

such portent. Surely the doctor should always be informed of a patient coming up to or at full dilatation in order that he may make every effort to be present at delivery and after.

The nub of the argument for general-practitioner units is combining a relaxed and familiar ambience for delivery with immediately available equipment. It is not acceptable that in 73 per cent of the confinements reported there was no medical presence. How can the practitioners concerned justify their claims for care during confinement? I might add that figures for our local general-practitioner unit last year were equally disappointing.

MICHAEL THIRLWALL

300 Meadowcroft
Aylesbury
Bucks HP19 3JA.

Sir,

Dr Richmond is to be congratulated on his comprehensive and well presented survey of the six general-practitioner obstetric units (*July Journal*, p. 406).

Although I suspect that this was not his intention, his figures present a strong argument against the continuation of separate general-practitioner obstetric units. A transfer rate of eight per cent from the general-practitioner unit to the specialist unit, presumably sometimes several miles away, seems less than ideal and an average attendance rate by the general practitioner during labour of 27 per cent does not indicate a strong inclination to participate in the management of the labours. This attendance rate could be regarded as an indication that the favourable end results were due to the good judgement and ability of the midwives of the units.

The continuing use of buccal oxytocin and the failure to use oral prostaglandins could be regarded as an indication that the general-practitioner obstetricians were out of touch with current obstetric practice.

As a general-practitioner obstetrician myself I hope that general-practitioner obstetrics will survive, but if it is to do so, then I suspect that it will have to be undertaken by general practitioners working within or closely attached to specialist units, who are prepared to be present at and take an active part in most of the labours under their care.

K. A. HARDEN

85 Milngavie Road
Bearsden G61 2DN.

LOOKING AFTER THE OLD

Sir,

Although precise indications of work-

load in general practice have not emerged from the various studies, there is a general impression that elderly patients are the greatest consumers of medical services. Morrell's study of patterns of demand in urban general practice (1970) showed that, while the age groups 64 to 74 and 75-and-over formed the two smallest ten-year group percentages of the practice population, they had the highest attendance rate per consulting patient, and the highest consultation rate per patient at risk.

Whilst examining at the last MRCGP examination I studied the log diaries of ten candidates, comprising 500 patients presumably seen by them in a sequential and unselected manner. Two service candidates were excluded as being unrepresentative of civilian practice.

The numbers of consultations with patients over 65 years, as they appeared in the logs, were as follows:

65-70	11
70-75	15
75-80	9
80-85	5
85-90	4
95 +	2
Total	46

We are confronted here by the surprising fact that the elderly, a group described as likely to overwhelm general practice, comprised only 9.2 per cent of the consultations. Of course, it must be said that the series is small and not significant to statisticians. However, it seems to indicate that doctors have become inaccessible to older patients, while carrying on a voluminous trade with them by means of repeat prescriptions.

In the review of Dr S. Carne's book (*August Journal*, p. 507), White Franklin was quoted suggesting that six facets of child care should provide the bases of service and the doctor's education now that the "paediatrics of sickness recedes from its historic dominance." No such recession from dominance can be expected of the sicknesses of old age. On the contrary, the magnitude of the problems arising from the care of the elderly places doctors in the front line in their traditional role. It is evident that there exists an urgent need for better training and retraining for deployment at both extremes of the life cycle.

M. KEITH THOMPSON

24 Fryston Avenue
Croydon CR0 7HL.

Reference

Morrell, D. C., Gage, H. G. & Robinson, N. A. (1970). *Journal of the Royal College of General Practitioners*, 19, 331-342.

MEMBERSHIP EXAMINATION

Sir,

In the June *Journal* (p. 381) you kindly published my observations on the use of the college examination as a means of selection of trainers. Since that letter was written I have had further cause to question whether the examination is in reality being regarded in the way in which the College intended.

In his excellent lecture, reproduced in the July *Journal* (p. 391), Dr J. P. Horder states that the examination tests a minimal level of competence. Entrants would therefore fall into two categories: vocational trainees demonstrating that their training has achieved its desired end, and established practitioners seeking to demonstrate that their experience over the years has achieved a similar result. I find, however, both from information reaching me in the post and from advertisements in the *Journal* that courses are being offered for the examination. If either a vocational trainee or an established practitioner has reached the basic level of competence which the examination is supposed to assess, then such courses would appear to be superfluous. If, on the other hand, the examination can be more easily passed by attending a course on how to pass it, then to my mind it is not assessing a basic level of competence.

In making these observations I am not adopting an anti-college or anti-examination stance; I am simply attempting to ensure that the examination is really assessing what it is supposed to assess and to ensure also that my chosen specialty is not in danger of becoming crippled by the insidious disease of multiple diplomatism.

M. TOWNEND

24 Fitz Road
Cockermouth
Cumbria CA13 0AD.

GOLD MEDAL ESSAY

Sir,

Dr Stevens's essay (*August Journal*, p. 455), which won him the Butterworth Gold Medal, reminds me of the television panel game, *Call my Bluff*. I am not sure whether what he says is true or false. Before reading his contribution I had not even heard of a "paradigm", which according to the *Concise Oxford Dictionary* is an "example, pattern, especially of inflexion of noun, verb., etc." and I am not clear even now what it is all about. No doubt now paradigm will become an 'in' word, just like 'Draconian' and 'existentialism'.

The article, which consists largely of stringing together extracts from 211