

emphasis is often too much on high technology deliveries rather than antenatal and post-natal care, seems inappropriate. I am not convinced that the type of antenatal and post-natal care as practised in most hospitals, with patients seeing different doctors at each visit, is appropriate in the training of general practitioners.

It is obviously important to improve and maintain standards within general practice obstetrics, but the rigid recommendations for training as laid down in the document may end up excluding many able people from general practice. This particularly applies to women wishing to train. Nowhere in the document is any mention made of flexibility or the possibility of part-time training. Many women, and men, may not be able or prepared to work alternate nights in an approved obstetric job to provide antenatal and post-natal care. Many women doctors will have experienced childbirth themselves and will be able to relate antenatal and post-natal care to intranatal care. It would be a shame to exclude this expertise—flexibility of training and attention to individual ability will also be a benefit to standards of practice.

ANN MCPHERSON

19 Beaumont Street  
Oxford XO1 2NA.

## HAYFEVER

Sir,

The management of 'minor' medical conditions is seldom as straightforward as many experts would have us believe. Hayfever is a disease whose treatment lies almost solely within the domain of the general practitioner, and one which we believe clearly illustrates the truth of this statement. Although numerous pharmacological agents have been shown to be effective in treating symptoms of hayfever in many controlled trials (Norman *et al.*, 1972; Illum *et al.*, 1973; Loeb, 1961), few of these have ever been assessed in comparison trials and little is known about their relative efficacy. There is also little information available about patients' preferences for various forms of treatment.

We would like to present the abbreviated results of two surveys, both of which were carried out as preliminaries to comparative studies designed to produce such a prescribing policy.

1. In the summer of 1978, the hayfever prescribing patterns of six doctors in our urban group practice in Kingston-upon-Thames were examined. Over 20 different treatments were being prescribed, and there was a wide variation between doctors in their average per

patient seasonal prescribing costs (ranging from £7·69 to £18·62).

2. In the summer of 1979, 93 patients consulting this practice for hayfever completed a questionnaire about their symptoms and their evaluation of the treatments they had received in the past. Overall, steroid preparations were thought most effective for nasal symptoms, and topical sodium cromoglycate most effective for eye symptoms. The two most expensive treatments available—hyposensitization and topical nasal sodium cromoglycate—were worst in patients' assessment of efficacy. Depot steroid injections were considered very helpful by the small number of patients who had experience of them.

3. Further studies are required to determine whether or not steroid therapy should be selectively employed in the treatment of patients whose hayfever is characterized by nasal blockage (Mygind, 1979).

We believe that these findings indicate that there is a real need for proper comparison trials of the principal treatments for hayfever, so that its management can be placed on a more rational basis. We are currently piloting such studies and we invite any doctor interested in participating in a collaborative trial in the hayfever seasons of 1981 and 1982 to contact us for further information.

MICHAEL D'SOUZA  
SEAN HILTON

The Canbury Medical Centre  
1 Elm Road  
Kingston-upon-Thames  
Surrey KT2 6HR.

### References

- Illum, P., Meistrup-Larsen, U., Moessner, J. *et al.* (1973). Disodium cromoglycate (Lomudal) in the treatment of hay fever. *Acta Allergologica*, **28**, 416-424.
- Loeb, L. J. (1961). The use of methylprednisolone in seasonal allergy. *Canadian Medical Association Journal*, **85**, 480-482.
- Mygind, N. (1979). Perennial rhinitis. In: *Nasal Allergy*. 2nd. edn. Chapt. 15. pp. 224-232. Oxford: Blackwell Scientific Publications.
- Norman, P. S., Winkenwerder, W. L. & Lichtenstein, L. M. (1972). Trials of alum-precipitated pollen extracts in the treatment of hay fever. *Journal of Allergy and Clinical Immunology*, **50**, 31-44.

## PREVENTION

Sir,

May I express my view regarding the three recent publications on preventive

care issued by the College. These appear to me to emphasize the 'God image' that some college academics have of general practice—the idea that nobody within society other than themselves can lead a positive preventive health campaign.

We as general practitioners are already asked by the College to spend more time teaching students and trainees. We are asked to practise 'holistic' medicine, caring for many self-inflicted stresses of life which could have been avoided by correct parental responsibility and educational direction.

If the suggestions the College is now making are taken up within general practice, I can foresee the emergence of a supermarket, streamlined, impersonal approach. I would ask the College to reconsider their 'God image' and encourage us 'down-to-earth' doctors to continue caring for the sick, the dying and those who come to us seeking comfort, support and the occasional cure.

We can, of course, as general practitioners play our part in preventive medicine—in relation to the down-to-earth medical care that I have described. But to organize large screening schedules will not improve the health of the nation but make them more dependent on the medical services which are already under stress and over-financed.

A. DUNNILL

East Oxford Health Centre  
Cowley Road  
Oxford OX4 1XD.

## PREGNANT AT SCHOOL

Sir,

In his review of the Joint Working Party Report on Pregnant Schoolgirls and Schoolgirl Mothers, Alan Hutchinson (January *Journal*, p. 60) comments that "evidence was not submitted to the Working Party by the Royal College of General Practitioners". This statement was made because, in Appendix 3 of the Report, the Royal College of General Practitioners is not listed as an organization submitting evidence to the working party.

In order to set the record straight, I should inform your readers that the College was approached to give evidence to the Working Party and this was prepared on our behalf by Dr Robin Steel. The statement in Alan Hutchinson's review therefore is incorrect, but the mistake is due to our name being omitted in the Report itself.

JOHN HASLER

*Honorary Secretary of Council*  
The Royal College of General  
Practitioners  
14 Princes Gate  
London SW17 1PU.