

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

developed into medical clubs and institutes owning their own premises.

Twenty-one years ago the practitioners of this area formed a group in an endeavour to improve social relationships and improve local working conditions generally by means of regular meetings. The project began on 18 October 1948, and with the exception of three months each summer, has met monthly for 21 years; it has all been very worth while. We were helped by the fact that this area, quite compact, contained seven practices, fairly equal in size and working conditions, and mixed urban and rural in type.

Prior to the war, there were ten principals in various partnerships. Three junior partners were mobilized and returned in 1945. Four senior partners died soon after the war. Four new (ex-service) partners arrived and new partnerships were formed, and today there are 12 principals, ten in firms, and two "singletons". Three firms operate as groups in custom-built premises, and the singletons work from their own residences. All being Scots or Irish and of similar ages, there was considerable mutual understanding of views and opinions coupled with a desire to work amicably together. A simple constitution was drawn up covering such matters as (1) discussion of local medical problems; (2) maintaining close liaison with the local medical committee (on which two members have always served), liaison with local health departments and local government; (3) local hospital problems, and local BMA affairs; (4) mutual assistance to other members' practices in the event of some sudden crisis (this does not cover, however, locum services for holidays); (5) to meet monthly for dinner to which a guest speaker would be invited to speak on a subject connected with general practice.

Although for the first year or so, the meetings were held in a small local inn, they were a great success. For various reasons, however, they were transferred to a first-class hotel where they are still held. The average attendance is over 90 per cent. A cocktail party or dinner is also held annually to which

members wives are invited.

An annual programme is arranged, and a speakers' list prepared. These are selected from our many consultant friends, and to these we are deeply indebted for their never-failing help. Many work in local hospitals, but we have had on occasion guest speakers from London, Leeds, Oxford. We had some doubts about asking speakers to pay us return visits, but they have never failed us, and, indeed, expressed their pleasure at being asked to come. The group has its own private tie, and at the annual dinner, one is awarded to the "speaker of the year". Throughout the years, I believe we have had talks on every subject in medicine. Where the subject is one of wide interest, other professional guests are invited to swell our numbers. In addition to purely medical talks, we have been addressed by such varied speakers as a chief constable, a home office pathologist, one of H.M. Judges, and a cabinet minister.

A speaker's talk is quite informal and expected to last about an hour; this is then followed by question, discussion, and criticism, an exercise which is often hilarious but as informative and rewarding as the talk itself.

Last year, to our great pleasure, the Ministry considered our efforts to be a contribution to postgraduate study. Looking back over the 21 years, the benefits of the group's activities to the local practitioners have been considerable. While the practices maintain their own individualities, there is obvious co-operation and inter-practice contact which prevent the petty jealousies and rivalry which can easily mar practice in a small area. Agreed action in an atmosphere of good reason and humour will always iron out trouble. We feel that the formation of many similar groups would be of real benefit to other practitioners, limited to, say, a maximum of 30 members. They would never regret it; instead they would probably wonder why it had not been done before.

Burton-on-Trent.

E. M. R. FRAZER.

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