

decisions and act according to a well informed conscience.

I should like to commend Häring's book to the members of the working group and suggest that while it is not part of the function of the Ethical Committee to determine medical ethics, still less (heaven forbid) to adjudicate on the personal morality of the physician, the College has the right (and duty) under its Royal Charter to explore the ethos of general practice. In this way the profession may learn how best to control itself. If, as I suspect, Professor McCormick is anxious to avoid the former situation and Dr Pereira Gray eager to promote the latter, there could be common ground between them.

D. BROOKS

133 Manchester Old Road  
Middleton  
Manchester M24 4DZ.

#### Reference

Häring, B. (1972). *Medical Ethics*. Chap. 4.  
Slough: St Paul Publications.

## GENERAL-PRACTITIONER OBSTETRICS

Sir,  
Dr Zander's paper on the merits of integrated antenatal care (*August Journal*, p. 455) may have some superficial advantages, but surely even these fade into insignificance when one considers that the perinatal mortality rate in his group practice patients was double that of the hospital patients.

However, integration of obstetric services remains a worthy ideal and we in Bradford are very conscious of our achievements in this respect. But by integration we mean total unification of all the general-practice and hospital obstetric resources for the benefit of all pregnant women regardless of whether they are 'general practice' or 'hospital' patients. Surely the time has come to dispense with this kind of artificial categorization of patients in need of expert care?

I believe it is only then that we can expect not only a reduction in the perinatal mortality rate, but also an improvement in the quality of life.

J. BAHRAMI

The Surgery  
Station Road  
Clayton.

Sir,

As a member of a different Royal College I feel I must comment on the strange article by Drs Zander, Watson,

Taylor and Morrell (*August Journal*, p. 455).

I fear that these authors have no experience of the present day practice of obstetrics outside St Thomas's Hospital. I could write an article myself tearing their paper apart, but may I confine myself to a few points?

Their comparisons of obstetric care in general practice and hospital (Table 1) leaves one wondering if there is anything good in St Thomas's Hospital obstetrics. The average district general hospital is just as accessible as a health centre, and we do not make our patients wait 46 minutes, as St Thomas's do.

At St Thomas's, patients may see several different doctors, obviously because there is a surfeit of registrars running around with nothing to do. When an obstetric team comprises only three doctors (consultant, registrar and senior house officer), the patient cannot see more than those three doctors, which is quoted as one of the positive advantages of their type of shared care.

I resent the suggestion that an obstetrician has no responsibility for the general care of a patient, and I resent the suggestion that the patient/doctor relationship in an obstetric setting is as limited as they claim. Moreover, it is our experience that a large number of general practices rely on their practice midwives for routine antenatal examinations. At least in hospital the patient is seen by a doctor on every occasion.

We consider that we undertake integrated care and that our co-ordination with general practitioners is good. But there are 44 practices in our catchment area, so are Dr Zander and colleagues seriously suggesting that a consultant should visit each of these practices once a fortnight? Would not an alternative be for a general practitioner to accompany his patients to our antenatal clinics? We already have general practitioners coming into our clinics on an *ad hoc* basis, but I suppose this would not be considered at St Thomas's, which guards its portals jealously.

Finally, may I just make the comment that the analysis of the results does not compare the antenatal care given by hospitals and group practices? It compares specifically St Thomas's Hospital and group practices. There is a difference, of which the authors may be unaware, but in any case, I do not think that their paper offers an alternative to the present arrangement of shared care, as undertaken elsewhere, and therefore I fail to see the value in publishing it.

A. C. R. VASS  
Consultant Obstetrician

Wycombe General Hospital  
High Wycombe  
Bucks HP11 2TT.

## COLLEGE HEADQUARTERS

Sir,

One of the most important functions of the London headquarters of the College, after the smooth running of its educational activities and its offices, is to house members from other parts of the country and make them welcome. This, we hope, it has always done, in limited accommodation.

The purchase of number 15 Princes Gate gives us the opportunity to improve College accommodation and update the rooms in number 14, which are showing their fatigue after 15 years of constant use. The wives of the President and the Honorary Treasurer have been asked to involve themselves in this project.

The city has been combed by one of us (Y.C.) for reasonable costs, but no costs are reasonable. We hope to provide two flats, one of which is a superb penthouse with a little terrace overlooking Hyde Park, which will include a self-contained kitchen and small dining room. In addition, there should be 23 other beds in single and double rooms, some of which will have self-catering facilities.

May we suggest that you make these rooms your own by contributing the cost of individual objects such as a bed, an electric kettle, a mini-refrigerator, or a chair?

We cannot engrave your name on a kettle, but your donation will be entered in the College gift book, so that all who stay there may appreciate your generosity.

CONSTANCE KUENSSBERG  
YOLANDE CARNE

## ANAPHYLAXIS AND THE COMMUNITY NURSE

Sir,

Although Dr Wigdahl (*August Journal*, p. 507) correctly notes the date of expiry on the particular box of ampoules of adrenalin which he has bought, obviously there will be a variation in the length of time the boxes remain on the shelves of either the wholesalers or the retail chemists before reaching the doctor at all.

For this reason the recommendation in your editorial that doctor's nurses should review dates on their ampoules "perhaps annually" seems reasonable.

D. G. GARVIE

The Surgery  
Palmerston Street  
Wolstanton  
Newcastle  
Staffs ST5 8BN.