

Obstetrics was, and many would say still is, the poor relation of medicine, surgery, pathology and the preclinical sciences; a mere 'extra' to be fitted in. To almost everyone it seemed that the fault was poor professional care and the remedy better training. With hindsight, however, it seems likely that poor standards were only partially responsible. With crude anaesthetics, no blood transfusion or antibiotics and with a high incidence of toxæmia, improvements in medical care could only have played a limited part. Of greater importance, one suspects, was the poor standard of health of the labouring classes up to and including the 1930s. In this, as in other problems connected with urban poverty, the relative importance of the failings of medicine and poor social conditions is very difficult to unravel. Moreover, the history of maternal mortality seems to be unusually full of curious anomalies. But it is startling to realize that when people aged 50 years or over today who came from a working-class background were born, the risk to their mothers was to all intents and purposes the same as it was at the time of the battle of Waterloo.

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## References and Notes

1. In 1982 the perinatal mortality rate was 11.2 per 1,000 total births. The maternal mortality rate was 11.9 per 100,000 total births or 0.119 per 1,000: *On the State of the Public Health for the year 1982*. London: HMSO, 1983.
2. Farr W. *Report of the Registrar General on Births, Deaths and Marriages*. p241. 1876
3. This estimate is based on the reports of the midwifery department of the Westminster General Dispensary by: Bland R. *Philos Trans R Soc Lond* 1781; 71: 355-71. Granville AB. *Lond Med Phys J* 1822; 47: 283-288. *Transactions of the Obstetrical Society of London* 1860; 2: 139-196.
4. Alterations in the classification of diseases in 1874 and 1911 means that the statistics throughout the period 1850 to 1930 are not strictly comparable. Nevertheless, the differences introduced through these alterations were of minimal significance. Those of 1911 tended to make the mortality rate after 1911 look more favourable rather than less compared to the earlier periods.
5. See *inter al*: Merriman S. *A Synopsis of the various kinds of difficult parturition*. London: Callow, 1814. Ramsbotham F. Report of the Eastern District of the Royal Maternity Charity. *Lond Med Gaz, new series* 1843/44; 2: 619-623. Dunn R. On the statistics of midwifery from the records of private practice. *Trans Obstet Soc Lond* 1859/60; 1: 279-297.
6. *Report of the Registrar General*. 1875 and 1876.
7. Cullingworth CJ. Inaugural address on the undiminished mortality from puerperal fever in England and Wales. *Trans Obstet Soc Lond* 1898; 39: 91-114.
8. Williams W. *Deaths in childbed: a preventable mortality*, the Milroy lectures delivered at the Royal College of Physicians, 1904. London: H.K.Lewis, 1904. See also: Munro Kerr JM. *Maternal mortality and morbidity*, Edinburgh: E. and S. Livingstone, 1933.
9. Garrett Anderson E. Deaths in childbirth. (Letter.) *Br Med J* 1898; 2: 927.

# The Irish College of General Practitioners

FOR almost as long as I can remember many of us have felt the need for an Irish college in the Republic. The need was, and is, self-evident and relates to the Republic being an independent sovereign state. The Royal College has not been in a position to represent the academic needs of general practice in Ireland in a way that was perceived as acceptable by colleagues in other disciplines, government and most recently by the Medical Council.

The great stumbling block has been the fear that such a small country (the population of the Republic of Ireland is a little over three million), with so relatively few general practitioners could not support an independent college. We are now convinced that it can. This confidence, in order to be justified, requires the recruitment of a majority of those in active practice to the new college. That this should be possible is largely due to the existence and achievement of the Royal College.

The Republic of Ireland and the United Kingdom are tied together by both geography and history, and until 1978 the General Medical Council retained responsibility for the standards of medical education in the whole of Ireland. It was therefore not surprising that John Hunt approached general practitioners in Ireland who might be

interested in a new college. Since that time, the Royal College has had a considerable and growing influence on Irish general practice. In part this influence has been direct and has been mediated through Irish Council and the faculties, in part it has been indirect and has been mediated through the establishment of vocational training, College publications and the slow growth of academic departments. A growing number of young doctors, mostly vocationally trained, have sat and passed the membership examination. All these things have helped to create a new sense of confidence within general practice, a confidence which finds its expression in the Irish College of General Practitioners, which was publicly launched in Dublin on 28 May 1984.

The Irish College owes its existence to a relatively small number of people. In the early stages, John Horder and Alastair Donald provided the encouragement, support and advice which was so badly needed. More recently, a steering committee was formed under the auspices of the Irish Institute of General Practice. This committee represented the Royal College in Ireland and the medical organizations. The Royal College has provided continuing and most valuable support through its officers, and

we were delighted to welcome them and the President to Dublin in May. It seems that it will be possible for Associates, Members and Fellows of the Royal College resident in the Republic to retain dual membership at minimal cost, and to offer members of the Irish College associateship of the Royal College at an attractive rate. The possibility of dual membership is a reciprocal one, and it is our hope that many members of the Royal College resident in the United Kingdom will also become members of the Irish College.

There are problems; there will be difficulties. In the first instance, as was the case when the Royal College was founded, membership of the new college will be open to all established general practitioners. Existing members of the Royal College, especially those who have become members by examination, will feel that in some sense their

hard-earned qualification is in danger of being devalued. Existing faculties of the Royal College in the Republic have decided, quite properly, to remain in being until the new college is firmly established and look forward to the day when the Irish College has its own examination. In relation to the examination and many other aspects of the academic task, the new college will remain heavily dependent upon Princes Gate.

The ties of kinship are strong and it is our hope that this young and increasingly vigorous new college will take its place as a sister college, making its own special contribution to our discipline of general practice.

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*Professor of Community Health*

## William Pickles

**W**ILLIAM Pickles stands with Sir James Mackenzie as one of the two great general practitioner authors in Britain before the Second World War. His *Epidemiology in Country Practice*, first published in 1939, was a classic example of original research carried out entirely within the setting of general practice. A limited edition was published in 1972 as a facsimile of the original and the proceeds were given to the then current College Appeal Fund. The 1,000-copy limited edition in its turn went out of print and this important book has not been available for some years, either to principals or to trainees.

The College has therefore decided to publish this classic book again in its own series so that it will once again be readily available.

### Will Pickles of Wensleydale

Professor John Pemberton was a friend and colleague of William Pickles and his biography *Will Pickles of*

*Wensleydale* was first published in 1970, going into a second edition in 1972. It is the definitive biography of William Pickles and describes his career in a most pleasing and readable way. Professor Pemberton knew William Pickles and his home and practice well.

This book too has been out of print for several years but now, with the agreement of Professor Pemberton, the College has republished it by photo-reproduction and publication has been arranged to coincide with the republication of Pickles' own book.

These two books, which separately and together contribute to the history of general practice, can both be warmly recommended.

The books are available from the Publications Sales Office, Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. *Epidemiology in Country Practice* is priced at £5.50, *Will Pickles of Wensleydale* is £10.50, and if ordered together the two books can be bought at the reduced price of £13. All prices include postage, and payment should be made with order.