of general practitioners are on the obstetric list, but that a large part of their involvement is in partial care, which does not include responsibility for the delivery. There is much detail about the inter-relationship of these facts which is not known, nor indeed are we certain that all these changes are for the better. We know there is a great deal of variation in the pattern of services from place to place, but the information about 'what happens where' is patchy. This survey should help to fill many of the blanks.

The questionnaire which has been designed to harvest so much information is lengthy and detailed. It will be completed by midwives, but its reliability will depend on ready access to *all* the relevant records. There is no problem about hospital records or the records kept by midwives. The records of general practitioners are not always so freely available. That they shall be available at all depends on goodwill and a spirit of co-operation. It is hoped that all doctors will appreciate the need for this and will want to ensure that the part they play in the service is being recorded. The more knowledge we have the better equipped we shall be to plan for the future. It will certainly help this College in its discussions with other bodies on the place of the general practitioner in maternity services.

The 1958 survey was carried out rapidly and expeditiously but it took many years to digest and publish the results. This caused a great deal of frustration, and gave rise to the obvious comment that the information was out of date before it was available. This time the analysis will be by computer. A pilot survey was undertaken in four widely-scattered areas last summer. Detailed tables of results were available within a matter of weeks, and this augurs well for the survey itself which is now planned to take place in the week beginning 5 April.

Please give this survey your support, by providing any information that you are called on to supply, and perhaps also by trying to enlist the co-operation of colleagues who may be apathetic, or even opposed to this exercise because they have not appreciated its objectives or its potential benefits.

Warrington. P. O'BRIEN.

Representative of the R.C.G.P. on The National Birthday Trust Fund Steering Committee.

Health centres: Building on sand?

Sir,

Usually it is gratifying to have one's work quoted by other authors, but this is not so if one is misquoted. Dr Ruth Cammock has stated in her article that my report suggested that about 10 per cent of patients will use a car even when the distance is less than a mile. In fact it is made quite clear in the text and in the summary that 25 per cent of those travelling less than a mile came by car, a considerable difference. The 10 per cent she quotes is the number of patients attending by car from less than a mile as a percentage of all the patients attending (from any distance and by any means).

Worcester. M. HUTCHINSON.

Another glimpse of South Africa

Sir,

After reading the description of his visit to South Africa by Dr Kuenssberg in your last issue (Jan 1970, p. 57), I thought it would add a little more to the description if your readers were told that coloured doctors and nurses who have had the same training and sit the same examinations as their 'white' colleagues do not receive the same rates of pay. They receive a lower rate of pay because they are coloured.

I like the one sentence in his glimpse. ". . . The single racial universities have serious problems."

It reminds me of the arguments that preceded the abolition of slavery, 1834. "I sit on a man's back, choking him and making him carry me, and yet assure myself and others that I am very sorry for him and wish to lighten his load by all possible means—except by getting off his back."

London, N.W.3. HARRY N. LEVITT.

The College Journal

Sir,

My three partners and I, all college members have discussed the *Journal* and we find that we agree that it was a much more worthwhile publication when it was issued bi-monthly. As a monthly journal, it runs the risk of being filled with statistics and re-hashes of subjects already covered by other medical journals. Quarterly publication would lead to greater selection of articles. There is so much reading matter for the general practitioner to peruse these days that there is a

limit to the time one can spare in reading long articles. By the same token the reports of meetings in the different regions are unnecessarily verbose.

So please consider becoming quarterly. The impact would be greater.

Wells. J. SHED.

Community hospitals

Sir,

We thought it might be of interest to your readers to know that the Oxford Regional Hospital Board have recently opened a ward of 15 beds for the use of this group practice in this hospital. The purpose of the experiment is to determine the possible future pattern of peripheral hospital units and the part that general practitioners and their community health team should play in these units. The ward takes acute medical cases, geriatrics and pre-convalescent transfers from the surgical wards of the acute district general hospital. It is unique in that the nursing team is the same as that providing the district nursing care and is headed by the senior district nurse for the group practice.

If any of your readers would be interested in seeing the ward please write to or telephone the Ward Secretary, Mrs J. Seegers, Norman White Ward, Peppard Hospital, Nr. Henley on Thames, telephone Rotherfield Greys 371, extension 45.

Sonning Common. J. C. HASLER.

Book reviews

The multiple health screening clinic, Rotherham 1966: A social and economic assessment. A report prepared by the Social Science Research Unit. London. Her Majesty's Stationery Office. 1969. Pp. vii + 110. Price 10s. 6d. (52½p).

The clinic analysed took place over a period of nine days and was attended by some five to six per cent of the population of Rotherham. Previously a field-sample had been taken to discover the attitude of the population to screening tests. Fifty per cent of those interviewed were willing to attend, but only seven per cent of the total actually took part. Eleven tests were offered; anaemia, breast cancer, cervical cancer, chest radiography, diabetes, glaucoma, hearing, vision, heart, lung function and mental health. Few persons took all the tests for which they were eligible, and in aggregate, clinic clients took only 63 per cent of their total eligibility. It follows from this that there may be undiagnosed disease among those attending the clinic. Analysis of the clients attending shows that they were not typical of the population of Rotherham in the following respects; approximately one third did not live in the borough, and twice as many women as men attended; they tended to consult their general practitioner less, and were more worried about their health; they were of slightly higher social class rating and tended to be nearer middle age. One fifth of the sample were worried about an existing symptom and should in fact have been seeking consultation and not screening. Clients were significantly selective in the tests that they took, having previously made their decision on this, and there was not a great deal of 'opportunity' testing. The clinic was popular with both patients and staff, and it was generally agreed that it would be best to hold such clinics annually and not at shorter intervals.

A staff of 131 was employed in the exercise, consisting of medical, nursing and professional, clinical and voluntary workers; the number on duty at any one time being sixty six. This naturally resulted in some disruption of the normal activities of the health department, and in considerable extra work for some members of the staff. It was found that non-medical personnel could be rapidly trained in the performance of some of the tests, which they carried out skilfully and accurately. Voluntary workers manned the reception desks, and were keen and efficient.

The operation was costed as accurately as possible, and the cost for a full attender worked out at £3 per head. Extrapolated to cover the total eligible population of Rotherham this figure would approach a total of £180,000—nearly 70 per cent of the annual budget for the local health department. The cost of positive detection varied from £2 for a case of bad vision, to nearly £1,000 for cervical pre-cancer, and it is assumed that post-referral costs would be not inconsiderable, varying from the relatively cheap treatment of poor vision to the long years of control required by diabetes and glaucoma.

It is recommended that further study should be made of the categories of people who are attracted to screening arrangements, and of those