Correspondence

Hospital referral rates

Sir,

The article by Dr Morrell and his colleagues about referral rates to hospital from one practice was very interesting, particularly as there seems to be such a wide variation in the numbers referred by different practitioners. It is possible to get a reasonably accurate measure of this rate for any practice without a questionnaire. All that is required is an analysis of the hospital reports received daily in the post (usually!). This has to be done over a period of time but it is not time-consuming and takes only about five minutes each day.

I tested the accuracy of the method by noting my hospital outpatient referrals when they were made, and later checking that reports about them were received. Out of 142 referrals made in 16 weeks only two reports were missing, but no less than ten patients failed to keep the outpatient appointment. Thus the error for the outpatient attendance rate is less than two per cent.

This does not give any information about the motive for referral, but it does provide an easy method for finding the outpatient attendance rate from a practice. This was not quite the same as the referral rate in my practice.

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Parental depression before and after childbirth

Sir,

I was interested in the article on 'Parental depression before and after childbirth' by Rees and Lutkins (*Journal of the Royal College of General Practitioners*, January 1971), because the problem of emotional disturbance associated with childbirth seems to be a seriously neglected area, of particular concern in general practice. However, I found its conclusion that the incidence of depression is evenly distributed on either side of the event difficult to accept.

It is the experience of general practitioners to whom I have spoken that depression in the antenatal period is uncommon, whereas depression in the 12 months after delivery is not. Having no kind of survey on which to base this opinion is a disadvantage in taking issue with the conclusions of a formal experiment, but the impression gained from the continuing close contact between doctors and their antenatal patients must be significant, and is likely to be clinically, if not experimentally, objective to a fair degree. And it is from the difference between the subjective and the objective that I suspect the anomaly arises in the conclusions that this paper arrives at. I suspect that the Beck depression inventory may be an inappropriate tool for measuring mood in pregnancy, and that its objective analysis of the answers it obtains and the symptoms it elicits belies the subjective condition of the patients.

It is common experience that somatic symptoms, emotional lability, hopes, fears, and delusions may co-exist with a basically contented disposition. This paradox questions the value of any tool that may be used to measure mood, and which may record as indices of depression responses which would be morbid in other circumstances, but in pregnancy are not.

Caplan (1961) in his chapter on 'Pregnancy' in *An Approach to Community Mental Health* describes this phenomenon very well. He refers to the potentially hair-raising effect of eavesdropping on the uninhibited conversation of a group of antenatal women whose 'morbid' preoccupations would provide abundant fuel for a variety of psychiatric diagnoses. He also describes how he submitted a group of normal antenatal women to personality testing by a psychologist. To his surprise the report said that they were all seriously emotionally disturbed, that the psychologist suspected schizophrenia, and that only the fact that there was no defect in reality testing was inconsistent with this suspicion. This assessment was subsequently confirmed by two other psychologists.

This example may parallel if not explain what must to many people be the surprising conclusions of Rees and Lutkins paper, and certainly encourages doubt in the validity of their findings which are so contrary to usual antenatal experience.

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REFERENCE

Caplan, G. (1961). *An approach to community mental health.*

The earliest cottage hospital

Sir,

In the Supplement No. 1 to the Volume 21 of the *Journal* of the Royal College, there is a Survey of General Practitioner's care of their patients in the Hospital Service. The opening sentence says that "The first cottage hospital was established by Dr Albert Napper of Cranleigh, Surrey in 1855".

May I draw your, and the authors of the above Survey, attention to a prior claim. I enclose an abbreviated history of Teignmouth Hospital as