Association stress the need of a wide general education in those embarking on the medical course proper. The College advocates the advantages to be gained in spending an extra year working for a degree in science. This, for selected students, is to be encouraged, but does it go far enough? Would not the student benefit more by a kind of sabbatical year divorced altogether from medicine and the related sciences and devoted to an entirely new course of study with a syllabus culled from the disciplines of the humanities and the philosophies? Such a course of study could be based on literature, history and philosophy; logic and ethics might be compulsory parts of it, but, however composed, its aims would be to teach the student how to think, how to marshal his learning, and how to present the results in writing. In a world in grave danger of being engulfed in technology, it is becoming increasingly necessary to make positive efforts to retain some pretence of culture. Sir William Osler[3] wrote that the university had two main functions—teaching and thinking. By thinking he certainly did not mean the prosecution of routine research. So much of what is today termed research is merely the collection of facts which call for little in the way of interpretation; the ' what? ' is revealed but the ' how? ' and the ' why? ' are ignored. Thinking is not an instinct but something which has to be acquired by conscious endeavour; once the habit is learnt it stays and it is worth the extra time spent in the gathering.

REFERENCES

1. The College of General Practitioners. Reports from General Practice No. V. 1966.
2. Final report on an experiment in training for general practice by the University of London Committee for Postgraduate Medical Education in the Wessex Hospital Region. 1966. London. British Postgraduate Medical Federation.
3. Osler, W., *Selected writings of Sir William Osler.* 1951. London. Oxford University Press. P. 196.

TRAINING FOR PARENTHOOD

THE number of attendants providing for the expectant mother grows year by year. There is her own general practitioner and perhaps a general-practitioner obstetrician, the district midwife and the health visitor. If she attends a clinic there will be other midwives and pupil midwives; there may be the hospital team of clinical assistants, house surgeons, registrars and specialists; physiotherapists teach antenatal exercises and relaxation; social workers and almoners may take a hand; even lay persons may be recruited to provide

company, and sympathy, for patients in labour. With this talent at her command the expectant mother should be well taught and well prepared for the part she has to play before, during and after labour. A committee of the Royal College of Midwives has recently investigated what teaching is provided and to what extent it satisfies the needs of expectant mothers, half of whom, it was discovered, had no teaching on sex or the birth of a baby before becoming pregnant.[1]

The survey covered 1,230 recently delivered primiparae and 284 primigravidae in the last four weeks of pregnancy, each of whom was interviewed individually, and there were tape-recorded discussions by small groups including three groups of fathers. As the survey includes almost twice the usual proportion of patients from social classes 1 and 2, it is not without bias, and this is especially so in the quoted comments, two-thirds of which came from these more articulate classes.

Enquiries about antenatal training showed that the accent was on training in relaxation and exercises which was available to 86 per cent of expectant mothers. Pregnancy and labour classes were available to 53 per cent and care of the baby classes to 56 per cent. The numbers actually attending were much lower, 53 per cent, 37 per cent and 33 per cent respectively. About one third did not know whether classes were available and a quarter of the rest did not consider that they were necessary, a surprisingly high proportion in a series of patients having their first babies.

Training in pregnancy and labour and baby care was provided mainly by midwives and health visitors, but relaxation and exercises were taught by physiotherapists and "for one-third" (of patients) "the effectiveness of antenatal teaching was reduced because the labour ward staff neither knew what teaching the expectant mother had been given, nor encouraged her to put it into practice". Is it worth while to give this instruction when only about half the patients accept it, when one-third of those cannot make use of it because the labour ward staff are not enthusiastic, and when there is no real evidence that it has any useful effect on the course of labour?

Does the patient receive her training from the right person? Many commented that teaching was too formal, that they would have liked to ask more questions. One said that after the lecture they broke up into groups and everyone was asking questions of the student nurses, who are unlikely to be the ideal teachers. A general practitioner and district midwife who set out to train their maternity patients have many advantages over the local-authority or hospital clinic. There will be no divergence of opinion between teachers and attendants and valueless methods which induce a euphoria speedily to be dissipated in the event will not be taught; teaching will be unanimous and authoritative, based on practical experience of what

is required and can be achieved, and on knowledge of the patient's background; instruction can be individual with no tongue-tying audience to make the shy patient inarticulate; when deputies are needed they are likely to be known to the patient; one doctor and midwife may attend a patient in a series of pregnancies, her confidence in them increasing as the years go by.

The expectant mother is the leading lady and her doctor the producer in the drama to be enacted. She will be a remarkable person if she puts up a good performance when directed at rehearsals and on the day by a multiplicity of producers, some with no idea of the plot. If he has time, facilities and interest in maternity work, she need look no further than her general practitioner for the best producer.

REFERENCE

1. The Royal College of Midwives (1966). *Preparation for parenthood.* R.C.M. London.

COLLEGE APPEAL

The first phase of the appeal has now reached £500,000. A large proportion of this came from deeds of covenant: these have now expired. We intend to launch the second phase of the appeal on a date to be fixed in the autumn, to reach the target of one million pounds which was originally set.

This will be done in the following ways:

1. Centrally, by an appeal to outside interests, through the formation of a committee of laymen, consisting of prominent citizens and industrialists to act as sponsors.
2. Through the faculties to college members and associates.

New posters for display in surgeries have been approved by Council and will shortly be available. Collecting boxes will also be available to faculties and these can be placed in the surgery, or a chemist's shop, or in any place where the public gather.

To strengthen our approach to industry we must have more financial support from members and associates. We urge those members and associates whose deeds of covenant have expired to take out new ones, and members and associates who do not give to the appeal, to give a donation or sign a deed of covenant no matter how small.

These are a few of the suggestions for the launching of the second phase of the appeal that the committee have recommended so far, and further discussions will take place at Appeal Committee meetings during the summer.

It cannot be stressed too strongly how very much the College depends on the success of this second phase, particularly the Research and Education Foundations.