

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.

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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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