be otherwise dependent, are most difficult. —I am, etc.,

W. MORRICE MCCRAE.

Royal Hospital for Sick Children, Glasgow C.3.

SIR,—Professor Douglas Hubble in his article on coeliac disease in childhood (September 21, p. 701) stressed the diagnostic importance of obtaining intestinal mucosa for histological examination. He referred to the Bristol modification of the Crosby capsule and reported that he and his colleagues have found it to be an improved version. However, he stated that the biopsies obtained were as large as with the original Crosby version, and therefore the danger of intestinal perforation, although very rare, still exists. We would like to thank Professor Hubble for his generous comments, but wish to point out that when we originally described the Bristol modification we stressed that it produced specimens of intestinal mucosa at least as large, if not larger, than the original Crosby version. For the investigation of adult patients we would regard this as an advantage, since the specimen may then be investigated in a variety of ways, and furthermore the risk of perforation in adult patients is probably much less than in children. However, we have now developed a smaller version of the Bristol capsule for use in children which takes a much smaller specimen and it is hoped that this will be available shortly. This version will also be distributed by Watsons of Barnet.—We are, etc.,

K. R. GOUGH.
A. E. READ.

University Department of Medicine, Bristol Royal Infirmary.

Postgraduate Training in Obstetrics

SIR,—Dr. M. J. Ball (September 28, p. 806) states that "the general practitioner's surgery is not the place for antenatal history taking and examination." I assume that he means that G.P.s should not be allowed to undertake obstetrics.

He is mistaken. There is nothing in the practice of modern antenatal care which is outside the scope of a good G.P. I would go further and say that it is only in a general practitioner's surgery that antenatal care of the patient as *a whole person* can adequately be undertaken. Specialist obstetricians do exceedingly well in their rushed impersonal clinics, but they are at a tremendous disadvantage since they do not know the patient.

The three confidential inquiries to which Dr. Ball refers did not lay all the blame at the door of the G.P., because the specialist services were not infrequently at fault. Nevertheless, I would agree with the implication that some G.P.s are bad at antenatal care. They should be instructed. This is the purpose of the postgraduate refresher courses, which should be extended, and perhaps made compulsory. The fact that every intensive refresher course in the London area between now and Christmas is fully booked, many with long waiting-lists, shows that G.P. education is catching on in a big way. This trend, and the move towards hospital confinement with its corollary, more G.P. beds, will further increase the experience and raise the standards of G.P. obstetricians.

Some doctors, not all of them G.P.s, are extraordinarily bad at being doctors, but one simply cannot abolish them and their activities by legislation. One can only hope that with a general improvement in standards they too will improve. No good can be done by limiting still further the scope of general practice by policies which would disallow obstetrics and possibly minor surgery and then (who knows?) paediatrics, and leave eventually only documentation and geriatrics to satisfy the clinical enthusiasms of those who had not already emigrated. Recruitment would suffer, and many good new men would be dissuaded from joining what should be the most fascinating branch of the health service. The status of general practice would decline. Is this really what Dr. Ball would wish?—I am, etc.,

Stratford-upon-Avon. H. G. NICOL.

Present State of Medicine

SIR,—I must agree wholeheartedly with Dr. J. F. Young (September 21, p. 743) when he suggests that lack of recreation is responsible for the feeling of dissatisfaction in G.P. work.

One feels most sympathetic for the single-handed G.P. who may find it quite impossible for geographical reasons to gain any adequate off-duty cover. Dr. Young is absolutely right in calling for a salaried service. How much better off in this respect are the hospital consultants who have none of the worries of holidays, locums, illness, and expenses of running the N.H.S. for the country. I do not see why something along the lines of Mervyn Goodman's idea (*Supplement*, August 24, p. 114) should not work in general practice.

What amazes me is that, although the *B.M.J.* has published numerous letters on the subject over the past few years, nothing positive has been forthcoming. I should like to see the B.M.A. conduct a survey among *all* its G.P. members to find out just how they feel about a salaried service. It is no good leaving this to the decisions taken at divisional meetings—we all know how well they are attended—and I feel this really positive step would be well worth while.—I am, etc.,

P. RITCHIE.

Bushmills, Co. Antrim.

SIR,—I have just read Dr. David R. Fry's letter (September 28, p. 810) and I must contribute to what I imagine will be a spate of replies.

I am a general practitioner and this morning treated many far from trivial illnesses, including leg ulcers and rashes, as well as patients with pneumonia, pyelitis, and both young and elderly with respiratory infections. One patient I saw had had tuberculosis of the kidney originally diagnosed by me with the always keen assistance of the local hospital pathological laboratory. I also spent half an hour at the home of an elderly woman with mild delusions who had found it impossible to discuss things in my consulting room, let alone able to talk to a strange doctor in a hospital.

Does this sound like the work of a "specialist in administration at a humble level"? Family doctoring with its long-standing personal relationships and the knowledge that the doctor has of the whole family is still essential.

I think single-handed practice with its long hours of being on call and the worry of finding locums for holidays and sickness is doomed, but group practices of three or four doctors, all of whom know the neighbourhood and the patients, will surely increase. One at least of the group should have an appointment at the local hospital and be able to admit patients of his own practice to his own beds (under consultant supervision) for those illnesses which he is competent to treat. This would decrease the number of registrars required and the number of out-patients attending for routine investigations who could now be referred direct to the departments concerned. All follow-ups could be done in the practice as details of hospital admissions would be known or available.

The work-study team Dr. Fry would bring in might find a personal doctor service more time-consuming than a well-run bureaucratic system based on the hospital where the patient's hospital number was more important than his name, but let us not forget the patient's time also. Twenty patients taking 30 minutes to get to a hospital (instead of 10 minutes to a group practice) also wastes a lot of man- or woman-hours.

All general practitioners would like to cut down on our wasted time and we all wish we could stop the "Certificate Demanders" (Dr. A. Crawford, September 28, p. 808) cluttering up our waiting-rooms. Many of these only require certificates for their employers to cover short absences and not medical attention. In many cases, however, a complete examination has to be made to exclude serious disease as the symptoms described are exaggerated in order to convince the doctor that they are really ill.

By all means let us alter the structure of the health service. General-practitioner groups should do their own antenatal and infant welfare clinics and most of the work now done by the school medical services. The public money saved thereby could then be used to provide decent buildings and ancillary staff for a family doctor service. General practitioners must indeed do something or with our present lack of organization we will become humble administrators in the future and our patients will be just