

# WOMAN AND MEDIKILL PRACTICE NEWSLETTER

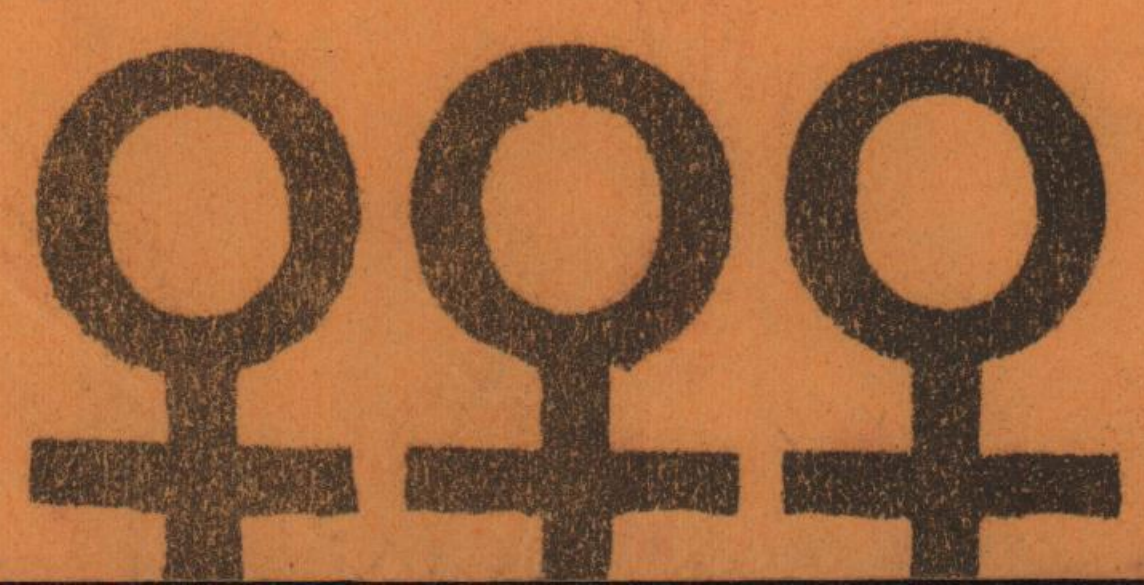
(NOTTINGHAM REPORT)



TRANQUILIS(H)ER (?)

(NO WAY!!)

4th Reprint!



One of the issues we in Nottingham felt it necessary to take up as regards our information/referral service was the publicising of cervical smear clinics. We have found that women in general are unaware of the facilities, or lack of, for this service.

It is essential to the medical welfare of women that we have regular smear tests available to us, and that we know where, when, or even IF we can have them done. Yet, on making enquiries from several women in Nottingham, the only advice they were able to give was to go to the V.D. clinic. This, if one is young and 'liberated' would probably present no problem, but for the older women it could be quite a serious one. A lot of older, or elderly women would be just too embarrassed to present themselves at a V.D. clinic. So, unless they are 'knowledgeable' enough to go to their G.P. and demand to have a smear done, they just go without. Most G.P.'s just do not consider smear tests unless a woman is already showing adverse signs and symptoms. By which time it could be too late. (So much for preventative medicine.)

As a result of this obvious lack of information we approached the local Area Health Authority for a list of all the Cervical Smear clinics in the Nottingham area. In this instance the A.H.A. have been extremely helpful. They have supplied us with a complete list of clinics offering this service, and the days and times it is available at the respective clinics.

Women going to these clinics do not have to have a "Doctor's Letter" etc. They can just "drop in". The result however, takes about four weeks to come through, (from experience, the waiting time is longer.) and goes direct to her G.P. She then has to go to him for it. There is however, a place at a local hospital called "Amberly House" dealing with "Vaginal Infections" at which a woman can also "just drop in to". The results at "Amberly House" are given immediately, and if treatment is needed that too is given immediately, without any contact with the G.P.. (One wonders what happens if the 'Cancer' Smear is positive.)

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We also felt the need to compile a list of sympathetic women doctors, and to help us to this we approached the local C.H.C. They too have been very helpful in this instance. We are now on the way to getting our list of 800 doctors. (There are over 500 Dr's in the Nottingham area.) All we have to do now is "suss out" the sympathetic ones.

Also, as a result of our discussion with the C.H.C. the secretary is trying to set up a meeting at which the C.H.C. and "wamp" can get together to discuss how best we

can go about improving "women's Lot" as far as medical practice is concerned.

One of the things they are doing in the meantime is to do with publicity for cytology clinics, and I quote the last paragraph of their letter.....(you may find it useful for you own group) .....

"As a result of talking to you, I have taken up the general question of publicity for cytology clinics, and have suggested that the C.H.C. design a poster and an information card about the need for smears and the times and locations of local clinics—it will be two or three weeks before that trundles through the decision making process, but I am hopeful, and thanks for generating the idea by your enquiry."

oooooooooooooooooooo  
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As the result of the sort of enquiries/appeals for help that we in Nottingham have been receiving, we also feel it necessary to set up OPEN discussion/self help/ 'advisory' groups, and as a result of this we have begun to approach local doctors to ask if they will help us do this. So far one doctor in particular has offered to help us set up "Women and MEN? OH! PAUSE" Groups, (sorry, my joke) "Women and Menopause " Groups, by referring women with this 'problem' to us. He also 'advised' us "not to forget the young women isolated with kids".

We've now got to arrange a time when 'wamp' can get together with him to discuss how this can be set up.

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'Conversation' at local shop.....

Sorry I can't help you (me) with your enquiry. I've been off work nine weeks and am just trying to catch up on what's been happening while I was off.

I've had a hysterectomy. I had fibroids you know, and when the surgeon came round to see me after the operation she told me that the ovaries were perfectly healthy, but they had just "whipped them out too". She told me this would put me straight into the menopause and I may have some bad 'flushes'. And, do you know? She was right. I've been having really bad flushes during the nights and I'm finding it difficult to get to sleep.

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Quote....."Doctors will have more lives to answer for in the next world than even we generals"

Napoleon Buonaparte.

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Have you heard the story of the country doctor? He refused to visit the local farmers till they'd gagged their ducks.....

"quack quack"

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We have also been trying to help a woman - who contacted us a few months ago. The basic facts are that she had an accident at work nearly 5 yrs. ago. (A steel bar fell on her back.) She was off work for a couple of weeks then returned. Soon she began to have "back pains". For some months she was treated by a woman doctor as having "Psychological Problems". ("An attractive young lady like you should be married and having babies.") Eventually she managed to get herself referred to a 'Specialist' who on doing an X-ray diagnosed a "Twisted Spine". He gave her six weeks physiotherapy, after which she said she felt worse than she did at the beginning. The 'specialist' then said there was no more he could do for her. So, back to the drawing-board....the G.P. More months, then another 'specialist' (consultant) who said she had a perfectly healthy body but a deep "Psychological Problem"???? As a result of this, the Q has been unable to get any help/treatment at all from either the medical profession or social services. (S.S. need medical verification before they can arrange help i.e. Home Help etc.)

The woman has no family or friends who live near, and lives up three flights of stairs. She is fully dependant on the charity of a neighbour (male) for messages etc. The money she gets from sickness 'benefit' is barely enough to live on, yet she is spending money desperately trying to get help from private sources. She now has a 'verbal' diagnosis from a private 'specialist'. Having checked this out with well informed sources, and assuming this is the correct diagnosis, the conventional treatment would have been surgery. (Wiring up the spine.) However as the situation has been going on for so long it is probably too late for surgery (which apparently is not all that desirable anyway.) and we have been informed by medical sources what we really need is a good osteopath. Also, assuming again that this is the correct diagnosis, physiotherapy was the worst treatment she could have had.

Apparently this "thing" (I can't even say it, so I'm not even going to try and spell it.) is something one is born with but could go thro' all of your life not even knowing you had it until an accident precipitates problems.

In order to get verification of this private diagnosis, and to channel the Q back into the N.H.S. we went to her G.P. to ask him to refer her for a second opinion. He said he could not do this, it would be "UNETHICAL", and her future treatment would depend entirely on the "good-will" of the 'specialist'. (The one who gave her the psychiatric his-

story in the first place.) However, with a little 'gentle persuasion' he has now agreed to do this if 'I' find a good Orthopaedic Consultant.

We have now found an Osteopath who is giving the woman free treatment, and as a result of the following newspaper article we have now found an 'eminent' Consultant who is prepared to give an unbiased (we hope) examination.

The appointment with Mr. Harris is Aug. 6th.

WISH US LUCK.????

## DOCTOR ORDERS CHANGE

By CLARE DOVER

PATIENTS should have the right to challenge a doctor's decision, according to an eminent consultant.

If they feel they have had a raw deal they should be able to put their case to a panel of doctors, chaired by a non-medical Ombudsman.

The system is suggested by Mr Nigel Harris, consultant orthopaedic surgeon at London's St. Mary's Hospital in the magazine The Consultant.

He said: "I fail to understand why some doctors become so worked up and defensive."

He suggests the paying of compensation when a patient's health is put in danger by a doctor's error.

