

Services Council to attempt a general review of this sort.

I cannot agree that the choice of system can reasonably be left even to an "intelligent patient". We should not forget that she may well not be equipped to *choose* intelligently who is the best doctor to supervise her pregnancy. To assume her choice is sensible and that it would naturally be her own general practitioner is utopian and unrealistic. If, as you claim, she would always reject the hospital team the presumption is that her general practitioner can be an equally informed obstetrician with comparable facilities to the consultant, *and also* that the general practitioner is the only kind man devoted to her care. It is also invalid to assume that her personal general practitioner is likely to be on duty at the time she most needs him and that he will be freely available at that moment, to attend her on request. With the increase of group practice and infrequent 'on call' arrangements it is more than likely that another doctor will be on duty at the crucial time who himself may not be her choice or possess equal obstetric skill. Under those circumstances it is quite frequent to find a patient 'off loaded' to a third party (the hospital team) where (I tentatively suggest) she should have been in the first place. I would think continual team care is preferable to intermittent personal care.

Now, to be realistic and more constructive, envisage hospital deliveries as the norm (as indeed they already are in the H.M. Forces) under the responsibility of a consultant but carried out by his team in which lies the place for the general practitioner. The general practitioner's appointment should be competitive and restricted to accomplished and keen general-practitioner obstetricians.

The trustworthy general-practitioner obstetric assistant lightens the antenatal load for the consultant, in return for continuously supplementing his knowledge and skills and at the same time can do something to reinstate the public's confidence in the ability of a general practitioner to conduct obstetrics responsibly.

I see the report of the Central Health Services Council as a valid attempt to re-orientate the worthy general practitioner to a less emotional and more efficient obstetric service to the community.

Gloucester.

C. J. LYDEN

General-practitioner obstetrics and maternity bed needs

Sir,

I was most heartened to read your timely editorial (*Journal* No. 100) concerning the Central

Health Services Council sub-committee's report on domiciliary midwifery and maternity bed needs. This document is the latest and by far the most serious threat to general-practitioner obstetrics and must be resisted now with the utmost vigour.

I believe the most significant point you make is in stressing the importance of the consumer interest. In my experience this factor is frequently ignored in forward planning reports and, I may say, none is more guilty in this respect than the Department of Health. In my opinion the result of the sub-committee's recommendations would be complete subjugation of the '*caritas*' of obstetrics in the hope of achieving scientific perfection. Your analysis of the sub-committee's membership was most enlightening and clearly demonstrates how ill-conceived was its composition.

It is my earnest hope that your admirable editorial will be carefully studied by everyone concerned with the future of the maternity services.

Derbyshire

J. McALLISTER WILLIAMS.

Therapeutic trial

Sir,

Boots Pure Drug Company are proposing to carry out further clinical trials in this country on an antitussive already being used on the continent. The trials will be to assess the acceptability and efficacy of this preparation. A pilot study has shown that this relatively simple method of assessment which we propose to use if viable for general practice.

The study is a short-term study. No placebo is to be used. The assessment of cough and cough relief is a simple subjective assessment carried out by the patient on a 5-point rating scale.

The preparation which is being tried is a centrally acting antitussive which has been shown to be effective in animal experiments and on volunteer studies. It appears to be free from side-effects and is presented in an acceptable formulation.

We are interested in a short-term study involving large numbers of patients on this compound. Would any practitioner who is interested in such a study please contact Dr K. Cartwright, Medical Adviser at Boots Pure Drug Co. Ltd., Pennyfoot Street, Nottingham, telephone Nottingham 56255, Ext. 300, by letter or telephone as soon as possible.

Nottingham.

K. CARTWRIGHT.
Medical Adviser.