregnancy (although there are many for sterilization). Induction of labour or abortion before 26 weeks may have to be faced if the genetic odds are heavily stacked against the foetus. So far so good; but I had hoped that Dr. Gerrard's committee would have gone further and clearly stated that the same team of two doctors should not be asked to face requests for social abortions —for example, to consider the termination of pregnancy if the mother rejected it because it was conceived out of wedlock or because contraception had failed.—I am, etc.,

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SIR,—Dr. D. G. Withers (16 April, p. 978) questions the right of a gynaecologist to "refuse to do the work he is employed to do on the grounds of moral prejudice." I would question Dr. Withers's knowledge of the current medical status of termination of pregnancy. I would question, too, his use of the words "moral prejudice."

As it is axiomatic that in medical discussions on this subject a Catholic is held incapable of an objective and unbiased view, my personal opinions will carry no weight with Dr. Withers. He should know, however, that there is no indication for termination of pregnancy about which there is universal agreement among gynaecologists (or other doctors). For each and every suggested indication there is a substantial body of competent informed non-Catholic medical opinion which opposes termination. These doctors, too, may be accused of (or praised for) moral prejudice. They do what they consider right, and they refuse to do what they consider prejudicial to their patients. What will Dr. Withers do with these men? Are they, too, to be banished? Are their moral principles a bar to their practise of gynaecology? Perhaps they could be asked to declare that they have no moral beliefs, and so are fit to entertain "personal moral misgivings" without prejudice. What utter nonsense.

Dr. Withers must accept that those who don't terminate act in the same good faith as those who do. In this context it is pertinent, important, and a matter of historical fact, that where there is any general agreement in this field it is moving against termination on medical grounds.

Thirty years ago a common approach to any given serious disease, plus pregnancy, was to terminate the pregnancy first. Today more and more doctors believe that to treat the disease and let the pregnancy take its course is the correct medical approach.— I am, etc.,

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Skill in Prescribing

SIR,—In the final paragraph of his letter (2 July, p. 49) Dr. S. E. Browne states, "What seems to me an extraordinary state of affairs is that any doctor can (and some still do) prescribe amphetamines, the use of which is therapeutically unjustifiable because of the danger of addiction and psychosis."

This sweeping dogmatic statement should not be allowed to pass without comment.

Dexamphetamine is invaluable in the treatment of narcolepsy, as a main agent, and in hay-fever and in severe pain of any kind (particularly migraine) as a supplementary agent. In hay-fever its action is to offset the narcotic and mood-depressant effects of antihistamines, and in severe pain it undoubtedly augments the efficacy of non-narcotic analgesics.

It is fashionable to decry the drug's use in painful conditions, but I suggest the critics themselves prescribe it when treating a patient with severe dysmenorrhoea, acute sinusitis, or migraine. They will be surprised at the rapid and dramatic effect.

All drugs are dangerous, and all drugs must therefore be used with care. That is one reason why medicine is a skilled profession.—I am, etc.,

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Lord Moran's Diaries

SIR,—The following extract from Churchill's *Life of Marlborough* is rather more pertinent to the case of Lord Moran's diaries than that quoted by Dr. W. D. Oliver (9 July, p. 116). Churchill is referring to letters from Marlborough to his wife at a time when she suspected him of infidelity.

> "While all these public troubles and stresses fell upon Marlborough, there was suddenly thrust upon him the torment of a personal trial. We have not hesitated about publishing the poignant letters which follow, and from which we can to some extent reconstruct the story. The complaint is always made that Marlborough has never been made known in his soul and human nature to history. We have his youthful escapades; we have his chequered middle life; but thereafter he appears only as a commander, as a functionary, or as a builder of a private fortune. The exposure of every detail of Napoleon's life, the searchlights which are cast upon the character of Frederick the Great, have not dimmed their grandeur to modern eyes. And after more than 200 years have passed there is no reason to conceal intimate facts about a great man's life from public knowledge. Moreover, in our human state there is no separation between public deeds and personal psychology, and the story of the one would be incomplete without the other."

This of course does not raise the question of professional secrecy, but even so Churchill's reference to the time elapsed before publication is interesting.—I am, etc.,

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St. Ives, Cornwall.

SIR,—Dr. W. D. Oliver (9 July p. 116) for obvious reasons does not complete Mr. Churchill's stated opinion then, in the next sentence: "A generation or two—a century, certainly—will present these two men in their true proportions."—I am, etc.,

W. K. MORRISON.

Edinburgh.

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SIR,—Dr. W. D. Oliver's letter (9 July, p. 116) is not the ace of trumps he imagines it to be.

Details of quarrels between politicians and generals are not governed by ethical codes; they are indeed of the stuff of history, and professional historians may relish them. Most of us like to think, and have thought hitherto, that doctors recognize their unambiguous obligations, from which eminence of doctor or patient does not absolve them. Nor indeed does the patient's death. Will the G.M.C. not now say so?—I am, etc.,

M. MUNDY.

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⁂ This correspondence is now closed.— ED., *B.M.J.*