

## LETTERS

**The College and Nuclear War**

Sir,  
The Council of the RCGP was right to advise the President not to attend the Cambridge Conference on the medical aspects of nuclear war. There was a distinct possibility that the Conference was being organized for ulterior political motives and that a resolution promoting, for instance, unilateral disarmament might have been passed. The College in the person of its President would then have appeared to be taking a particular political line which may well have been very unacceptable to a significant number of Members. It was for this reason alone that the Council gave its advice.

Now that the Conference has taken place the College is in a position to formulate its own policy with regard to the prevention of nuclear war and it would seem appropriate now that such a debate should take place.

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**General Practice Obstetrics**

Sir,  
There can be no doubt that shared care and no general practitioner care are on the increase at the expense of total general practitioner obstetric care. In our practice (Nicol, 1981) total care remained at a steady level of 80 per cent of all pregnancies until 1973. By 1980 it was 46 per cent.

It is obvious that a fall as steep as this, if allowed to continue, will lead to zero total general practitioner care (an exercise in extrapolation which anybody can have a go at with a piece of graph paper and a pencil), let us say by 1995.

What I find difficult to accept is the implication in the report published in the *Journal* (February, p 116) that seven out of eight pregnancies and confinements require either total or partial consultant care.

There are a host of reasons for referral, but one which is insufficiently aired is that lack of practice in obstetrics leads to lack of confidence, and ultimately to fear. The young doctors of today who come into general practice with their DRCOG and six months' hospital training in obstetrics are going

to find it very difficult to maintain their skills, especially when only one in eight of the United Kingdom's total confinements are coming their way. I therefore welcome this report and hope that it will help to rejuvenate general practitioner obstetrics.

The section on continuing education in the report and on the maintenance of skills is very important. I would like to ask one further question. When will scanning facilities be available to all general practitioners performing antenatal care? If I wish now to confirm a diagnosis of multiple pregnancy or ascertain the maturity of the fetus I can x-ray the patient with no difficulty at all. But if I wish the patient to be scanned, which is far safer for her, I have to refer her to a consultant. Why are scanning facilities not available to general practitioners except through a consultant?

Perhaps the nonavailability of scanners to general practice could be taken up by the Royal College as one of their next discussion points on the subject of obstetrics?

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**Reference**

Nicol, H. G. (1981). Culling quietly. *British Medical Journal*, **283**, 1091-1092.

**Cervical Cytology and Computerizing FPC Registers**

Sir,  
It would be a pity to miss the opportunity provided by the computerization of Family Practitioner Committee registers to include an efficient initial call re-call system for cervical cytology screening in general practice.

The FPC list of patients is very comprehensive and accurate and I think that it would be more efficient and reliable to initiate the names of patients to be called for initial smears and recall for follow up smears at the FPC level rather than at individual practice level. There is also a strong case to be made for integrating the data on abnormal smears at present kept in cervical cytology laboratories (in manual retrieval systems, I suspect) into the FPC computer.

There can be little doubt that an intensive screening programme is as-

sociated with a fall in the death rate some years later, although the report of the Canadian task force (the Walton report) concluded that it was not possible to prove or disprove the part screening had played in the observed decline in incidence of carcinoma of the cervix, but that the relationship between screening and the decline was striking. Despite the small numbers, where intensive screening was introduced in the Tayside and Grampian areas in 1960, there has been a decline in mortality rates. Despite doubling in death rate in the under 35 age group between 1966 and 1976 elsewhere in the country, in the Tayside and Grampian areas there have been no deaths in this age group since 1972.

I doubt that financial considerations play any significant part in the decision taken by general practitioners to take a cervical smear or not. Half the smears taken already are not eligible for any payment and the money from cervical cytology at present represents less than 0.1 per cent of typical practice income. Financial arrangements are, however, important in principle if not in practice. As the general medical services for which a general practitioner is contracted to provide specifically do not include screening procedures or health education, payment for a screening programme would have to be funded separately.

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**Repeat Prescription Registers**

Sir,  
Professor Drury kindly refers to our article on the repeat register (Pickworth and Melrose, 1972) in his review of literature relating to repeat prescribing (*January Journal*, pp. 42-45) (although the card displayed in Figure 3 is not from our system), and he describes it as a major disadvantage of the register that the doctor will not have the latest information when consulting.

In addition to the register in the reception area, our system involves the use of a drug card in the notes. This displays the names of drugs prescribed, and records the date when the patient was last reviewed, as well as that beyond which prescriptions will not be issued without further consultation. The register card, normally kept at reception, is placed in the hands of the doctor whenever he or she signs a repeat prescription, and it bears the dates of all previous 'repeats'.