

Sir,  
I was delighted to see, in *What sort of doctor? Report from general practice 23*, the reference to the need for a sense of humour for the contemporary general practitioner. Yet there was no attempt to assess this in the report. So, how might this be done?

Initially I imagined the team of assessors descending on the practice armed with joke books and funny hats. But, on reflection, I wondered whether we could apply the same criteria already used for assessment in the report.

Competence: Does he know any good jokes?

Accessibility: Can he remember any good jokes?

Communication: Can he tell jokes?

Professionalism: Can he use the right joke at the right time?

Such an addition to the assessment would have the added advantage of clearly demonstrating who is the most appropriate College member to negotiate with the government when the green paper is finally released.

PETER L. MOORE

104 Chatto Road  
Torquay  
Devon

## Postnatal care — who cares?

Sir,  
I recently attended a conference organized by the Health Visitors' Association and the RCGP called 'Postnatal care — who cares?' It was well attended, but mostly by health visitors, midwives and women from organizations such as the Maternity Alliance. There were only two general practitioners apart from myself.

I am writing because it seems to me that this conference was much needed. In general there was a feeling that women receive a lot of attention antenatally and that the main medical interest switches, immediately the baby is born, to the baby, whereas women's feelings, emotions, pain after delivery, attitudes to sex after delivery and so on, are still not adequately dealt with. There was a general feeling that postnatal examinations did not as a rule give space for the woman to air her feelings and that, indeed, six weeks may not be the right time to do a postnatal examination. The uterus may be the only thing that is 'back to normal' by then, and many problems, such as insidious postnatal depression, vaginal discomfort, body image, tiredness, pain and incontinence may linger on and be missed (or dismissed) at this stage. Health visitors are very busy seeing that the baby is doing well and rarely have the time to really concentrate on the health of the woman herself (a scheme in Manchester appears

to be an exception). Health visitors were unanimous in feeling this way.

Part of the conference was devoted to discussing episiotomies: participants felt that they are still being done without good reason in some cases and without adequate explanation to the woman concerned and, above all, that suturing was often done badly, and the resulting problems dismissed as 'normal'. This is of course more a problem for hospitals than general practice, but the suggestions were that midwives should be encouraged to suture and that medical students should perhaps follow up one or two women whom they have delivered and sutured, once the women went home, to see how they were getting on. It is sad that in Liverpool, as general practitioners, we are not even allowed to suture our domino deliveries, or to have any part in management of domino patients in hospital.

The conference produced some ideas for thought and action: a possible second general practitioner check-up at three months post delivery was thought about, and even a further check on the baby's first birthday or thereabouts to look at the health of the mother and how she was feeling. Partners should be encouraged to come too.

The idea was discussed of making postnatal groups/classes (with a very informal structure) part of the 'norm', as antenatal classes are at the moment. Several women present who were not professionals said that they would have been very keen on going to such a group had it been offered. Where health visitors have run such groups, there has been a good response, but at present it depends on the goodwill and energy of the health visitors and nursing administration in a particular area.

It was generally felt that women benefit greatly from carrying their own pregnancy record, which ideally should contain a section for the women to write down her experience of giving birth and the postnatal period. In the postnatal period this should be filled in by her general practitioner. Now that the College has launched its document on quality in general practice this is an ideal time to look at how general practitioners could be encouraged to give their money's worth at the postnatal examination.

Finally, the conference hoped to launch discussions with general practitioners, in the media and with other health professionals about how women could be better cared for in the postnatal year. All agreed that it took a year for many women to adjust and feel back to 'anything like' their old self.

KATY GARDNER

Princes Park Health Centre  
Bentley Road  
Liverpool L8 0SY

## Appeal for Ethiopia

Sir,  
The need for aid for Africa is likely to continue at least until the end of next year. Band Aid is raising millions. Farmers are donating their ton of wheat. The medical profession is supposed to be one of the caring professions. It would be logical for doctors to make their own particular contribution. While there would obviously be no upper or lower limit the new capitation fee for general practitioners including the supplementary element is £7.50. We therefore ask all doctors to Give A Patient's capitation fee for Ethiopia.

Cheques in favour of GAPE may be sent to the address below or payment may be made by bank giro through any bank to the GAPE account No. 00461822 at the National Westminster Bank, Chesterfield branch, sorting code 60 40 09. To save administrative costs receipts will not be issued unless specifically requested.

It is proposed that the funds collected will be distributed through other agencies already in the field rather than attempting to set up a separate organization ourselves. Although the title mentions Ethiopia it is not considered this should be an absolute restriction. Famine is affecting other states in Africa that may equally require aid.

Please help this worthy cause.

BERNARD LEARY  
GRAHAM FINDLAY  
PHILLIP ALDRED

Windycroft  
Brimington  
Chesterfield  
Derbys S43 1AX

## Summary cards

Sir,  
In conjunction with Stuart Pharmaceuticals our local vocational training scheme has devised a summary card in yellow for use with FP5 folders. Our experience is that these new cards are a considerable improvement on cards previously available and that they facilitate routine screening procedures on our patients. It should be noted, too, that there is a degree of flexibility and that their use can be easily tailored to the requirements of individual practices.

Even better, with gentle persuasion I am confident that Stuart Pharmaceuticals would be happy to make them available at no cost to individual practices. We will be happy to send a sample of this card to any of your readers if they would be so good as to send us a stamped addressed envelope.

P. GROUT  
W.M.M. BRIGG  
M. WILLIAMS

Llys Meddyg  
23 Castle Street  
Conwy  
Gwynedd