wider picture emphasizing social and genetic aspects. The family doctor does not want to be only a counsellor, he wants to be primarily a clinician, but he is also disenchanted with the psychotropic-drug era and would welcome the renewed impetus that behavioural studies would give to his speciality. Time is on our side, medicine is moving into the community and I think this trend will accelerate. The general practitioner holds the key to community medicine, and he must recognize this, and seize his opportunity. We must co-operate in behavioural studies, particularly in psychological medicine, and we must learn from one and another. If we do this together the opportunities are great indeed.

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**Maternity Unit.** An experiment in very early discharge at the North Tees Hospital. R. J. Donaldson, Medical Officer of Health, Teesside.

The Medical Officer of Health, Teesside, describes an experiment in very early discharge of maternity patients undertaken at the North Tees General Hospital Maternity Unit from January 1969 to February 1970 and still continuing. In an annexe to the general-practitioner floor of the hospital two delivery beds were provided to which midwives, some of whom were attached to general practices, could admit cases for delivery under their own care. The patients returned home soon after delivery, or if delivered in the night, early next morning.

The objects of the scheme were to deliver the patient in a safe place, i.e. near a consultant obstetric unit; to preserve the skills of district midwives despite lack of home confinements; to foster integration between hospital and district midwives; and to avoid disruption of patients' family life consequent upon long stays in hospital.

Although at the time of the report only 82 patients had been delivered in the unit, it had proved so satisfactory that bookings for 1970 were being accepted at the rate of over 300 per annum. Almost all the patients, midwives and general practitioners who used the unit were well satisfied, but there are still some doctors who do not use it. Midwives, who accompanied the patient on her way home after delivery, complained that much time was lost in waiting until an ambulance was available.

Inevitably a few patients booked for the unit were delivered at home (seven per cent) and a few mothers (five per cent) and babies (four per cent) were transferred to hospital. General practitioners were called to three cases in addition to these.

Experience of domiciliary delivery and home nursing is incorporated in the training of pupil midwives. The difficulties of providing this experience would have been increased by transfer of some of the few remaining domiciliary cases to the very early discharge unit for delivery. Fortunately the Central Midwives Board chose Teesside as an experimental area for an integrated training scheme. Instead of the previous requirement of 10 home deliveries for each pupil, only six domiciliary cases were needed, of which three could be delivered in the very early discharge unit.

One of the comments of general practitioners on the very early discharge unit was that its facilities ought to be as good as those on the general-practitioner floor. Except for their proximity to the hospital, it is evident that the delivery rooms offered little more than a good class home. They were considered inadequate for forceps delivery for which patients were removed to the "appropriate part of the hospital" and indeed inadequate for suturing for which a treatment room was made available.

**Comment**

Provision in hospital of a very early discharge unit where district midwives can deliver their patients is an admirable start towards integration of general-practitioner-unit and domiciliary midwives. It should lead on to the admission of district midwives to the full facilities of the general-practitioner floor, to even less rigid rules for pupil-midwife training, and to the adoption of either very early or 48-hour discharge for all patients for whom it is appropriate.