

Correspondence

Work load in general practice

Sir,

I read Dr A. D. Manning's article on *Work load in general practice* with considerable interest.

He suggests that quantitative studies such as he has made are obsolescent, and yet the personal application to his own practice (see table V) of his results is based entirely on quantitative, not qualitative thought.

I would criticize the rigidity of table V both from the doctor's and patient's viewpoints. First, a surgery of 3-4 hours is too long a session for the doctor to give his best concentration. Secondly, the patient appears to have no choice for routine home visits, but must accept the 'morning visit doctor'—this is a negation of good practice.

Finally, I would suggest that one doctor could have Saturday morning free each week—a bonus we have found most agreeable in our practice.

London, N.W.3.

RONALD LAW.

The health and habits of higher executives

Sir,

As a general practitioner with a modest sprinkling of 'higher executives' amongst my patients I read Lord Taylor and Professor Schilling's article (*J. roy. Coll. gen. Practit.* (1967) 14, 262) with some interest. However, they do not appear to have given much consideration as to who should do these examinations. It is worth consideration.

I would seriously question the wisdom (and maybe the ethics) of independent medical 'check-ups' by specialists when these are made, as they frequently are made, without reference to the person's family doctor. It is understandable that industry may feel good about supplying 'Harley Street' expertise for its top men, yet in reports, sent afterwards to the family doctor, I have often seen the facts of medical history, investigation and of past treatment incorrectly recorded. If the family doctor is not brought in at the beginning, this sort of error is inevitable.

If it is established that routine examinations of higher executives are worth doing (and the authors' six conclusions would seem to suggest that they are) then surely the family doctor is the right person to do them. If he has any claim to special experience, it is surely in the recognition of early deviations from normal. The usual excuse that the family doctor "could not spare the time to go into things properly" is valid but does not of course make allowance for the plain truth that in such matters time is indeed money. The insurance companies have long recognized the truth of this and pay the equivalent of about two years capitation fee for an examination and report. The solution to this difficulty is therefore obvious.

I suggest that industry should be appraised of the right order of things.

A full examination and report by the patient's family doctor should *precede any other*, whether it is by the firm's chosen consultant or by some other specialist recommended by the family doctor.

Stratford-on-Avon.

E. O. EVANS, M.B., B.S., D.A.

Book Reviews

English midwives, their history and prospects. Reprint of 1872 edition. JAMES HOBSON AVELING, M.D. London. Hugh K. Elliott Limited. 1967. Pp. 182. Price £7 10s.

This book is a collectors and historians piece. It is a reprint and exact reproduction of the original 1872 edition with an introduction and biographical sketch of the author by John L. Thornton, F.L.A., Consultant Librarian of the Royal College of Gynaecologists and of St Bartholomews Hospital. This is printed in modern style which accentuates the fact that the book is otherwise a facsimile copy.

This volume is something of an eye opener to the present generation as to the state of obstetrics in this country less than 100 years ago. When Aveling wrote his main objective was revealed in the last chapter when he pleads for the proper training and licensing of midwives and makes a number of suggestions, some of which have since been adopted.

Little is known of early English midwives. Margaret Cobbe who delivered Elizabeth Wardville, queen to Edward IV, of a prince later Edward V, is the first mentioned. The last is Mrs Margaret Stephen who delivered Queen Charlotte wife of George III of her children and published a book for the *Domestic Midwife* in 1795.

To those interested in the history of obstetrics and indeed of medicine in general this book makes most interesting reading. It brings very sharply into perspective the great advances of the last century over the millenia before and gives a sense of pride in the achievement of the era of rational scientific progress.

Fresh water pollution control in Europe. Council of Europe. 1966. Directorate of Information. Pp. 205.

While man increases upon earth the amount of fresh water available for his use remains much the same. Man is profligate in his use of water for industrial processes and for the 'disposal' of both human and industrial wastes. The contamination of natural waters that has eliminated salmon from Thames and Tees, turned the Rhine into an open sewer and brought biological death to the Lake of Zurich, is a matter of concern to the Council of Europe which, in this report gives a comprehensive appreciation of the problem by a specially appointed working party.

The problems affecting Europe, and experience gained in pollution control elsewhere, are summarized together with accounts of pollution measurement, prevention and treatment. Biologists, chemists, soil scientists and others, as well as medical experts all contributed and an important section deals with the legal aspects of pollution of watercourses which are political boundaries between countries or states.

Though there are, as would be expected, many expressions of pious hope that governments will take proper action, effectively and soon, the report also contains