

on his paper (*Journal of the Royal College of General Practitioners*, 1970, **19**, 146) I would like to emphasize two points, first that he was convinced that the 'yield in morbidity' was worth the effort and second that it was appreciated by the patients.

In due course screening will, I believe, become part of accepted medical practice and be provided by the health service. Until then it must remain as an activity for the enthusiast—both medical, who is prepared to take the trouble and spend the time, and the participant who may, like the business fraternity, be prepared to pay to be screened or to have a health check.

We at BUPA have just opened a multi-phasic screening centre and pathology laboratory. Here in 1½ hours a detailed screening profile is carried out and a 16 item biochemical profile plus blood count carried out. There is also a special women's screening unit for pelvic disease and breast cancer. Patients are only accepted through their own doctors to whom a detailed report will be sent within 48 hours. The Centre has been set up as a charity to conduct research into the value of screening and the promotion of health. To facilitate this the referring doctor can receive a fee of £4 for sending us a report which involves a clinical examination. This facility may be less desirable than an 'in practice' service, but it does bring a very detailed screening procedure within the reach of anyone who can afford £25 (£22 for BUPA subscribers) and get themselves to King's Cross.

I will be delighted to send full details to any interested doctor and we welcome medical visitors.

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### Obstetric beds and the general practitioner

Sir,

It is time for the Royal College of Obstetricians and Gynaecologists to inform the Royal College of General Practitioners whether it considers obstetrics totally unsuitable for non-specialist practice. This would logically require the specialist obstetrician to assume responsibility for all deliveries.

It is becoming increasingly evident in negotiations over the integration of the general practitioner in the new district

hospitals that many specialist obstetricians wish to usurp the selection of patients. This necessitates the acceptance by the general-practitioner obstetrician of the rôle of clinical assistant, with the delegation of ultimate responsibility to his chief. He must renounce clinical responsibility in the primary care of these patients, together with his freedom to seek specialist advice only when it is needed. Is it the view then, that the general practitioner is not clinically adequate to supervise antenatal care, and further that if such deficiency exists it cannot be corrected by better education? Of all prophylactic medical exercises the routine of antenatal care would seem amongst the most well defined. Is only the specialist obstetrician capable of dealing with the unforeseen emergency during and after delivery? In that case he must attend the labour of everyone himself, despite impeccable selection. It would appear that what is primarily required of the general practitioner is the diagnosis of the possibility of pregnancy.

It may next be suggested that once the baby is born, the paediatrician should see it as soon as the general practitioner or obstetrician pronounces it alive. That decision may yet be denied both, if the diagnosis of death comes to require a specialist opinion!

An important principle of general practice is involved. It may be that in future general training should require instruction only in the broadest nature of disease to enable speedy and accurate reference to the specialist department dealing in the system affected. The resultant overloading of the specialities will encourage the creation of clinical assistantships and thus ensure a good supply of junior hospital staff from those who would prefer to be assistant specialists than clinically-responsible general practitioners. It will fundamentally alter the nature and quality of general practice if such supervision of primary care of the patient is accepted. This is not compatible with the encouragement of good general practice, but it will provide an interesting change of pattern in the National Health Service.

Camberley.

JOHN CULE.

### The south Derbyshire general medical practitioners' group

Sir,

Local medical societies are not new, and many formed in the last century are still flourishing. Some in the larger centres have