Ministry of Health for attendance at these courses. Whole-time or part-time clinical attachments in particular departments can sometimes be arranged. Special arrangements are made for doctors who have not been practising for a period and now wish to return to active work.

Applications for clinical attachments including resident obstetric attachments will be considered.

Enquiries to the *Director of Postgraduate Medical Studies, University of Oxford, Osler House, 43 Woodstock Road, Oxford.*

THE NORTH STAFFORDSHIRE MEDICAL INSTITUTE

The section of General Practice, in association with the Board of Graduate Studies at the University of Birmingham is holding a one-day course on *Normal and abnormal gastro-intestinal physiology*, at the Medical Institute on 15 November.

Details can be obtained from *Dr D. G. Garvie, Hartshill, Stoke-on-Trent, ST4 7NY.*

INTERNATIONAL SOCIETY OF GENERAL PRACTICE

The eleventh International Congress for General Medicine is to be held from 14–21 September at Igls. Further details can be obtained from *Dr K. Engelmeier, General-Sekretariat der Gesellschaft, D-4740 Oelde/Westf., Lange Str. 21a.*

Correspondence

The child with a cough

Sir,

May I point out what I consider to be two important omissions in your otherwise excellent review article (*J. roy. Coll. gen. Practit.*, 1969, **18**, 22). These concern the diagnosis and treatment of croup. Acute epiglottitis, though forming a very small percentage of the cases of croup one sees in general practice, dare not be overlooked. The diagnosis is made by seeing the bright red, swollen epiglottis. It comes into view on depressing the tongue firmly. Every case should be admitted to hospital forthwith.

As to the treatment of the usual case of croup, I find the time-honoured use of steam to be most valuable. I tell the parent who usually describes the symptoms over the telephone sufficiently well enough for one to make the diagnosis, to hold the child on her lap over the bath with the hot tap running. While she is doing this the husband is to switch on an electric kettle, and, using sheets, to construct a tent over the child's cot. The kettle boils on the floor inside the tent. When I arrive perhaps some fifteen minutes later, there is usually already such a marked improvement, that the panic is over and one can decide there and then that hospitalization is not necessary.

Cape Town. SEYMOUR DUBB.

The mood of general practice and the need for professional leadership

Sir,

I would like to congratulate Dr Fry and Mr McKenzie on their admirable analysis on work-loads and practice (*Journal No. 77, December 1968*).

In the rural practice in which I have worked for the past 30 years there are, however, several differing factors and I suspect that these factors also apply to small towns and possibly suburban areas. The crude facts are that in 1939 the visiting ratio in this practice was three visits to one surgery attendance; by 1948 this was two to one and by 1968 it was one to three, a complete reversal of ratio in this period.

I am not convinced that the work-loads are lighter. I had 125 midwifery cases in 1942, of which eight were in our local maternity unit (which was then a private home) and 112 were at home; five were sent to the nearest midwifery hospital 20 miles away. The instrumental and assisted deliveries in the 112 domestic cases were 40. In 1968 we had 135 midwifery cases (there are now two partners)—two were domestic, six were admitted to midwifery hospitals and the rest were done in the local maternity unit. Midwifery is much easier now because the rachitic pelvis has largely disappeared.

The population in the area has increased five per cent since 1939. Most of the hamlets