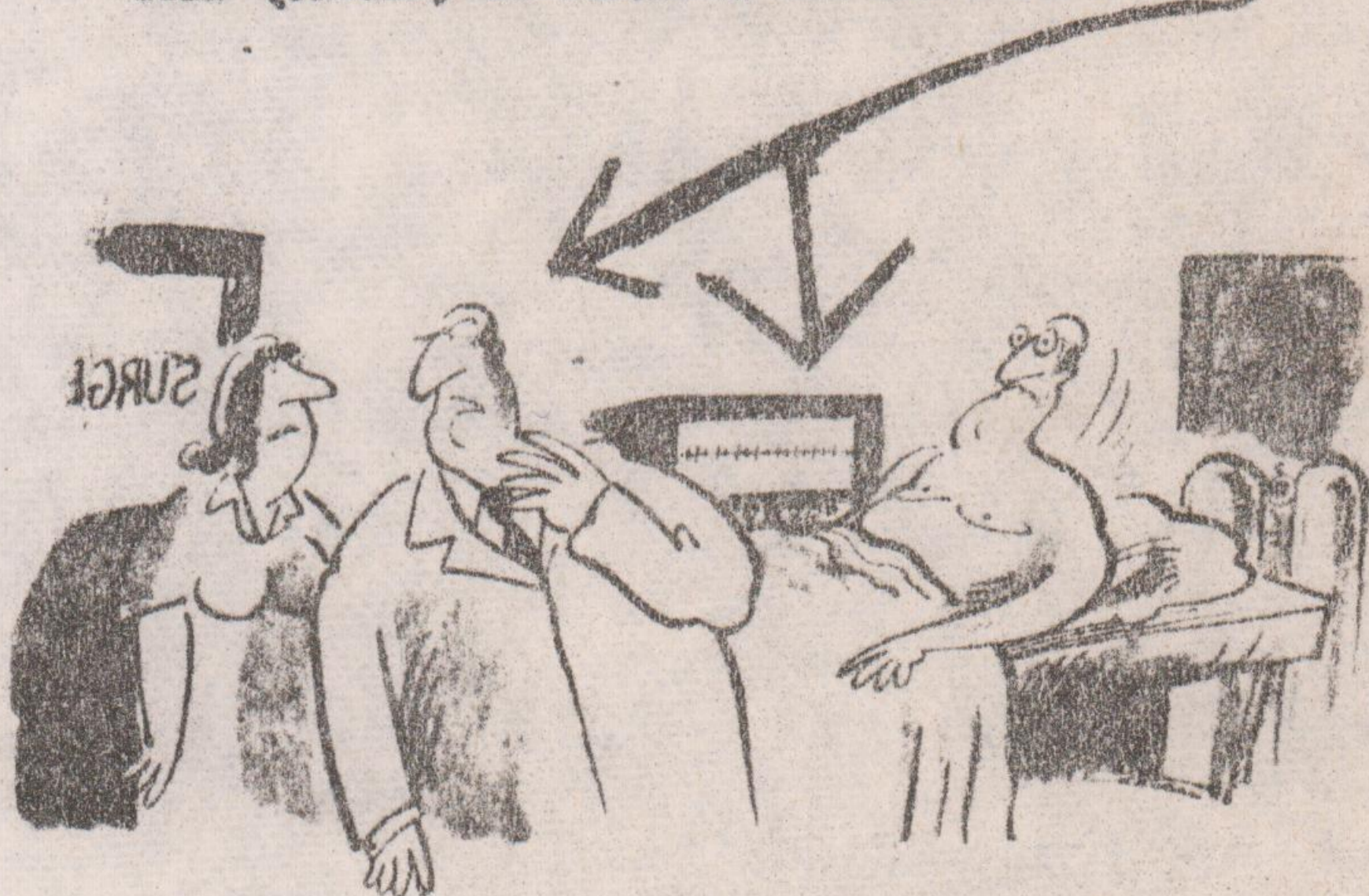
EXPRESS 1-4-81

See Page 24\*

P.S. Would you believe?....This woman now has a DEEP "Psychological Problem"....She has an aversion to doctors.

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THE (MALE) NATIONAL HEALTH SERVICE



"Nip round to Woolies and get six batteries for the life support."

AND DONT FORGET —  
WHEN IT'S FOR A WOMAN, ONLY  
GET THREE

OSTEOPATHY.Qualifications and Training.

Osteopaths practice under common law, which means that they are not illegal, but there again they are not recognised either. From the law's point of view, as long as no harm is done, everything is alright. The patient's point of view is a little different as anyone can call themselves osteopaths and start practicing, and in many cases can do a good job, but those who do not can cause a lot of worry and pain.

In this country there are hundreds, maybe thousands of osteopaths in the yellow pages, but only about 650 osteopaths have had any formal training. (Not all of these qualified osteopaths are in the yellow pages.)

There are three schools which have a four year course, two solely in osteopathy, and one combined with naturopathy.

1. The British School of Osteopathy which is in London. Their post-graduates can apply to become members of the Register of Osteopaths. (M.R.O.)
2. European School of Osteopathy which is in Maidstone, Kent. Their post-graduates can apply to become members of the Society of Osteopaths. (M.S.O.)
3. The British College of Naturopathy and Osteopathy which is in London. Their post-graduates can become members of the British Naturopathic and Osteopathic Association. (M.B.N.O.A.)

Unfortunately not everyone who trained and qualified in these schools join their respective society etc., so personal recommendation is still important although this may not be practical in many cases.

The training in these schools vary in the actual teaching methods/thoughts behind osteopathy but all include the philosophy and practical osteopathic concepts and include the medical subjects of anatomy, physiology, neurology, pathology, and orthopaedics, and a greater or lesser degree of nutrition and hydrotherapy.

The practical in my case started on the first day of the four year course, using our fellow students as models, and this continued throughout the four years. In the third year, we started in the clinic treating patients under clinical supervision.

There are many different aspects of osteopathy which include structural, functional, and cranial treatments. These can be used separately or in conjunction with each other, and therefore if one type of treatment does not work and the osteopath concerned does not use any other approach, do not give up

with the attitude of "Osteopathy doesn't work" but try to find someone with a technique/approach that suits you.

As there are not very many qualified osteopaths in the country, there may be a chiropractor in your area. Chiropractors also practice under common law and therefore anyone can set up using their name, but those who train in England come from the Anglo-European College of Chiropractic in Bournemouth. Others train in America or Australia. They may have a different philosophy and may use slightly different techniques but their aim is the same.

I hope this will help those of you who knew about osteopathy but did not know about the training, and will help those who did not know about it to realise that there are more people in the world who are willing to help if they can, when the doctors find it difficult to treat your condition.

Rosiland.

(Student of Osteopathy.)

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The British School of Osteopathy provides a full-time course which includes anatomy, physiology, biochemistry, nutrition, pathology, orthopaedics, and the care of old people and children.

The course is a combination of theory and practice. Its core is the careful and thorough teaching of the diagnosis of derangements of the spine and joints, and the development of the highly sensitive and accurate manipulative skills needed to treat these conditions. This is the Osteopaths special field and on this skill depends her/his success.

(Most Local Education Authorities give grants for osteopathic training.)

For further information and/or copy of the Register of Osteopaths contact.....

The Secretary,  
1-4 Suffolk Street,  
London. SW1Y 4HG.  
Phone 01 839 2060

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Nottingham already has a copy of the register, so if in the meantime anyone wants to know/know of their nearest osteopath... "give us a ring" 819166, or "drop us a line" c/o the centre 32a Shakespeare St. Nottingham.

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Doctors pour drugs of which they know little, to cure diseases of which they know less, into human beings of whom they know nothing.

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# CHART OF EFFECTS OF SPINAL MISALIGNMENTS

Every area of the body is controlled by nerves. The normal function of these nerves can be disturbed by misalignments of the vertebrae causing the disease conditions shown below:

ATLAS AXIS	VERTEBRAE	AREAS	EFFECTS
CERVICAL SPINE	1	Blood supply to the head, the pituitary gland, the scalp, bones of the face, the brain itself, inner and middle ear, the sympathetic nervous system.	Headaches, nervousness, insomnia, head colds, high blood pressure, migraine headaches, period conditions, nervous breakdowns, sleeping sickness, chronic tiredness, dizziness, vertigo, St. Vitus dance.
	2	Eyes, optic nerve, auditory nerve, sinuses, mastoid bones, tongue, forehead.	Sinus trouble, allergies, crossed eyes, deafness, erysipelas, eye troubles, earache, fainting spells, certain cases of blindness.
	3	Cheeks, outer ear, face bones, teeth, trifacial nerve.	Neuralgia, neuritis, acne or pimples, eczema.
1st THORACIC	4	Nose, lips, mouth, eustachian tube.	Hay fever, catarrh, hard of hearing, adenoids.
	5	Vocal cords, neck glands, pharynx.	Laryngitis, hoarseness, throat conditions like a sore throat or quinsy.
	6	Neck muscles, shoulders, tonsils.	Stiff neck, pain in upper arm, tonsillitis, whooping cough, croup.
	7	Thyroid gland, bursae in the shoulders, the elbows.	Bursitis, colds, thyroid conditions.
	8	Arms from the elbows down, including the hands, wrists and fingers, also the esophagus and trachea.	Asthma, cough, difficult breathing, shortness of breath, pain in lower arms and hands.
	9	Heart including its valves and covering, also coronary arteries.	Functional heart conditions and certain chest pains.
	10	Lungs, bronchial tubes, pleura, chest, breast, nipples.	Bronchitis, pleurisy, pneumonia, congestion, influenza.
	11	Gall bladder and common duct.	Gall bladder conditions, jaundice, shingles.
	12	Liver, solar plexus, blood.	Liver conditions, fevers, low blood pressure, anemia, poor circulation, arthritis.
	13	Stomach.	Stomach troubles including nervous stomach, indigestion, heart burn, dyspepsia.
THORACIC SPINE	14	Pancreas, islands of Langerhans, duodenum.	Diabetes, ulcers, gastritis.
	15	Spleen, diaphragm.	Hiccoughs, lowered resistance.
	16	Adrenals or supra-renal.	Allergies, hives.
	17	Kidneys.	Kidney troubles, hardening of the arteries, chronic tiredness, nephritis, pyelitis.
	18	Kidneys, ureters.	Skin conditions like acne, pimples, eczema, or boils.
	19	Small intestines, Fallopian tubes, lymph circulation.	Rheumatism, gas pains, certain types of sterility.
	20	Large intestines or colon, inguinal rings.	Constipation, colitis, dysentery, diarrhea, ruptures or hernias.
	21	Appendix, abdomen, upper leg, cecum.	Appendicitis, cramps, difficult breathing, acidosis, varicose veins.
	22	Sex organs, ovaries or testicles, uterus, bladder, knee.	Bladder troubles, menstrual troubles like painful or irregular periods, miscarriages, bed wetting, impotency, change of life symptoms, many knee pains.
	23	Prostate gland, muscles of the lower back, sciatic nerve.	Sciatica, lumbago, difficult, painful, or too frequent urination, backaches.
LUMBAR SPINE	24	Lower legs, ankles, feet, toes, arches.	Poor circulation in the legs, swollen ankles, weak ankles and arches, cold feet, weakness in the legs, leg cramps.
	25	Hip bones, buttocks.	Sacro-iliac conditions, spinal curvatures.
	26	Rectum, anus.	Hemorrhoids or piles, pruritus or itching, pain at end of spine on sitting.
SACRUM			
COCCYX			

For further explanation of the disease conditions shown above, and information about those not shown, ask your Doctor of Chiropractic.

BUT IT CAN WORK LIKE THIS IN SOME SITUATIONS. IT MAY HELP THOUGH, IN INDICATING WHAT MAY BE TREATED BENEFICIALLY BY OSTEOPATHY AND CHIROPRACTIC.

(- We hope soon to have an article from a chiropractor - possibly for the next Newsletter.)

NOTTINGHAM NEWS, Friday, June 23, 1981

# Women call for better medicine

by Ruth Jones

A WOMAN who opened a doctor's letter referring her for an eye test found a note saying she was an "ardent feminist."

Lexie Reid, 47, felt the note implied there was something mentally abnormal about feminism and that the doctor's attitude could prevent proper medical care.

Since coming to Nottingham from Glasgow, where the incident happened, she has been instrumental in forming the first group in the country to investigate claims of how women are abused by the medical and psychiatric professions.

Women from all over the world have written, making allegations including:

- Rape
- Wrongful advice which led to the unnecessary removal of uterus and ovaries;
- Psychological and nervous illness caused by social problems not taken seriously.

