whether they pay us in cash, run up an account or pay heavily for our services through taxation and levies, the public are our paymasters and we give to them our services. We must see that the services we provide are the best that can be given in the conditions of modern medicine. If there are too few doctors to give personally all the medical care necessary, then we must look for help from the ancillary services. By so doing, we shall not only be able to attend more patients but also the services we give will be better.

Trained medical secretary-receptionists are not plentiful and it will take time to train the numbers required. Married trained or state-enrolled nurses willing to take part-time work in doctors' surgeries are more numerous and can learn surgery routine in a few weeks. Either type can be trained in a fraction of the time required to train new doctors.

We cannot train secretary-receptionists ourselves but we can press for suitable training to be made available. Nurse-receptionists we can train, individually, in our surgeries and they are better so trained for no two surgeries are alike. It is up to us, the family doctors, to employ and train these ancillaries to ensure that we give an adequate service to our patients despite the shortage of medical manpower.

OTHER OBSTETRICIANS—PLEASE COPY

AS the ratio of births to consultant and senior-registrar obstetricians is more than 1,500 to 1, it is evident that housemen and general practitioners have a large share in the obstetric services. The latter are responsible for supervising 45–50 per cent of all deliveries and in addition provide antenatal and postnatal care for many of those delivered in specialist hospitals. Their full share in the obstetric services can be estimated from payments made to them, which in 1964[1] were equivalent to full maternity services for 534,498 patients, or 60 per cent of the whole. General practitioners who undertake this work cannot and must not carry it out in isolation from the specialist services, using them only as a dumping ground for abnormal cases. They require intimate association with specialist departments and in this connection it is interesting to read a report issued recently by the Chelmsford and District Hospital Management Committee.[2]

Chelmsford is an area in which the specialist obstetric services

have established so remarkable a reputation for providing the general practitioner with the educational services he desires that its two-week residential courses, started only in 1960, attract general practitioners from all parts of the United Kingdom and indeed " from all countries of the western world " and are now fully booked for two years ahead. Lecture seminars are also provided, and luncheon conferences, started only in 1962, appear to be attracting as enthusiastic a response as the residential courses from general practitioners who come to them from the surrounding districts as well as from the Chelmsford area.

Why are the Chelmsford residential courses so popular? Only two or three doctors are booked at a time " to preserve an intimate and personal teaching relationship between the postgraduate doctors and the mentor ". Perhaps this is part of the secret. It is not an unrealistic limitation as Chelmsford provided courses for 55 doctors in 1964 and if only one-third of our consultant obstetricians did likewise there would be an intimate and personal two-week course for every general-practitioner obstetrician every second year, more than enough to saturate the demand.

The Chelmsford report states that its large postgraduate teaching department needs more teachers and teaching facilities. To some extent this may be so, but Chelmsford's primary duty is to the practitioners in its own area, not to the United Kingdom as a whole and not to the western world. It would be a pity to see an empire built at Chelmsford, merely because of lack of competition from obstetric departments elsewhere. Surely what is needed is a spread of Chelmsford-like facilities to other areas where they do not now exist, so that other general practitioners may enjoy them, and so that Chelmsford does not lose its personal and intimate character in attempting to do too much for too many.

A consultant with enthusiasm for encouraging general-practitioner obstetrics needs an enthusiastic response, which is unlikely to be forthcoming in areas where a large proportion of deliveries take place in specialist hospitals. Chelmsford is fortunate in having 33 general-practitioner beds, not at the main hospital but in three small scattered (and no doubt " uneconomic ") hospitals placed where many general practitioners can use them, with the result that they supervise 51.2 per cent of the deliveries in the area. Despite this, or perhaps because of it, the area had the very low perinatal mortality rate of 22.4 per thousand births in 1964.

Any obstetrician whose department is or becomes as attractive a postgraduate educational centre as Chelmsford could take pride in his achievement, and would earn the gratitude of general practi-

tioners for his aid in helping them to raise the morale of general practice which has fallen so low partly because of its loss of integration with the specialist services, and, whether or not it were given to him, he would have earned a merit award. Will all obstetricians, in this particular matter, *please* keep up with, or surpass, the Browns.

1. Annual report of the Ministry of Health for the year 1964. Cmnd 2688. H.M. Stationery Office. London.
2. Brown, D. Obstetric and gynaecological clinical and education report, 1960–1964. Chelmsford and District Hospital Management Committee. Chelmsford, Essex.

COLLEGE APPEAL

Faculties will hardly need reminding that the financial position of the College is at present very precarious and that every effort must be made to improve this situation. The Appeal Committee however, felt that in view of the present medico-political climate the time is hardly ripe for a general public appeal on behalf of the activities and expansion of the College.

It is somewhat disappointing that so far, only a small percentage of the membership has subscribed to the college appeal, and before we can justifiably ask for outside help, it is important that we should give substantial support to our own institution. Such action could then form a sound foundation from which a general appeal to the public could be launched.

The significance of covenanting appeal subscriptions may not be generally realized but with the recent increase in income tax, the College can obtain a still greater income for every pound of covenanted subscription without any additional cost whatever to the subscriber. We therefore ask every member and associate to consider carefully the advantage to the College of converting his or her appeal subscription into a covenant or, if not already subscribing, of signing a covenant on behalf of the College.