

Lambert, P. M. & Birch, D. (1975). Comparison of the first and second national morbidity surveys. *Journal of the Royal College of General Practitioners*, 25, 874-878.

COMMUNITY MEDICINE AND GENERAL PRACTITIONER SERVICES

Sir,
The Faculty of Community Medicine and the Royal College of General Practitioners have set up a Working Party to promote effective co-operation between general practice and community medicine by a study of ways and means of developing information systems useful to general practice with emphasis on practical applications.

We wish to start with a review of existing models of co-operation and through the courtesy of your *Journal* I would request any readers who know from their own area of examples of co-ordination between community medicine and general practitioner services to let me have a brief written summary of such schemes.

J. S. BERKELEY

Community Medicine Specialist

Foresterhill House
Ashgrove Road West
Aberdeen AB9 8AO.

GENERAL PRACTITIONER OBSTETRICS

Sir,
Mrs M. Tew's interpretation of the Oxford General Practitioner Obstetric Unit figures (*August Journal*, p. 502) is original to say the least! Her implication that we should have done better had we transferred fewer patients to consultant care in pregnancy during the last triennium seems to be a complete non sequitur. The facts, comparing the first and last triennia, are these:

1. The overall perinatal mortality fell from 15.3 to 9.1 per 1,000.
2. The perinatal mortality for patients transferred to consultant care in pregnancy fell from 54.9 to 28.6 per 1,000.
3. The perinatal mortality for patients not transferred in pregnancy (but including those transferred in labour) fell from 3.4 to 2.0 per 1,000.

In her second main paragraph she seems (conveniently perhaps) to have excluded perinatal deaths from patients transferred in labour. Thus, the variations in perinatal mortality rates for the two triennia for those transferred in pregnancy and those not transferred are represented by factors of 16 and 14

respectively, not 30 and 40 as she maintains, that is there was some improvement, not 25 per cent deterioration.

I maintain, therefore, that re-examination of our figures by comparing the first and last triennia reveals an improvement in performance of 40 per cent over the 10-year period and is, I believe, further justification of our style of general practitioner obstetric practice which combines teamwork and collaboration with specialists with continuing education and audit.

M. J. V. BULL

East Oxford Health Centre
Cowley Road
Oxford OX4 1XD.

THE JOURNAL

Sir,
Dr Sackin's outcry was perhaps a trifle excessive but he does raise an important point (*May Journal*, p. 306). Articles published in the *Journal* often carry the germ of an idea or suggest a promising line of thought, but why have they to be blown up into 'originals'? Is there no place nowadays for the humble 'medical memorandum', or the modest 'communication', or even simply a letter through which to transmit our thoughts and findings?

I constantly hear complaints about *Journal* articles being dead boring, and it does seem rather pointless to wade through pages and pages of dull, but no doubt impeccable, material merely to discover the null hypothesis confirmed, or some such. That sort of exercise surely serves nobody's interests—except possibly perhaps the authors'.

Here, I am afraid Dr Sackin could be right in implying that this unwelcome trend may be associated with the advent of academic general practice and the consequent need for career advancement. General practice has so far been spared the more pernicious effects of a hierarchical career structure, but this could change. Nowadays one comes across quite slight articles bearing the names of four authors, among them the professor and his reader; and I remember an article in the *Journal* boasting no fewer than seven authors. I ask you, Sir, how can seven individuals write one paper? Is it that important to be numbered amongst the 'et al.'?

One can sympathize with the plight of aspiring academics, gloomily pondering the stark message, 'Publish or perish!': the higher the reputation of the *Journal*, the greater the incentive to be seen in it. Keeping a proper balance between articles of equal merit must be an editorial headache, but the *Journal* is after all the journal of the College, not of the university departments.

J. S. NORELL
Dean of Studies

Royal College of General Practitioners
14 Princes Gate
London SW7 1PU.

WOMEN GENERAL PRACTITIONERS

Sir,
I was interested to read the latest somewhat coy instalment of your long-running "woman claws woman" saga (*May Journal*, p. 305).

Dr Hayden suggests several reasons why male partners are preferred—women may 'have more time off', 'have been unreliable partners', or be 'less clinically competent'. Such charges are serious. However, she does not produce any evidence to back these assertions, nor indeed discuss how the reliability or clinical competence of general practitioners might be measured. It is therefore impossible to judge whether her hypotheses are valid.

Moreover, even if it were found that, as a group, women did have more time off work because of their family commitments (perhaps the most plausible of Dr Hayden's theories), this would hardly be surprising. It is nowadays a commonplace that married women enter the job-market with one hand polishing the furniture, if not actually tied behind the back. Those with children are required to be mothers, housekeepers and home nurses as well as paid employees. Although many men now participate in domestic duties, these are rarely as arduous or as sustained as the tasks undertaken by women.

Female medical students are at least as academically able as their male counterparts. When the opportunities, in the form of part-time training and career posts, are available, women are able to fulfil their potential, even when their success is measured on the traditional parameters—the attainment of hospital consultant or general practitioner principal posts and the achievement of post-graduate qualifications. However, it is not enough merely to ensure that women can avail themselves of these opportunities for part-time work. All those who wish to see women treated equally, and one must assume that Dr Hayden is among these, should press for future changes which ensure that men are able to play a fuller role in the domestic round.

Dr Hayden's suggestion that, by protesting, women have "frightened" their male colleagues, seems rather naïve. Without the efforts of such women, she would not have been able to reach her present position, and it ill becomes her to attack them. It may be tempting to