One Nottingham woman claimed she was not told of side-effects of hormone pills which made her so aggressive she was frightened of harming her son.

Another complained she was not given a cervical smear test in two years, despite having had vaginal herpes, which has been linked with cancer.

Said Lexie: "We hope to get women's problems taken more seriously. Many women are told their problems are trivial or of a sexual nature when there is a physical or social cause."

Dr. Bernard Spilsbury, Nottingham spokesman for the British Medical Association, said: "I accept the criticism that doctors do tend to reach for the prescription pads and tablets rather than talk to people."

"But there is insufficient time."

"If women are unhappy with their GP. They only have to shop around until they find one they like. Obviously there are some cases where things get misinterpreted, but often physical, psychological and sexual problems are inter-related."

On the next page is a photo copy of the letter written by the G.P. and a photo copy of the letter written by the B.M.A. in reply to the complaint. ETC. ETC.

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The above interview took approx. 2hr. to do, and two days to get over.

Although I felt the woman herself may be sympathetic, I wasn't that sure of her editor etc., and felt the only real thing I may have going for me was the fact I was/am a 47yr. old grandmother still living with a husband. And perhaps, the fact that the conference was the first one of it's kind and took place in 'Nottingham.'

However if any woman feels like taking up the issue, and complaining to "Dr." Spilsbury about his rather 'patronising' reply about how easy it is for a woman to change her doctor etc. I would be grateful.

You can do this by addressing your letter to .....The Editor,  
Nottingham News,  
14 Broad St.  
Nottingham.

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DAILY MIRROR, Friday, May 29, 1981

PAGE 11

## Mixing can be a tonic!

By RONALD BEDFORD, Science Editor

MIXED-SEX wards may be best for hospital patients, doctors are told today.

Men and women alike are encouraged to smarten themselves up, says the influential British Medical Journal.

This is good for morale and can help to speed recovery.

There are drawbacks, the Journal admits.

Women complain that

men snore, and claim that they hog the TV, tuning in to sport rather than "weeple" movies.

Men grumble about the women's ceaseless chatter.

But the journal's leading article concludes: "The case for mixed wards seems overwhelming."

It urges the Health Department to speed up conversion of single-sex wards if necessary.

If any woman has strong views against this move, please get in touch with us quickly. A member of the Nottingham group is in a 'committee' at her hospital to decide on this matter. She needs constructive backup from women to help her put forward her arguments against this move. She NEEDS 'evidence' that women are NOT in favour of this latest ploy by the B.M.A.

HELP!!!!!!

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THOUGHT FOR TODAY.....  
Through one MAN (ADAM) sin entered into the world.

ROMANS 5:12.

THE HEALTH CENTRE  
KILSYTH  
GLASGOW  
G65 0HY

Tel. Nos. Kilsyth 822081  
823182

19 SEP 1978

Dear Dr. Simmons

Mrs. Lerie Reid

This lady is concerned about a relatively rapid increase in her hypermetropia and necessity for rapid change in prescriptions for reading glasses.

Her general health is less than perfect and she has been under hospital investigation for hypothyroidism with equivocal results.

She has persistent cough and chronic follicular pneumonia 2-3 years ago. Recent chest X-ray is clear.

I should add that she is

an ardent feminist and uses her maiden name of Reid. Married name is SOUTHAM.

I would be grateful for your opinion.

*[Signature]*

19 SEP. 1978

Mr. Lucio Reid

THIS 'MAN' NEVER STOPPED TO QUESTION THE FACT THAT THE WOMBAN HAD USED THE NAME OF HER HUSBAND'S MALE INCESTORS FOR OVER TWENTY YEARS.

Patron: HER MAJESTY THE QUEEN

# BRITISH MEDICAL ASSOCIATION

GLASGOW REGIONAL OFFICE

9 LYNEDOCH CRESCENT, GLASGOW, G3 6EL

Telephone  
041 - 332 1862

Scottish Secretary: C.D. Falconer, M.B., Ch.B., F.R.C.S.Ed., M.R.C.P.E.  
Assistant Scottish Secretary: D. Buchanan, M.B., Ch.B., M.R.C.G.P.

Your Ref.

Our Ref.

25 May, 1979

Mrs L Reid

Dear Madam

I am writing to acknowledge receipt of your letter of 21 May. I have to advise you that the British Medical Association is concerned solely with medical administration and cannot interfere in any way in matters concerning a doctor and his patient.

I can only suggest that if you wish to comment on the contents of the letter which your general practitioner wrote to a specialist, you should do so to your doctor.

I return your letter herewith.

Yours sincerely

*E. M. Campbell*  
Miss E M Campbell  
Regional Officer

LETTER REFERRED TO ARE  
THE ONE OF COMPLAINT I  
WROTE ENCLOSED PHOTO COPY  
OF CROWE'S LETTER



SCCL

Scottish Council for Civil Liberties, 146 Holland Street, Glasgow G2 4NG  
Telephone 041 332 5960

29th September 1978

Lexie Reid

Dear Ms Reid,

My apologies for not writing sooner.

I think that the official bodies set up to deal with complaints against doctors are primarily concerned with what they see as more serious matters, for example, failure of a doctor to go out to a patient when called, malpractice, etc. On top of that as I said to you on the phone, you have to decide how serious the matter is for you yourself and it may be that all that is needed in this instance is for you to have a word with your doctor about why he includes irrelevant details in letters about his patients. I think this would be your best course of action, particularly if you wish to remain one of his patients.

The step beyond this is to make a complaint to the Executive Council of your local area health board. I have never had any dealings with them and do not know how they would react to such a complaint.

As far as I can see, these are your two possibilities. If you do decide to take any action perhaps you could let me know the outcome. In any case I would be very grateful if you would let me have a copy of the letter for our records.

Yours sincerely,

Paul Gordon

## WHO'S KIDDING WHO??

# A PEEP INTO SEX FILES

SUNDAY  
MAIL  
21-6-81

**A HEALTH board has admitted prying into secret family planning records of patients.**

And yesterday the British Medical

Association accused health officials in the Borders of a "flagrant abuse" of their powers.

The board's action has so incensed Scots doctors that the Scottish Office has promised to consider new guidelines on the use of medical records.

But last night

By JOHN FINLAYSON

said they were still not satisfied.

The row began when Borders Health Board received a petition from 100 patients calling for a new family planning clinic.

Board officials then checked the authenticity of the signatures by comparing them with contraception forms submitted by

Dr Derek [unclear] Scottish [unclear] of the [unclear] information

given in confidence to doctors by their patients."

But yesterday Borders Health Board defended their actions.

A spokesman said: "When we received the petition asking for new family planning services in Peebles we required a statistical appraisal of the demand."

"We checked the names on the petition to see if all these people were residents in the Peebles area."

"We did use contraception forms for this purpose but there was absolutely no breach of confidence."

SUNDAY MAIL, May 3, 1981

## Medical secrets on the air

**LATE-NIGHT** radio listeners can tune to a health board's mobile nurse call service on CB radio.

And the VHF fans who like to pick up police and fire messages can now listen in to details of patients' medical conditions, what their symptoms are, and what treatment they are receiving.

But Lanarkshire Health Board can do nothing about the radio leaks.

A spokesman said: "Our night nursing service is a valuable asset."

"If people can pick up the odd message on radio we can't stop them."

# SPIN IN THE SURGERY

SUNDAY MAIL, June 14, 1981

By JOHN FINLAYSON

**A GOVERNMENT** plan to "spin in doctors' surgeries has been blasted by Scots GPs as a "Big Brother" move.

The Department of Health propose carrying out regular checks on surgeries to ensure they are up to D.H.S.S. standards.

## Doctors slam 'Big Brother' plan

But last night Scots GP Dr Alistair Donald, council chairman of the Royal College of General Practitioners, claimed the move would be an unwarranted intrusion into doctors' privacy.

Dr Donald told the Mail: "Most doctors' surgeries are private property—in many cases the GP's own house."

"And no one has a right of entry to private

property. If a patient has a complaint he can go to his councillor, his local health council or the area health board."

"There is no need to adopt 'Big Brother' tactics towards dedicated GPs."

The proposed checks follow criticism of sub-standard surgeries by the Royal Commission on the Health Service.

STRIKES me, 'THEY'  
ALL want to have  
their cake AND  
eat it

# HAPPY LOVING

With a pill for men that cures the wife's headache

**SCOTS** doctors have stumbled on a unique pill to beat the bedroom blues.

For an Edinburgh medical team were testing a drug to treat headaches, and found that it acts as a MALE CONTRACEPTIVE as well.

Now the drug could provide a welcome "love boost" for hundreds of couples—with husband and wife taking the SAME pill.

The discovery, at Edinburgh Royal Infirmary, came during tests on a drug called Indoramin designed to relieve migraine.

But the researchers were astonished to learn that two-thirds of the men in the test group reported a failure of ejaculation during intercourse.

## AGE

Dr Julian Critchley told the Mail: "When we checked with the others, the majority said they'd had exactly the same experience—satisfying sex with the normal sensation of orgasm, but no ejaculation.

"The age of the Indoramin patients covered a fairly broad range, from 19 to 47. All of those who reported this unusual side-effect said it ended when they came off the drug.

"We can only guess at this stage about what happens physiologically. And a great deal of further testing needs to be done.

"But the results are fascinating, to say the least—not only for migraine sufferers but perhaps as a potential means of population control."

By JOHN FINLAYSON

EXPRESS 10-7-'81

## 'No link' in baby drug risk probe

By CLARE DOVER

CAUTIONS reassurance over the controversial drug Debendox—given to pregnant women suffering from morning sickness—is reported today as the result of a major survey.

Fears about the drug causing malformation in babies have frightened many pregnant women away from taking it.

In the study which involved nearly 20,000 women in England and Scotland, 800 pregnant women were given the drug, 200 or 1.3 per cent, reported a malformation.

The survey, which was not published until now, has found that the drug is safe.

Writing in the British Medical Journal, doctors conclude that Debendox is not a cause of foetal malformation.

## 'Morning after' Pill has the girls flocking

A "MORNING after" contraception service is proving so popular that the organisers are hoping to expand the scheme — only eight weeks after it was launched.

Women are flocking to the Pregnancy Advisory Service's clinic in Fitzroy Square, London — even though it costs £15 a time.

The scheme involves taking hormone pills or inserting an intra-uterine device to stop a fertilised egg from nesting in the womb.

Either method is effective as long as it is used within 72 hours of sex.

