

or at the wrong times. There is still room for more co-operation, more positive interest in general practitioners' interests by course organizers, and for more positive efforts by the general practitioners themselves, not only to get to courses but to see that useful courses are held (and well attended) in their own local hospitals.

Postgraduate education opportunities have improved in the last few years, and if efforts continue to be made on both sides there is every hope that the next questionnaire will show an even greater improvement.

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## *Correspondence*

### **“ A Domiciliary Obstetric Service ”**

Sir,

It was with great interest that I read the paper by Dr H. G. St. M Rees (1961, 4, 47) on “ A Domiciliary Obstetric Service ”, admiring his enthusiasm for delivery at home, the very low foetal mortality for patients delivered there which he would have had but for the breech and premature cases, and the excellent results of his forceps deliveries.

Dr Rees, however, should not have compared his forceps deliveries with a small group of those described in a paper of mine, for which he calculated a foetal mortality of 25 per cent. This figure is incorrect and does not appear in my paper which stated only that there were five cases and that two babies were lost. In fact, the group included a patient with triplets who went into labour at 32 weeks, was delivered in hospital and accounted for both the babies lost. Thus there were seven babies, six forceps deliveries (one triplet was a breech) and a foetal mortality not of 25 per cent but of 33.3 per cent. A group of five cases, including a rarity which accounted for its mortality, is quite unsuitable for comparison with Dr Rees's series,

and it was particularly misleading to quote it without stating the number of forceps cases.

Among the other figures which Dr Rees quoted from my paper there are three more which do not appear to me to be correct. Those in his table XV do not occur in the original and if they have been calculated from data therein, I cannot see how it was done. In his table XII the 15.7 per cent foetal mortality for mature breech deliveries is, I think, a misprint for 13.7 per cent. Dr Rees's own figure is no better and both his and mine are poor compared with, say, Salzmann's uncorrected 7.9 per cent for 38 breech deliveries in a general-practitioner hospital.

Dr Rees has demonstrated that patients needing forceps delivery can be treated safely at home, but his experiences with other abnormalities really do not support his suggestion that there could be more latitude in selection for home delivery. If home delivery is to continue it has to be made safe, and to be made to appear safe in the eyes of the public. Foetal mortality, even of the inevitable variety, needs to be reduced to a level unlikely to be obtained if abnormal cases are accepted, however skilful the obstetrician.

IVOR COOKSON.

Hucclecote.

Salzmann, K. D. (1955). Proceedings of a Conference on General-Practitioner Obstetrics. *Supplement to Newsletter No. 10* (vol. iii, No. 1).

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We have shown Dr Cookson's letter to Dr REES who writes:

I must thank Dr Cookson for the kind things he says about my article.

To his criticism of my including his figures in table VIII without reference to the total number of cases or their nature, I accept it as valid. A note should have been inserted to this effect and I had intended so to do. I no longer have his article by me so that I cannot answer his criticism as to table XV, but his surmise about table XII is right.

I am glad that he concedes one of my main contentions, viz.: that it is possible to deliver at home considerably more abnormal cases (especially *intra partum*) than is usually accepted.

Finally, in spite of the defects in the reference tables (for which I apologize but which do not invalidate the text), I must point out that my series runs from 1948, a date when we were not so alive to all the implications of domiciliary midwifery as today. I have no doubt that my foetal mortality can be considerably reduced—even to vanishing point—and I may be able to demonstrate this in 1968.

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