

HOME DELIVERIES

Sir,

I would like to support what Professor Huygens (April *Journal*) has said on the safety of well-selected domiciliary confinements, both from my own experience in England, and from what I have learned during the three years I have lived in Holland.

I get the impression that in England now one is repeating that "hospital is a safe place to be born" far too readily, and without considering the statement too critically. There do not seem to be many reports on the immediate availability throughout the 24 hours of really senior obstetric skill in the hospitals; or how this may depend on area; or how it may vary between individual hospitals in an area. The outcome of labour depends partly on the level of anticipatory awareness throughout the conduct of the labour, and this depends on the experience of the obstetrician or midwife, whether outside or inside hospital, as well as on technical facilities.

My impression of district midwifery here and in England is that everyone is very much aware that one can not afford to tolerate the beginning of a potentially serious situation which can be easily avoided by simple means; whereas in hospital one may have the availability of skilled surgical attention as the ultimate resort always at the back of one's mind, influencing one's conduct of a case. Perhaps therefore more fully developed situations requiring "aggressive" treatment do arise in hospital.

From my own experience of domiciliary deliveries in England in a semi-rural practice handling nearly 300 home confinements in six years, in only one instance did we have to call for emergency assistance on the district. The equipment and a senior obstetrician arrived in 30 minutes—which compared favourably with my experience as a senior house officer in a North London hospital, when on occasions senior obstetric assistance had to be obtained from central London.

I personally have never had to admit a case during labour from home to hospital, and our experience of home confinements was by no means as fraught with difficulties and emergencies as some recent reports would indicate.

I can confirm Professor Huygens' view that in Holland giving birth is regarded as a very ordinary event. A woman is expected to be as efficient in producing her baby as in washing her windows and performing her other housewifely tasks. It is not attended by a build-up of mystery, anxiety, and boiling water; and English doctors here are convinced that the patient does accept pain more readily, not only in childbirth, than we do in England.

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REFERENCE

Huygen, F. J. (1976). *Journal of the Royal College of General Practitioners*, 26, 244-248.

UGANDA FACULTY

Sir,

It is sad to be reminded that the flourishing Uganda Faculty was forced to disband in 1971 as a result of their government's racial policy. But governments and policies change, often with surprising rapidity on the continent of Africa, and the College will again be represented by a faculty there.

Dr E. R. Gibbons' action in sending us the lion skin will be appreciated by us all, but I hope that he agrees with me that the description you gave of it being a "lasting memorial to the Uganda Faculty" is too final. Should we not reassure Dr Gibbons that, when the time comes, the College will hasten to support him and his colleagues to reform the Faculty?

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REFERENCE

Journal of the Royal College of General Practitioners (1976). 26, 353.

JARGON

Sir,

Presumably Dr Maycock's letter (May *Journal*) was his response to Brook and Temperley's paper (February *Journal*). As one of the general practitioners involved in this multi-disciplinary project, I sense his resentment at the condescension connected (in some undisclosed way) with social workers appearing good at the expense of the general practitioners. As put by Dr Maycock it seems a very real conflict, not "contrived" at all—and that is why it was so valuable to work with other disciplines, to share cases and examine the professional implications of this sharing, by which we were able to study the difficulties and expectations of each profession, and think about consultation and responsibility without "betraying the principles of their respective disciplines". Indeed learning a "robust sensitivity" was our business.

The Royal College of General Practitioners has championed the heresy that there are many patterns of care in our cases, depending on our assessment of pathology and the anxieties aroused by this in the patient, as well as in ourselves and others. We looked at cases in which several people were suffering discomfort or pain, some clearly named as patient, some disguised (relative, or maybe doctor or social worker) and Dr Maycock must have as much of this problem of suffering as any of us, and must know that doctors are very quick (as they need to be sometimes, but not always) to identify the patient (for example,