

COLLEGE WORKING PARTIES

Sir,

Many thanks for your editorial on college working parties (*March Journal*) to study common clinical problems, of which urinary tract and respiratory infection are perhaps the most important. In these fields (and doubtless in others as well) the climate of opinion in the universities, the hospitals and in general practice, and the funds for research, are related too closely to the drug companies with their drive to sell their profitable products.

For example, there is substantial theoretical and clinical evidence from the UK and the USA that most proven gram-negative urinary infections can be adequately treated with oral Penicillin G (Scowen, Badenoch and Shooter, 1957; Stamey *et al.*, 1965; Hulbert, 1972). Indeed, Stewart (1965) in his book on the penicillins said, "Had Penicillin G been given initially in doses of 1-2 grams like chloramphenicol and tetracycline it might have been considered a broad spectrum antibiotic." None of these leads has been taken up and investigated by any large scale or multi-centre trial in spite of the absence of any published contrary evidence.

The drug companies which are the principal agents in developing new drugs and treatments naturally select those that will be commercially advantageous to themselves. Some countervailing force with no preconceptions and with independent finance is therefore needed and could be supplied by the proposed working parties.

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GENERAL PRACTITIONERS AND
OBSTETRICS

Sir,

I look forward to a lively correspondence on the acceptance by Council of the report of the joint working party of the representatives of the Royal College of Obstetricians and Gynaecologists reported in the summary of Council proceedings (*February Journal*).

"There are at present some doctors who undertake routine antenatal and postnatal supervision of their patients but not intranatal care. The working party were not in favour of this practice if it meant that the doctors had no intranatal experience. Doctors engaged in this type should

have a comparable basic training to that of those who undertake full obstetric care." Quite so.

On 27 December last, a patient of mine returned to me 16 days after she had had a low profile plastic aortic valve inserted. She was fit and well and had been home for four days to enjoy Christmas. Because I have never seen a heart operation let alone inserted a low profile (Bjork) valve am I to be denied the care of this woman?

I took the decision of referral, I cosseted her along during the anxiety of a long wait for the operation and I shall guard her and advise her in future years.

It is time our College Council told the Royal College of Obstetricians and Gynaecologists that we do a different job from them. We are not the technicians to extract babies come whatever difficulty. We are not the technicians to be involved in the most difficult medical problems of pregnancy and the puerperum.

We are the family doctors each of us caring individually with this one woman with her man having their baby. We are the only doctors who try to achieve continuity so sadly lacking in hospital units.

The skill of identifying troubles before they are problems and referring these to the proper technician, the skill of helping mother and father throughout pregnancy and afterwards, these are our skills.

I hope our College Council is able to convince others of the value of the service we family doctors have to offer in this field.

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REFERENCE

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WHAT IS COUNSELLING?

Sir,

I read with interest the article by Dr J. S. Norell (*February Journal*). I believe that he and others who have an interest in this topic should read a review of the same topic published in *Occupational Health*, Vol. 25, No. 5, May 1973 entitled "What is Counselling?"

Comparison of the two articles demonstrates the compatibility of view, but contrasts the lack of awareness on the part of most doctors of what is happening in many places of work, and the support offered to so many 'clients' by their lay peers.

Even more important is the reference to the professional jealousy which very often denies help from the National Health Service doctor, to the nurse working alone in a commercial organisation.

As Dr Norell suggests, general practitioners