## Demand

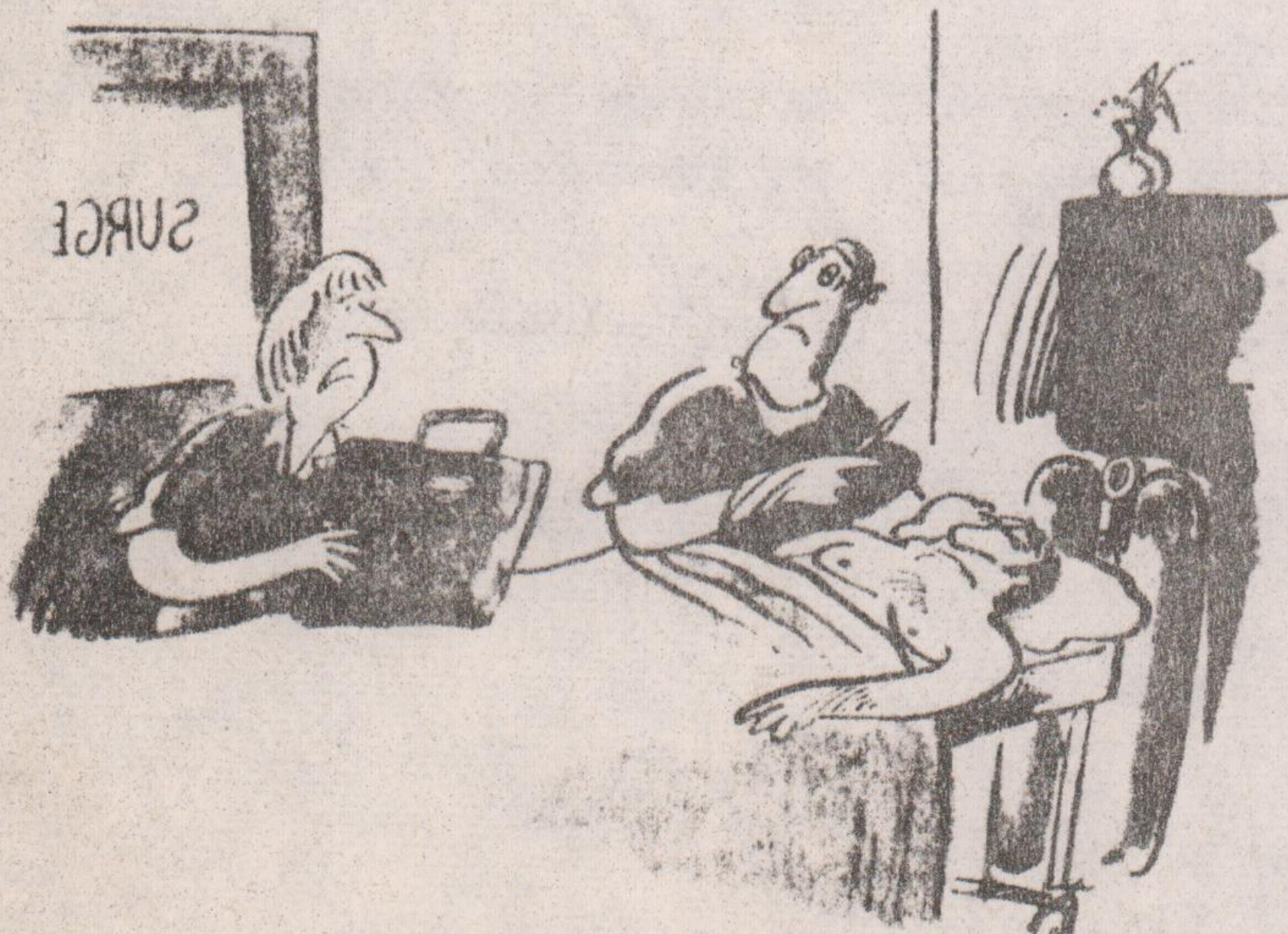
Teenagers and women who have stopped taking the Pill — or using the IUD — have been the main users of the service, according to PAG spokeswoman Mrs. Helene Grahame.

"We have had many cases where women have come off the Pill when they no longer had a man around," she said yesterday.

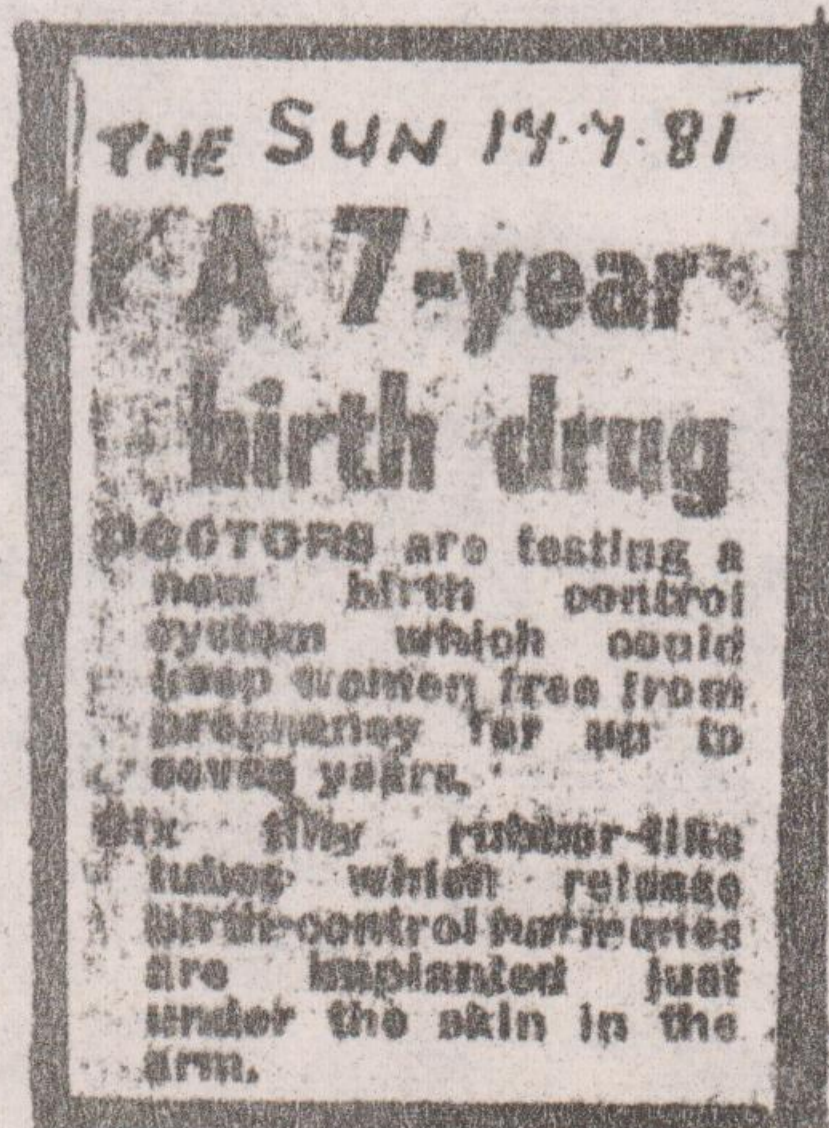
"Then they have a new relationship and get carried away and have intercourse without protection.

"There is also an uncomfortably high proportion of sheer failures."

Now the charity group plans to extend opening hours at their clinic to cope with demand.

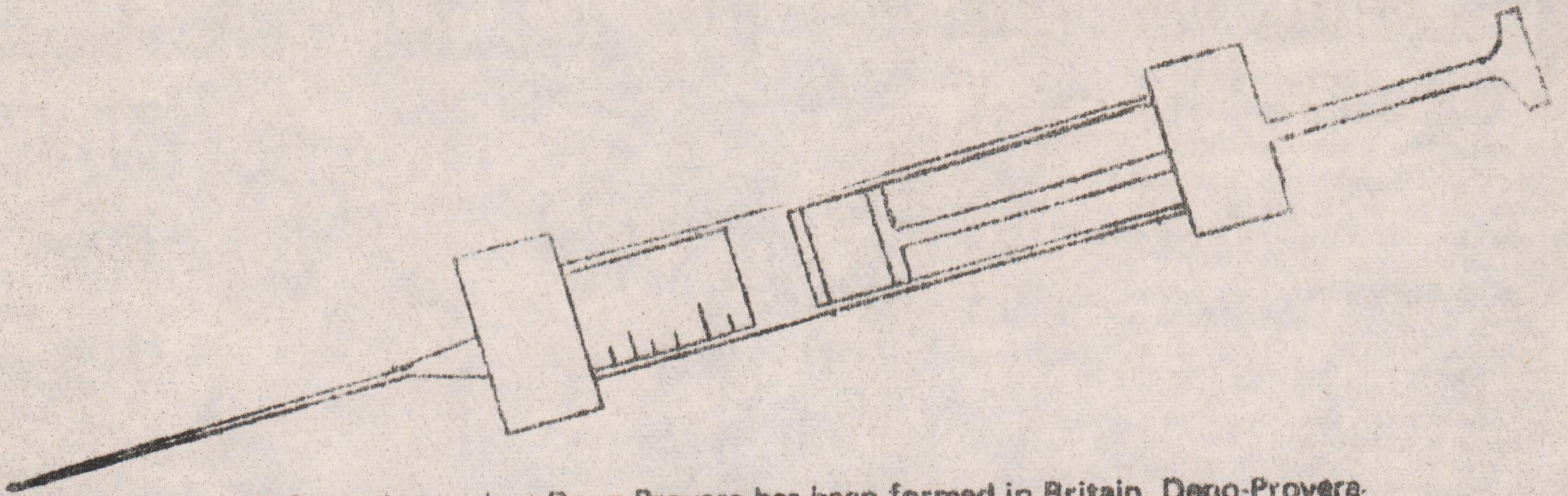


"No wonder he struggled. He's the drugs rep!"



P.T.O.

# BAN the JAB



A Campaign against Depo-Provera has been formed in Britain. Depo-Provera is an injection which lasts 3-8 months. It is given to women to prevent pregnancy. The idea of an injection for birth control may sound very simple and attractive but this drug has some very nasty side-effects. A doctor who conducted a follow-up survey in Britain on the drug has said:

"Depo-Provera is a very powerful steroid which disturbs the body far more than oral contraceptives and has the disadvantage of lasting at least three months and sometimes nine months after a single injection."

In Britain Depo is largely being used on black and working-class women. It has and is being used on between 3 and 5 million women throughout the world, mainly in third world countries. We believe that women should have the right to choose whether or not to have children.

## The Aims of the Campaign

- 1 Withdrawal of Depo-Provera.
- 2 To expose the way in which Depo-Provera has been developed, experimented and used on women, often without the prior knowledge and consent of the women involved.
- 3 Free, safe and reliable contraception on demand -- contraception that does not endanger people's health.

The Campaign desperately needs money to print leaflets and run the campaign. Please send all donations to: Campaign against Depo-Provera, c/o ICAR, 374 Gray's Inn Road, London WC1.

P.T.O.

