

RESEARCH IN SCOTLAND

The Secretary of State for Scotland, Mr William Ross, has awarded grants totalling £97,524. The money will be paid from National Health Service funds, on the recommendation of the advisory committee on medical research. None of these projects is being undertaken by a general practitioner.

GENERAL PRACTICE FINANCE CORPORATION

The General Practice Finance Corporation lent over £2½ million to 230 general practitioners in Great Britain during the financial year ended 31 March 1974. Over 3,800 doctors have received advances since the scheme started in 1967. The current lending charge is 16 per cent a year.

ABORTIONS

There were 169,362 legally notified abortions

in England and Wales in 1973. Of these 110,568 were for residents, of whom slightly less than half had had no previous live-born children.

BIRTHRATE

The number of live births born legitimately fell by 14 per cent in England and Wales in the years 1970 to 1973, while illegitimate live births fell by ten per cent.

The crude birth rate of all live births per 1,000 population in the United Kingdom fell to 13.9 in 1973. This can be compared with other countries as follows:

The Republic of Ireland—22 per thousand, Canada 15.5, United States of America 14.9, Luxembourg 10.9 and West Germany 10.2.

The infant mortality rate in England and Wales was 17 in 1973. Other European countries with lower infant mortality rates included France (15) and the Netherlands (11).

CORRESPONDENCE

GENERAL PRACTITIONERS AND SOCIAL WORKERS

Sir,

The article *Social Workers and General Practitioners* which appeared in the November *Journal* is a much needed and balanced appraisal of the difficulties that an established caring profession and a young developing one experience in coming to terms both with each other and with their respective roles in society.

While continuing research and planning are essential for progress, it is in continuing dialogue and in working together that social workers and doctors have the best opportunity for understanding each other's knowledge, roles and skills.

In this Training Unit we have been working closely with general practitioners within our health district for six years.

During this time 47 social work students have been attached to general practitioners during their fieldwork placements. Learning has been a two-way process in which both disciplines have gained in understanding of each other's approach to caring.

However, during these years only *one* trainee general practitioner has chosen to spend a comparable time in this Unit (Smith, 1973). If one can do this why not many more? Is it too much to ask that others might be encouraged to do the same?

We are sure that trainee general practitioners would be welcomed by many student units. Such a shared training experience would provide an exchange of ideas, knowledge and skill in practice and would go a long way towards removing some of

the myths surrounding both professions. In the long term we believe this would lead to a better service to the patient/client who, after all, is the sole reason for our professional existence.

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REFERENCES

- Ratoff, L. *et al.* (1974). *Journal of the Royal College of General Practitioners*, **24**, 750-760.
Smith, D. (1973). *Journal of the Royal College of General Practitioners*, **23**, 692-696.

Sir,

Len Ratoff, Anne Rose, and Carole Smith (November *Journal*) must be congratulated on their detailed analysis of the inter-professional problems of social workers and general practitioners. It is unfortunate that the detail tends to obscure the basic problem.

The foundation of modern medicine is objective and scientific. Doctors ideally make technical diagnoses which form the basis of action and from which outcome can be predicted. A diagnosis of pneumonia implies a prescription for antibiotics resulting in a cure. Failure to provide the antibiotic either results in spontaneous resolution or death depending on the age and resistance of the patient.