Correspondence

THE GENERAL PRACTITIONER AND THE ABORTION ACT

Sir,

Allow me to contribute two comments to the excellent article *The general practitioner and the Abortion Act* in the August *Journal*.

First, would it not be helpful to many family doctors in doubt about pregnancy to seek the opinion of a consultant about their patient? This at least would obviate the concern of some doctors in getting pregnancy tests performed.

Secondly, it is considered essential upon referral of a patient for consultation that the opinion of the family doctor as to the need or otherwise of a therapeutic abortion should be clearly stated.

DAVID BROWN
Director
Postgraduate Institute of Obstetrics and Gynaecology,
St John's Hospital,
Chelmsford CM2 9BG.

REFERENCE

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INDUCTION OF LABOUR

Sir,

Rupture of the forewaters is a simple procedure that can be carried out in the home, or general practitioner unit, in patients who are selected for delivery outside the specialist hospital. The indications for ARM are usually the prevention of postmaturity in the infant and the avoidance of pre-eclamptic toxaemia in the mother when she is at term and 'ripe'. The method becomes hazardous when labour does not start within 24 hours. Transfer to hospital becomes necessary and attempts to induce labour with oxytocic drugs follow with all their inherent dangers.

Salzmann (1971) described the tapping of maternal oxytocin, by manual suckling, in the maintenance of labour and the active management of the third stage. He expressed doubt whether suckling could be used for starting labour; "it was observed that suckling was usually ineffective if cervical dilatation was absent." Stretching of the cervix and sweeping of the membranes frequently precede the actual rupture of the membranes; thus conditions can be set for an immediate response to suckling after ARM.

By using the suckling method described by Salzmann immediately after cervical stretching and forewater rupture, contractions of the uterus were induced at five-minute intervals, either with the first period of stimulation, or after a maximum of six (30 minutes total delay). Thereafter, contractions followed regularly and stimulation was stopped after five or six consecutive contractions.

The method cut the mean induction-delivery time from 22·6 to 11·2 hours, almost entirely by removing the delay between ARM and the establishment of labour.

Further study is needed using much larger numbers. This was a relatively small personal series in which the two groups could not be matched for parity; (there were more primigravidae in the suckled group). But there is an indication that the method can shorten the induction-delivery interval and increase the certainty that labour will supervene without drugs. The safety of induction by general-practitioner obstetricians could be greatly enhanced thereby.

D. R. FIRTH
Shaldon,
Devon.

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QUALITY IN GENERAL PRACTICE

Sir,

Mr Honigsbaum's article (July *Journal*) will have provoked very strong, very mixed feelings among its readers. I am sure that his confident pronouncements, made it seems entirely on the basis of library scholarship, will have struck many as impudent; nevertheless the same readers may join me in being impressed that he managed at all to surmount the task of reviewing a literature of such extensive scope. Most will have found themselves agreeing with at least some of his conclusions: in my view the points made about records, about hospitals, and about consultants in health centres are cogently argued. Others of his conclusions, argued from very lean and peripheral evidence, are impressive only in their naivety: the suggestion that better life expectancy in women may be related to their more frequent consultation of their general practitioners is the first and best example. He has even got at least one fact wrong, in referring to the reimbursement system for salaries of ancillary staff.

Intrepid scholar though he may be, he has failed to tackle the one issue which flaws his paper totally. "Quality in medical care is hard to measure" he says, ". . . and cannot be quantified". Can it even be defined? He fails to do so: instead he gives an extensive account of quantity, and applies his own assumptions as to how much constitutes good. The assumptions are characteristically North American, and he makes no secret at any point of his intense loyalty to the values of his consultant countrymen: there are as a result sections in his text where no claim to scholarly objectivity could possibly be entertained.

The trend since 1950 has in fact been quite other than that which he seeks. Many practitioners in this country have given extensive thought to the meaning of the fact that many of the quantitative indices of general practice "performance" are highly refractory to change, given even their best