## What is Depo-Provera?

An injection of Depo-Provera consists of a massive dose (150mg) of a synthetic hormone called progestogen, far more than is found in the birth control pill. What side-effects does it cause?

- 1 Depo has been associated with an increased risk of cancer of the cervix.
- 2 It has been shown to cause breast cancer in dogs.
- 3 It causes irregular bleeding, heavy bleeding or none at all.
- 4 It has been associated with the malformation of foetuses in women who are pregnant when given the drug.
- 5 It has been shown to cause long-term infertility and possible permanent sterility in many women after they have stopped taking the drug.
- 6 It has been found to cause many other side-effects such as weight gain, change in skin colouring, raised blood sugar level, hair loss, acne, migraines, nausea, severe depression, aches and loss of orgasms and sex drive.
- 7 Depo is passed on in breast milk at the same level of concentration as is found in the mother's bloodstream. This has grave, long-term implications for the health and safety of the child.

## How has Depo-Provera been developed?

Depo is manufactured by an American company, Upjohn. As in the case of the Pill, and many other drugs, thousands of Third World women were used as "guinea-pigs" for Depo-Provera. It was first used as a contraceptive drug in 1963. Since 1972, international birth control agencies, such as International Planned Parenthood Federation, have been using Depo on a massive scale as part of an imperialist population control programme; so that now, in 1978, it is being used in 76 countries. Yet the drug is still considered unsafe for use on women in the United States of America.

## What about Britain?

Depo is only approved by the Committee on the Safety of Medicines for two short term uses, if, for some reason, oral contraceptives are contra-indicated: first, women whose husbands have just had a vasectomy, and secondly, women who have recently had an injection against Rubella or German measles. YET doctors are using it much more extensively. In Glasgow, women are allocated "points" for things like bad housing, and social security — eight points mean an automatic referral to the family planning clinic with a recommendation that the woman be given Depo. Reports are now coming in that Depo is being offered in hospitals and family planning clinics all over London.

The Family Planning Association believes that doctors "should be free to prescribe this method of contraception to patients unable or unwilling to use other methods; mentally retarded and mentally ill women may be especially suitable". This is despite the fact that Depo can produce severe mental depression. In 1977, in the London Hospital, Whitechapel, two thirds of the women given the drug were Asian. So if you're mentally retarded, a "promiscuous girl", working class or black, you may be offered Depo-Provera.

## What you can do

We encourage individual groups to take up the campaign in their areas. Individual groups can help by:

- (1) Collecting information. Send any information you have on Depo in your area to the campaign — which doctors/clinics/hospitals prescribe Depo and who they give it to, what side-effects women have had, etc. Let us know who you are so that we can keep you posted.
- (2) Demanding follow-up surveys from your Area Health Authority.
- (3) Demanding that doctors who prescribe Depo give full information to women.
- (4) Distributing this leaflet in your local clinics and hospitals, or producing your own.
- (5) Raising money for the campaign.

# Letters

THE PAGE  
THAT YOU  
WRITE

Daily Express, Fleet Street, London, EC4P 4JT

26th 1981

# A law for the rich, a law for the poor

WHEN I was in the police, I was called out to attend to a man who was drunk and incapable.

He turned out to be a Harley Street psychiatrist. I was not allowed to charge him and he got away with a caution.

Two evenings later I was called to attend to a working class woman who was also drunk and incapable. I was instructed to charge her. Against my wish, she was prosecuted and fined.

I quite understand how Geoffrey Dickens, MP, feels regarding the anonymity given to ex-diplomat Sir Peter Hayman.

E. J. NORTHFIELD,  
Redhill, Surrey.

## A dog's life

WHEN I was pregnant and feeling very low I tried to make an appointment early in the week to see my doctor, but was told there was nothing available until Saturday.

When I asked if I could come and wait in the surgery until everyone else was finished, I was told this wasn't possible.

The next day our dog was ill. I phoned the vet and was told that all appointment times were taken — "but bring him down at 5.30. I'm sure the vet will see him then."

To say there was something wrong somewhere...

Name and address supplied.



Kindly Post  
MAY 14  
1981

## Yes, It's A Woman's World!

WHATEVER the women's libbers may say, every doctor knows that men and women are not equal.

Women have had the dice loaded in their favour all along!

Apart from living five years longer, nature has given women a head start, beginning in the pram.

Girls speak earlier and more clearly. At primary school, they leave most boys trailing.

They're brighter, neater, faster-thinking, and more nimble-fingered.

And they're more emotionally mature at 18 than most young men at 21.

Of course, it's partly due to the way a woman's body is supplied with adrenalin, the stuff that triggers off your emotions.

In a woman, it trickles into her system in a steady stream — one reason women walk and talk faster.

In a man, adrenalin is released only when he's threatened and has to decide whether to fight or flee.

ANOTHER thing. Though A mads are by no means all strong, silent types, there's all the difference in the world between the way men get on with one another and the way women do.

Ask the minister who finds himself the lone male at a hen party. He simply can't keep pace with the swiftly-changing subjects of conversation, and the almost telepathic replies.

Women hardly ever need to stop for breath!

And though men have their moods, a woman's emotions go up and down like a yo-yo much more.

A man's anger, for example, takes longer to come to the boil. And, as it happens, longer to simmer down.

Just as well. If both husband and wife reached flash point together, there would be twice as many marriage break-ups!

Y'see, a woman's emotions rule most of her life, and nature has arranged that these instinctive reactions should be built into her character.

A baby's cry will put every woman on edge. The sight of an infant burning or cooling will

BY THE  
DOC



bring forth an "Aaah!" from every group of women and put a sparkle into their eyes!

SHE'S more naturally curious about other people, too.

The sight of removal men carrying in furniture next door can be the highlight of her week!

And, of course, asking a man to describe a wedding is like asking a woman to describe a football match. The details that matter just don't register!

Aye, and a woman remembers much more vividly than a man. She has instant recall on tiny details about people that a man's memory can't match — simply because she's fascinated by other folk.

Indeed, little things mean so much more to a woman — which is why the unexpected word of praise, present, or posy, mean more to her and stay fresh in her memory long afterwards, to be brought out again and again.

Mind you, her memory is just as infallible for slights and snubs as well!

At a social gathering, the overlong pause or slightly-emphasised word which a man would miss is picked up by every other woman in the room.

Yet, on the surface, all's sweetness and light!

Lastly, call it vanity, conceit, or whatever you like, most women take more bother over their appearance than the men. It gives savour to life and keeps them looking — and feeling — younger longer.

Yes, all in all, there's no doubt in my mind that women do get most out of life.

ONE MAN STORY.

In 1968 I consulted a psychiatrist concerning my feelings of depression and unreality. I was having great difficulty in holding down a job and making relationships with people. My feelings of depression, unreality and suppression made me fear I was going mad. I became desperately frightened of every thing and everybody, including myself. A nasty rash had appeared all over my face, which further alienated me from people, and the relationships I'd had with men left me feeling even more unreal and depressed.

The psychiatrist was extremely sympathetic and after two interviews suggested I enter hospital as a voluntary patient to undertake a course of L.S.D. therapy. His description of the benefits to be gained if we "worked together" over 8-10 sessions made me feel optimistic, so I agreed.

I entered hospital in Oct. 1968, 22 yrs. old, extremely depressed, naive, vulnerable, and a virgin.

'Treatment' was to be on a Saturday, and providing I felt O.K., I could go home on Sun. and return to hospital the following Friday to resume again on Saturday. By the fourth session I was completely besotted by the psychiatrist, and during the 'talk through' sessions in between L.S.D., he seemingly understood me perfectly and was charm itself. I was assured a few more sessions would be sufficient to alleviate my depression and make me feel like a new person.

My obsessive feelings of love for "my psychiatrist", the extremely powerful sexual feelings I was experiencing under L.S.D., my craving for affection and guilt concerning my feelings towards women—all of which he was naturally well aware—made me an easy target.

During the next session, he attempted intercourse with me, but could not sustain an erection. We spent the rest of the session caressing and relieving each others sexual feelings.

He told me during this session, that he loved me, and could teach me such a lot, nobody must know of our special relationship, it was to be our secret. "You are in my power" were words I'd heard often during the five sessions and had come to believe I was, in a short space of time I had been 'set up' in a cold calculated way.

Believing his every word and that I was in love with him, I agreed to go to an hotel in London, where he could "express his love for me, away from the clinical atmosphere of the hospital": When we arrived he said he would give me an injection of a mild 'tranquilliser' to relax me. The 'mild tranquilliser' sent me out of my brain for hours, and I experienced sex for the first time, high as a kite on drugs and six weeks after commencing 'therapy' for depression.

The next day I was taken to the station, given 10 shillings and told my next L.S.D. appointment would be sent as soon as possible.

I couldn't wait to see him again, as far as I was concerned, we were in love, (how bloody naive can you get.) and I was also hoping for more of the drug he'd given me at the hotel.

Quite soon afterwards the appointment came through, and the next session was spent having sex and receiving encouragement to get a flat of my own so that we "could be together more often"

Needless to say 'therapy' went out of the window completely, and during the following 4 yrs. or more, I just lived to see him, for the L.S.D. sessions, which totalled nearly 50 and the numerous sessions at my flat, where I was usually high on the drugs he supplied. They lifted me out of my depression and into a world that made everything wonderful, I became increasingly obsessed with him and the drugs, and was getting further and further away from people.

My feelings for women were growing stronger, so he arranged for me to meet a couple of his women friends who introduced me to lesbian love. Again drugs were used, he watched for a while, then joined in.

One of the women he introduced me to, was an ex patient. He'd seduced her at the hospital, discharged her, and then installed her at his home as a playmate for himself and his girlfriend. When he decided to marry his girlfriend, a note was left for the ex patient asking her to leave the house.

The other woman he'd known since she was a child, having treated her mother for alcoholism over a period of years. Directly the girl became of age, he seduced her, and she like me, fell into the trap of believing she was in love with him. There were others I found out later. I've seen letters from women patients professing undying love and desperately looking forward to "the next time we are together."

All in all, it was a bloody mess, I, like many others, had been set up, and by 1974 I was virtually no better than in 1968, and was relying on him for my existence.

At that time I found a new job, where I became friends with a woman who saved my life. I'd kept everything to myself up until then, but decided to tell her what was going on. Over a period of a couple of years she gave me the strength and courage to get rid of the psychiatrist and made me feel like a human being again. It wasn't until 1976 that I finally broke away physically, emotionally it took a lot longer.

From the beginning, my friend helped me over my depression, and now, whilst I do feel a bit low at times, I do not suffer the dreadful depression that consumed me earlier on

ONE HER STORY (cont.)

I have completed a two year social studies course and am now on a C.Q.S.W. course in the north of England.

My relationships with people are improving greatly and I have finally come to terms with my homosexuality.

This is a general outline of my experience in and out of hospital from 1968.

I count myself lucky to be able to enjoy life to the extent I do, others, as we well know, have not been so fortunate. My experience has been very mild compared to some.



Peter Sutcliffe, the "Hen Pecked Ripper" is studying FREUD during his time in prison.... He should get on well with Dr. Hugo Milne, the psychiatrist who gave such a thorough psychiatric report on MRS. Sutcliffe (the wife) and not such thorough one on 'the mother'. HE'S doing not such a bad job of putting the blame where it doesn't belong... (as per usual)... 'The Women'. If ever there were two more obvious (other than Freud) cases of testostin, and womb envy I guess they must be Milne and Sutcliffe.

THE SUN, Tuesday, July 14, 1981 11

## Dr Fondle banned

for 10 months

A DOCTOR left a medical court in shame yesterday after being banned from practising for ten months.

Dr Mohammed Haq, a 37-year-old father of two, was found guilty of serious professional misconduct involving women patients.

He fondled the breasts of the women at his Hatfield, Herts, surgery, the General Medical Council heard.

Chairman Sir Robert Wright said the committee had accepted indecency allegations by five women.

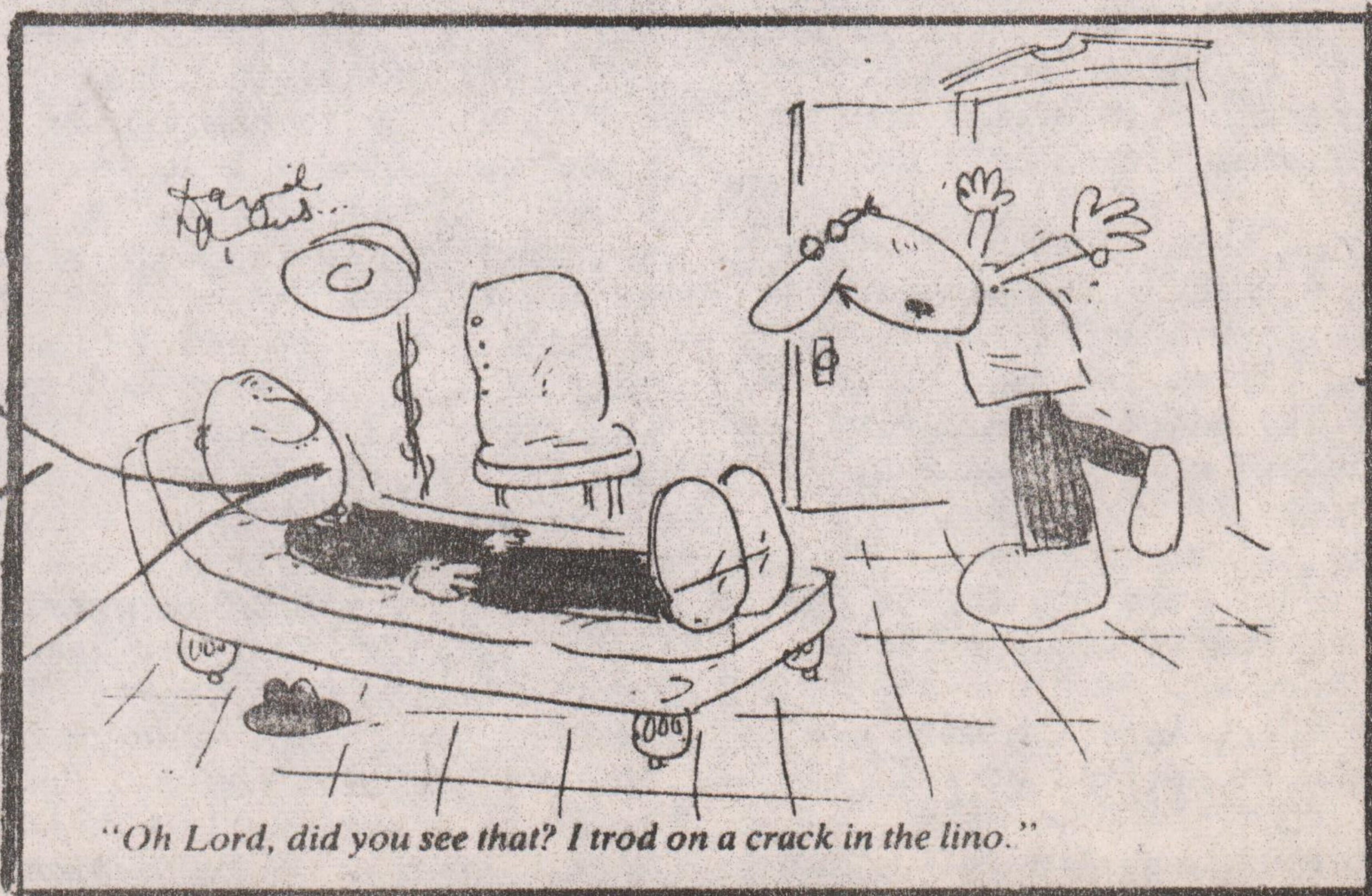
Miss A went to the

surgery for injections. But Dr Haq, of Gresford Close, St Albans, lifted her bra and fondled her breasts.

Mrs F said she got so fed up she took her husband along. But Dr Haq just asked if he "wanted a feel," she said.

WHEN HIS GLORY IS COMPLETE,  
HIS DISGRACE WILL BE THE  
GREATER; WHEN HIS SUCCESS  
IS GREAT, HIS RUIN WILL BE  
DEEPER.

Now, Now,  
DOCTORS  
DON'T GET  
TESTERICAL  
IT'S ONLY A  
JOKE



"Oh Lord, did you see that? I trod on a crack in the lino."

## Health News

### Now patients can complain about "clinical judgment" (2)

From 1st September, health service patients who complain about doctors' decisions and treatment by doctors will be able to have their grievances dealt with in a formal complaints procedure. But all hopes that the health Ombudsman might be granted power to investigate such complaints seem to have been dashed. Ministers have accepted lock, stock and barrel the BMA's own design for a "clinical judgment" complaints procedure and people who complain will have their cases looked into — by doctors.

The scheme outlined in DHSS circular HN(81)5 will operate on a trial basis for a while and will consist of three stages. The consultant in charge of the patient will first meet the complainant and discuss the grievance. Any other doctors concerned must also be consulted at all stages. If the patient is not satisfied after this the complaint can be renewed and the regional medical officer (RMO) must be informed. The RMO will then talk to the consultant and possibly also to the patient. If the consultant says there is no point in having another talk to the patient, the RMO has the power to move matters on to the third stage.

The RMO can now arrange for two consultants in a similar medical specialty to give "second opinions". At least one must come from another health region. They will read the medical records, meet the consultant, interview the patient, and then make a confidential report to the RMO.

If the assessors decide to back up the doctor, they must "endeavour to resolve the complainant's anxieties". If they think there were grounds for complaint, they may talk to the medical staff concerned, in the hope of ensuring that similar problems do not arise again. The final step will be a formal letter to the patient from the district administrator, written with the guidance of the RMO. At no point in the proceedings will the patient be allowed to be accompanied by a CHC representative. It is not clear whether the investigation will have to stop if the consultant refuses to cooperate with the second opinions.

The circular restates the procedure for dealing with other kinds of hospital complaints and does not replace previous guidance.

## Hospital report in private

A 20-PAGE confidential report into the deaths of two patients at Saxondale Hospital will be considered in private at tomorrow's meeting of Nottingham Area Health Authority.

In two separate incidents in November and December last year the patients left the wards, were reported missing and subsequently found dead.

After the second incident the County Councils directed that all relevant matters at Saxondale be investigated.

The AHA set up a three-member inquiry team which collected information and interviewed staff.

It is unlikely that a public statement will be released until the August meeting following further reports and discussions.

## "Searching appraisal" needed in NHS health and safety

A searing attack on sloppy health and safety standards in the NHS has been made by the Health and Safety Executive.

In a report crammed full of the strongest possible official language (1), the HSE's Health Services National Industry Group warns of an "urgent need for a searching appraisal of the organisation for occupational health and safety" in the NHS. At present it says the NHS lacks both the expertise and the organisation to achieve satisfactory health and safety standards, and because of these deficiencies there is a "notable lack of internal self criticism".

The report points to a "serious lack of any system of internal monitoring of performance", and says that during the first round of health service inspections, which began in 1978, HSE inspectors found the NHS management system "singularly ill fitted for the achievement of rapid decisions and speedy remedy where there are defects in occupational health and safety".

Because Crown immunity protects health authorities against the HSE's legal powers it has had to "invent" a non-statutory procedure called the Crown Notice, so that in the worst cases it can threaten recalcitrant health authorities with unwelcome publicity (see CHC NEWS #1 page three).

The DHSS is also asked to bear its share of responsibility for the lack of an effective health and safety organisation: "No effective guidance has been provided by DHSS to help health authorities formulate such an organisation, even though some central guidance is essential if efficient and economical systems are to evolve".

The list of specific problems found by HSE inspectors in the NHS is an alarming one, including: unsafe arrangements for the storage and use of medical gases and inflammable liquids, defective fencing around laundry equipment, unsatisfactory waste disposal procedures, and premises impossible to adapt to meet the requirements of the Howie Committee's code of practice on infection in laboratories and post-mortem rooms.

The report confronts the dilemma that improvements in health and safety may drain money away from the provision of patient services, and calls for "an allocation of resources for occupational health and safety divorced from those devoted to patient care".

1. *Manufacturing and service industries 1979*. HMSO £4.50, pages 34-36.

## PSYCHO/HYPNOTHERAPY

Hypnosis has been with us for many thousands of years. The Egyptians built sleep temples where priest/ess/physicians healed the sick by "putting them to sleep" and telling them they would be cured.... the classic induction and suggestion of hypnosis. A stone pillar remains of one of these temples with the basic inductions still used today. Had hypnosis been allowed to develop freely who knows what might have been achieved by today. As it happens Christianity turned it's back on Hypnosis branding it the work of the devil and relinquishing it to medical backwaters until now when it's relevance to modern women and men is gradually being recognised.

Hypnosis has been defined in many different ways, some say that it is 'this' and others insist it is 'that'. Perhaps it would be more helpful, instead of trying to define it, simply to say that one of the most prominent characteristics to notice is that under HYPNOSIS we tend to become exceptionally attentive to some aspect or other of our experience: sights, sounds, sensations of touch, ideas, etc.—according to the suggestions made by the Hypnotist, or if we are practising Self-Hypnosis, by ourselves.

When the conscious mind is focussed upon the hypnotist's voice then it is as if the unconscious mind comes to the fore and is more readily accessible and suggestible. A mother rocking her baby and singing to her is applying the art of hypnosis.

The attention focussed in this way becomes more than usually powerful and this fact accounts for some of the remarkable and seemingly mysterious effects for which HYPNOSIS is well known, however we must clearly understand here that in HYPNOTHERAPY we are concerned only with finding a means of helping a person to develop and use this focussed attention in the way most appropriate to that person—so as to 'turn' an unwanted mental or bodily habit, stop or re-direct a harmful and self torturing train of thought or re-educate some aspect of our personality which for years we have allowed to develop in such a way that it is inefficient and wasteful of time and energy. Many diseases are Psychosomatic i.e. inflicted upon the body by the mind, and in many cases HYPNOSIS can offer the quickest, simplest, and most effective way into the heart of the problem where it can be dealt with quite naturally. Indeed, we can often 'allow' the subconscious areas of our mind to choose the way in which the cure will be brought about so that the cure is that most appropriate to our total condition.

Because our attention can most readily be stopped from wandering when we are deeply relaxed and listening to someone's voice (without the voice we might tend to fall asleep) it is most common for HYPNOSIS to be conducted while we are in a state of deep relaxation. This deeply relaxed state of the whole system/body nerves and mind is itself healing.

Some people have come to think of HYPNOSIS as a kind of 'going to sleep'. But this is not the case. We remain awake and can hear what is being said and know what is happening all the time. It is important that we understand this and that we need have no fear that anything could be said or done under hypnosis that we would not otherwise allow.

Hypnototherapy can help us stop smoking, help us look at and rectify compulsive eating problems and if used non-symptomatically can help the therapist locate why a particular client has the problems they do. Symptoms have causes and some lie in our pasts, Hypnosis can sometimes allow us to retrace our steps back in time to discover how and why a neurotic symptom appeared.

Here is a list of some of the conditions which have responded well to treatment, under HYPNOSIS:

Agoraphobia.  
Alcoholism  
Some Allergies  
Anxiety  
Asthma  
Claustrophobia  
Depression  
Run nerves  
Insomnia  
Migraine

Nail Biting  
Nervous Dyspepsia  
Nervous Tension  
Nervous Tics  
Nocturnal Enuresis  
Sexual Dysfunction  
Some Skin Diseases  
Stammering (esp. in very young children)  
Warts.

But HYPNOSIS is only one tool in the general field of Psychotherapy. In many instances it is not necessary or not appropriate at all. Drawing, Guided Imagery, Meditation Techniques, Relaxation, Gestalt and all other therapy techniques can be equally effective depending on the problems a person faces. A good hypnotherapist should be able to work eclectically drawing her techniques from all the therapies and using hypnosis as the valuable pool it is. Before working with a hypnotherapist it is best to check they have completed a course of training with an accredited college and have had relevant experience in therapeutic fields.

Jane Lang

Jane Lang has experience of Gestalt, Bioenergetics and Encounter. She completed the Natural Dance Workshops training programme and has been leading her own dance groups since January 1979. These groups combined relaxation of mind and body, with movement, facilitate free expression. The effect that

relaxation has on the therapeutic process led her to study first Biofeedback Meditation and then Hypnosis. She is currently both a psychology undergraduate and in training with the Blythe College of Hypnosis and Psychotherapy.

# Fight for homoeopathic medicine on the NHS

BY PERMISSION OF NOTTINGHAM  
EVENING POST

JUDY LEWIS brews a herbal remedy when she falls ill, for by her own choice she has no family doctor. Judy, who lives in Lytham Gardens, Top Valley, Nottingham, has no National Health Service GP because none in Nottingham practice homoeopathy.

Until last year Judy and her son, Richard, were patients of a doctor who gave a homoeopathic as well as a conventional medical service.

But early last summer this doctor retired from the National Health Service, and Judy says: "I just cannot go back to orthodox medicine."

Twice since she opted out of the NHS her son has needed a doctor, and each time she has taken him to the Children's Department at University Hospital. For the rest of the time, she resorts to remedies to be found in Culpepper's Complete Herbal Book.

Judy is one of the people fighting to make homoeopathic treatment available locally to NHS patients.

## PLEDGES OF SUPPORT

With another young mother, Mrs. Wendy Hannah, of Lechlade Road, Bestwood Park, she is mounting a campaign to publicise the need for this type of medicine locally.

A letter in the Evening Post's "Postbag" brought a staggering 80 written pledges of support, including one from an elderly woman crippled with arthritis who had earlier been greatly helped by homoeopathy, and one from the parents of a six-year old girl suffering from psoriasis and seeking an alternative to the "black tar ointment" prescribed on the NHS.

One supporter claimed that patients were being deprived of their rightful Health Service benefits by having to pay twice, once for the NHS and once for homoeopathic consultations and remedies.

The North Nottingham Community Health Council have taken up the cudgels on behalf of Wendy and Judy, and are helping to finance their campaign, which will culminate when they collect petition signatures at the city centre.

Wendy Hannah is interested in homoeopathy and she used for it when she was a child. Her condition of an elderly neighbor deteriorate after her NHS doctor refused to prescribe medicines previously given by a homoeopathic doctor. She herself would like her own daughter, Katy, to have the benefit of natural medicine for sinus trouble.

## SUPPORT POURED IN

But there were no selfish reasons behind her decision to canvass public opinion and press for a local service on the National Health. She admits that even in her most optimistic moments she had not expected the volume of support that poured in.

Weleda, of Ilkeston, a firm specialising in the manufacture of natural medicines, offered supporters a tour of their factory.

One of the first letters of support was from Judy Lewis, who volunteered to help Wendy in her campaign. Judy had been a patient of a homoeopathic doctor who, although retired from the Health Service, still practices in a private capacity in Nottingham.

Judy says that after the help she received from homoeopathic cures she cannot go back to orthodox medicines. "I have no idea even where my medical records are," she admits.

The two women have been told by the local Family Practitioner Committee that a vacancy for a homoeopathic doctor to work in the area within the NHS had been advertised, but no doctor had come forward.

Now the pair are considering writing to medical schools where homoeopaths are trained to ask students to consider coming to Nottingham when qualified.

## SMALL DOSES CURE

They are also planning to write to the Queen to ask for her support. Her Majesty has herself had homoeopathic treatment, and is Patron of the London Homoeopathic Hospital.

Homoeopathy is based on the "like cures like" theory. It began in the 18th century when Dr. Samuel Hahnemann discovered that a medicine which in large doses produces the symptoms of a disease will in small doses cure it.

It concentrates on treating the patient rather than the disease. Every patient is treated as an individual and the complete picture he presents is matched against the necessary treatment.

Critics say that if the same care and attention was given to individuality in non-homoeopathic medicines, equally good results would be achieved.

by Peggy Speirs

OF ALL GODS CREATURES THERE IS ONLY ONE THAT CANNOT BE MADE SLAVE OF THE LASH. THAT ONE IS THE CAT.

IF 'MAN' COULD BE CROSSED WITH THE CAT, IT WOULD IMPROVE 'MAN', BUT DETERIORATE THE CAT..... ANON.

The Hahneman Soc., Humane Education Centre, are sending an article about Homoeopathic methods and treatments. We hope to have that too for next newsletter.

## CANCER COUNSELLING AND RESEARCH CENTRE

The Cancer Counselling and Research Center, founded by Stephanie Matthews-Simonton and O. Carl Simonton, M.D., has played a major role in developing innovative techniques involving the patient in an exploration of the psychological factors which both enhance and inhibit the growth of cancer.

The treatment program offered at CCRC combines approved standard medical procedures with psychotherapy and a relaxation/visual imagery technique. Research on this method since 1971 is very encouraging. Preliminary findings as reported at the World Cancer Congress in 1978 indicate that patients assuming an active stance in addressing important psychological issues and who use the relaxation and imagery process on a regular basis live significantly longer than predicted with an improved quality of life and a gratifying quality of death.

In addition, many health care professionals have been educated in this program of cancer counselling, and it has become a model for numerous groups throughout the world. Beyond treatment of the cancer patient, these techniques show promise for the enhancement of good health.

Studies strongly suggest that when cancer occurs, the typical American attitude towards the disease — one of fear and denial of death on the part of the patient, relatives, and even medical personnel — actually contributes to the intensification of the condition. These attitudes block communication and prevent the patient from fully experiencing his/her condition and being able to take positive steps to overcome it.

This workshop will report on investigations done by researchers in the area of the emotional aspects of cancer, and explore the particular program developed and used by CCRC to influence the emotional status of cancer patients and evaluate its effect on the patient's prognosis.

The Phase I Workshop introduces participants to the basic beliefs of CCRC's approach to the emotional aspects of the cancer patient, including the concept, and supporting research, that the psyche and emotions participate in the development of cancer, and hold a valuable key in the treatment of the disease.

It will involve participants in an experiential session, applying in their own lives the concepts and techniques utilised by CCRC with cancer patients. In this way the workshop has immediate personal value as well as providing a greater understanding and application of what cancer patients experience in putting these techniques to use in their lives.

Also, the use of guest co-leaders will enhance the quality of the workshop by providing an array of professionals in various positions who have experienced the Center's education programs. Time will be

available to ask questions concerning integration of cancer counselling techniques in the participant's present work situation, or in establishing a practice devoted to the psychological treatment of cancer patients.

In research that predates 1900, there is considerable evidence in both medical and psychological literature of a delicate interplay between emotional and physiological factors in both the development and course of cancer. This research ranges from predictive of a state of malignancy to prognostic of the course of illness. Even though much investigation since 1930 has been directed at the interaction between the emotions and the origin and course of cancer in general, one important question has remained: if it is possible to successfully modify the psychological factors which have been linked with a poor response to treatment for cancer, can indeed the life expectancy of the patient be altered?

### STEPHANIE MATTHEWS-SIMONTON

is Program Director of the Cancer Counselling and Research Center. A therapist who specialises in counselling cancer patients, she has developed an educational program for cancer counsellors and has authored papers as well as the books, 'Getting Well Again' and 'Stress, Psychological Factors and Cancer'

### RESULTS

Recent statistics gathered by Carl Simonton show promise of an increase in the length and quality of life for cancer patients. This was found in a 1974-1978 study of 159 cancer patients, helping themselves with this method. All had been diagnosed as medically incurable malignancies. 63 survived more than 18 months; 14 had no evidence of cancer. 12 showed a decrease in the size of their tumours, 17 showed no further tumour growth, while 20 showed an enlargement of tumour size.

### BOOKS

'Getting Well Again' by Stephanie Matthews-Simonton will be available from Watkins Bookshop, 21 Cecil Court (off Charing Cross Road), London WC2N 4HB. Tel: 01-836 3778; and Compendium Bookshop, 234 Camden High Street, London NW1. Tel: 01-267 1525.

It is advisable to study this book before attending the July workshop.

JANE LANG ATTENDED A W/SHOP HELD BY STEPHANIE SIMONTON, AND WILL WRITE SOMETHING ABOUT IT FOR THE NEXT N/LETTER (WE HOPE)

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# MISPRINT

A SCOTTISH FEMINIST PUBLICATION ISSUE 7 30p

## WARNING — DOCTORS CAN DAMAGE YOUR HEALTH

As the result of the conference on 'Women and Medical Practice' held in Nottingham on April 11th and 12th, W.A.M.P. is now an active national campaign and local groups have been set up in several British cities, including Glasgow.

Here, I make the usual disclaimer. With the exception of the four points listed below, this is not an official W.A.M.P. report but one woman's impressions. Still, I hope that they are fairly common ones and that most women involved would agree on most points.

Women from Nottingham and London planned the conference and did all the hard work of organising, arranging places to stay, setting up a really good book stall and laying on meals that were not only delicious but positively oozing good health. One thing for which they especially deserve credit is the constant help and support which made participation possible for a number of disabled women who'd previously found it difficult or impossible to attend meetings.

The conference was fairly small, about 60 women, though we hope this wasn't due to lack of interest but to the number of good conferences held about that time and the fact that Spare Rib accidentally omitted the final announcement. Those who did come included both health workers and those on the receiving end, past and present (im)patients. Not surprisingly, most of them were from the more central parts of Britain and it was disappointing that there were only three of us from Scotland (Cumbernauld, Glasgow and Ayrshire).

The low numbers meant that not all of the planned workshops took place but those that did were excellent, as were the conference papers prepared by many women. Different aspects of health and medicine were discussed but a constant theme emerged. No matter what their starting point, all the papers, discussions and informal conversations kept coming round to the same major issues. These form the basis of the W.A.M.P. campaign aims:-

1. To alert women to the dangers of the present patriarchal medical and psychiatric system.
2. To challenge the attitudes and practices of the medical and psychiatric professions and put forward more effective ways of dealing with women's health care.

3. To encourage women to share knowledge, skills and experiences with a view to regaining control of our own health.
4. To establish a nationwide information and referral service, a network of self-help groups, and ultimately women's health centres and clinics.

That the medical system is a danger to women can hardly be questioned. At the conference, women told their stories. A coil put in without proper consent while the woman was still dozey from anaesthetic. Hysterectomies performed with consent forms that women would never have signed if they'd had adequate information. Incarceration in mental hospitals for the victims of rape and assault. Mental 'therapy' that consisted of learning to dress in skirts and put on make-up. Pregnancies and births so medicalised that mothers (and fathers and friends) were made to feel like uncooperative extras, keeping hospital staff from getting on with the show. Sex 'therapy' aimed at making women enjoy penetration with the 'cure' signalled by acquiescence to the man's demands in all areas of life. Disabled women unable to get a doctor to visit and unable to get rehoused until that doctor evaluated their present accommodation. Male nurses spending the amenity fund on an unwanted stereo while women patients begged in vain for shower curtains to reclaim one bit of privacy. Sterilisations for the 'irresponsible' women who'd never been told the ways their contraception could fail.

Gynaecological Exam



(Cont From P.21)

The horrible catalogue rolled on, adding up to the systematic depersonalisation and degradation of women in situations where they were already at their most vulnerable. It became difficult to think even in terms of degrees of indignity. Except possibly for the story of one woman. Margaret had had part of her brain burned away with a laser. Just a wee bit. No, the doctor had told a reporter, he couldn't really say why he thought it worked. The surgeon had impressive looking machines to guide the beam to the 'right' spot. But no, he couldn't say why that spot and not another - there was some controversy. He didn't know her, he was just doing his job.

Margaret's sickness? She was angry. She had a record of violent crimes - minor offenses, only one against another person and that with provocation - a record that would make half the male prison population eligible for psychosurgery if that was the real criteria. She'd been admitted to hospital on previous occasions and taking her children into care was getting to be a bit of a bother. Strangely, no one burned out her husband's brain for deserting them. But of course, Margaret consented.

The result? She still felt angry but she couldn't do anything about it. Nor could she hold down the job at which she'd been very successful. Her oldest daughter remembers that her mother had been angry sometimes, but the strange new person in the house was no substitute. The doctors found her much improved.

Recently, with the help of women in Bradford WLM and the Campaign Against Psychosurgery, Margaret is beginning to realise why she was and is angry and why it was so convenient to call that anger an illness and try to short circuit it.

Yes, she sticks in the mind, painfully. But only as the far end of a continuum that starts every time the doctor tells you to take two of these, stop imagining things, learn to live with it, why not have another baby and wait for the menopause. When the medical profession takes such power over our lives and has that power reinforced by the rest of a patriarchal system, women have to start fighting back.

Challenge can only come when we have gained and regained knowledge. This can take many forms. Learning about the facilities and doctors in our areas and their attitudes and seeing that that information is shared. Letting health workers and students know that they are not alone when institutions seem to demand that feminist ideals be sacrificed in exchange for admission to the rites of the professions. Relearning to experience and trust our bodies.

Re-discovering and spreading the traditional knowledge that belonged to our foremothers in all societies. Being open to the ideas of these and other alternative therapies not just despite but often because of the fact that they aren't open to patriarchal control or capitalist exploitation. Supporting our sisters who've been damaged by the system. Making up our minds that we're never again going to accept a prescription, sign for an operation or accept a 'routine' procedure without knowing what's being done and having a good hard think about why.

Where can it all lead? Like every issue in the WLM, the answer is in the hands of women who get involved. This article only begins to skim the surface of a conference that only began to skim the surface of an issue that begins to affect us the moment we're conceived and keeps on affecting us until the day we die.

Different groups are starting up with different emphases. Some will probably concentrate on support and campaigning around the cases of specific women. Others will get deeply into self-help or alternative medicine or offering services like pregnancy testing and counselling. Here in Glasgow, we plan to begin by talking to groups of women wherever they are - community centres, nurseries, tenants associations, churches, unions. We want to take information and encourage confidence, to help them in their regular encounters with the medical system. And to find out about their experiences and to learn what changes they feel would be most important.

Everywhere, we hope groups will be building up files and registers, getting information into papers and leaflets and a newsletter. We also plan to edit and produce a pamphlet or book featuring women's own statements about their experiences as patients and health workers. Contributions should be sent to us by mid-August. As lots of people are a bit shy about actually putting pen to paper, we'd be glad to get tapes or meet women to record what they want to say.



As women, we need to make the best use of what choice exists in the present system, protect the best services, put on pressure for the improvement of the rest and work toward the kind of co-operative health care that recognises and deals with the whole woman and her priorities, not sundry diseases and doctors' urge to be doing something.

Health is one more area where no woman's personal suffering or research or traditional knowledge should be left to fall into the great black hole of history that keeps our lives from us.

To contact W.A.M.P., write to:-

Glasgow W.A.M.P.,  
c/o Women's Centre,  
57 Miller Street,  
Glasgow G1 1EB

Nottingham W.A.M.P.,  
c/o Women's Centre,  
32A Shakespeare St.,  
Nottingham.

For more information about Margaret's experience, including film and speakers, write to:-

Mandy Farrer,  
Flat 2,  
6, The Gove,  
Idle, Bradford 10,  
West Yorkshire.

Until further notice,  
contact Mandy via  
Nottingham W.A.M.P.

**RHONNIE SMITH**

### W.I.R.E.S..... 'HELPING HAND'

With a view to the 4th aim of the WAMP campaign.... "Establishing a Nationwide information/referral service", W.I.R.E.S. and W.A.M.P. are getting together to gather and file all medical information coming into Nottingham's Womens Centre. As W.I.R.E.S. will be moving on soon, it is important both groups have as much information filed as soon as possible.

Also, with a view to aims 2 + 3 of the W.A.M.P. campaign, it would be good if any women or women's groups, having knowledge or information pertaining to womens health issues, i.e. Self-help groups, so called 'alternative' treatments etc. etc., would write to us about it,.....

c/o The Women's Centre,  
32A Shakespeare St.,  
Nottingham, (England.)

Since this was first printed, W.I.R.E.S. has moved to Sheffield.

W.A.M.P. hold Conferences and have a network of groups campaigning, with an urgent need for funds. Following a conference in Nottingham, the following four major issues emerged as a basis for campaign:-

1. To alert women to the dangers of the present patriarchal medical and psychiatric system.
2. To challenge the attitudes and practices of the medical and psychiatric professions and put forward more effective ways of dealing with women's health care.
3. To encourage women to share their knowledge, skills, and experiences, with a view to regaining control of our own health.
4. To establish a nationwide information and referral service, a network of self-help groups, and ultimately women's health centres and clinics.

Further points emerged from workshops held at a Leeds Conference on "Violence in Medicine" and "Women and Psychiatry", as follows:-

1. Women more than men suffer from the male dominated power structures of the medical 'professions'. e.g. Battered Women are psychiatrically 'treated', and in some cases committed to mental 'hospital' in order to 'help' her adjust to, and accept, her situation, whilst the battering husband goes free. His character, and HIS psychiatric wrackord are free of blemish.
2. The general attitude of the medical profession denies women correct and necessary medical care for physical ailments, by refusing to acknowledge them as legitimate.

e.g. Real physical pain and discomfort being dismissed as imaginary, or unimportant. The 'What do you expect, dear?' attitude, which thereby endangers our lives.

3. Women has no recourse to this attitude. e.g. If she complains, she is either refused treatment, or referred to a psychiatrist as a 'difficult' patient.

Once this psychiatric 'his-story' has begun, there is no erasing it. It follows her for the rest of her life, and affects all future aspects of it. It is now on his medically kept wreckords which are referred to by all sorts of people, i.e. Social Workers, Insurance Companies, Law Courts, and other medical 'practice'iners as a means of reference. (The only person NOT allowed to see them is the WOMAN herself.) As the result of this, these so-called medical and psychiatric 'his-stories' have been the instrument used to deny WOMAN the RIGHT to her children, etc. etc. etc....

W.A.M.P. write that as a result of their conclusions and as a result of the anger coming through, the time has come for women to object strongly to our oppression by a male dominated, medical and psychiatric system designed to drive us crazy, and make us, and keep us, in a perpetual mentally and physically 'ill' condition. They want to spread awareness of the dangers that such an ALL POWERFUL male dominated medical and psychiatric system holds for women and where possible pressurise for its metamorphosis. They need feedback from other women with views and experiences. They also need funds to help with expenses which have fallen heavily on the organisers. CONTACT :-

W  
A  
M  
P

L. Reid,  
c/o Nottingham Wombans Centre,  
32A Shakespeare Street,  
Nottingham. Tel: Notts.

THERE IS NO SURE THING, AS CONTINUOUS  
DELIBERATE PROGRESS.

ANON.

"What is your favourite winter sport, doctor?"  
"Sleighting"  
"No, I mean apart from business."



"Careful with the disinfectant, George. It kills all known germs."

Don't be afraid of opposition. Remember....  
a kite rises against the wind, NOT with it.  
Hamilton W. Mabie.