microbe cultured from the patient's tissues was identified positively the diagnosis is uncertain.—I am, etc.,

HOBART A. REIMANN.
The Hahnemann Medical College and Hospital of Philadelphia, Philadelphia, Pennsylvania, U.S.A.

REFERENCE

1 Zung-Pah Woc and Reimann, H. A., *J. Amer. med. Ass.*, 1957, **164**, 1092.

Young Doctors' Careers

SIR,—Mr. M. M. Garrey (27 November, p. 1311) states that the average age on first appointment to consultancy is now approaching 40. Excluding those who were already consultants or S.H.M.O.s, the Birmingham Regional Hospital Board has appointed 57 new consultants in 1964 and 1965. Their average age was 35.6 years, and 17 were aged 34 or under. Nearly all these consultants had spent two years on National Service, and, whenever possible, allowance for this was made by fixing the starting salary above the minimum of the scale.

I hope that these figures will give some encouragement to young doctors on the consultant ladder, and forecast that it will not be long before the majority of our new consultants are not more than 34 years of age.—I am, etc.,

Warwick. STEPHEN WHITTAKER.

What Should Group Practice Do?

SIR,—The recent articles on group practice are of great interest; unfortunately the "group" concept is in danger of becoming a cliché expected to solve all problems, when in reality it merely poses new ones. The well-administered appointments system, if humanely administered, certainly improves the service given but may increase the work load as well.

It is only in the larger groups that advantages in ancillary staff and specialized equipment become possible—but the distance patients have to travel is then greatly increased. What does the consumer desire? A large group in competition with small but competently staffed peripheral surgeries quickly finds that geography is the key to list-size. Unless competition is withdrawn by agreement, more than a three-doctor unit may be out of the question. This is not sufficient for a week-end rota unless our own stratagem of *two* central group surgeries is adopted.

Relationships as strong as in any single-handed practice may exist, but some practices allocate patients randomly on arrival each time. Others formalize matters so much that it is virtually impossible to change doctors within a group without a public declaration of loss of confidence in a colleague; we allow the patient to choose but encourage a reasonable constancy. Which is right? Should patients be grouped by families, by age groups, or merely by doctor–patient compatibility?

We have remarkable freedom to decide upon our obligations, but the fields into which we venture in addition to the basic medical care to which we are committed seem to be determined by our view of our role—Balint's apostolic function. Should one undertake advanced techniques of medicine (with one's electrocardiograph) or obstetrics (with one's Keilland's)? Should one spend hour after hour on the management of neurosis—70% are said to respond spontaneously within a year, but they never seem to do so? Or is the follow-up of high-risk groups, such as the aged and the post-gastrectomies, more profitable? What about screening the patients for glaucoma, diabetes, and cancer? Should we continue to immunize the children or delegate that to a health visitor, and instead, as in a Birmingham practice,[1] organize health lectures for our patients? The total practitioner time available to the country is limited, and any new task is performed by sacrificing an older one.

Dr. John Wigg (20 November, p. 1248) asks us to build a new Health Service with devotion to its principles. I agree with him, feeling that this may well depend on what we mean by group practice, and what we expect a group practice to do.—I am, etc.,

Bletchley, Bucks. GEOFFREY RIVETT.

REFERENCE

1 Pike, L. A., *J. Coll. gen. Practit.*, 1965, **10**, 317.

Single-handed Rural Practice

SIR,—I write as a single-handed rural practitioner who has completed about a third of my hoped-for practice life, and I am more and more being made aware of being out of tune with the future development of general practice. Phrases such as "cottage industry" seem to be directed my way, and group-practice loans are given to the officially desirable practitioners.

My wife is hardly less important to my patients than I am and spends a considerable time assisting them and me in many ways, yet is able to vary it according to the need of the moment and her own personal commitments. However, non-related ancillaries are all in favour and are going to be paid for, but wives only nominally and not according to their degree of involvement in each individual practice or qualifications. I do a great many trivial tasks that could be done by others, and sometimes my wife does them; she knows my foibles, and I can't imagine an outsider doing them as I do so often as she does.

It all boils down in my mind to the value of a highly personal service, as opposed to the mass-market approach becoming so prevalent in other walks of life—and so detestable. It need hardly be said that patients respond to it absolutely; yet I am sure I speak for numerous practitioners in both town and country when I say that I wonder how much longer it is going to be permitted.—I am, etc.,

Puddletown, Dorset. P. A. NORMANDALE.

"Helping Your Doctor"

SIR,—With regard to Dr. B. W. Cole's letter (13 November, p. 1186) it would seem that his patients are more interested in helping their doctor than mine are. My ten copies are still in my waiting-room. Does the Minister really believe that patients will be persuaded in this way to help their doctor? After all, the Health Service is their right, for they pay for it, but I have yet to find a patient who has read his insurance stamp. If they did so, they would realize just how little they do in fact pay for their medical service.—I am, etc.,

Richmond, Yorks. R. H. HANSELL.

Antenatal Attendance Grant

SIR,—Our profession is exhorted to improve antenatal care in order to reduce perinatal mortality. Antenatal care can, however, be given only if and when the woman admits to being pregnant, and seeks it. Many grand multiparae fail to inform either the doctor or midwife until late in pregnancy. Attendance for antenatal care can be inconvenient for a woman with several toddlers in the home. As she may have to pay someone to care for her family, or pay bus fares for them all, she has a financial disincentive, and her past experience of normal confinements has reduced fear as an incentive to attend.

Redeployment of the money available for maternity grants to apply some of it as an antenatal attendance grant would go a long way towards correcting this situation. Some, with unwanted pregnancies which they do not wish to admit—even to themselves—would still fail to attend, but in France, where a social security payment is dependent on this, a high proportion attend clinics at the third month of gestation.

I should be interested to learn whether in other parts of the country the failure of grand multiparae to inform doctor or midwife early in pregnancy is the major cause of lack of antenatal care. If this is general experience it would seem that the only way in which a rapid and significant improvement can be made in our perinatal mortality statistics would be the introduction of attendance grants payable on production of a certificate from doctor or midwife stating that the woman had attended for antenatal care.

In a letter to me the Ministry of Pensions has contended that such a grant would be improper, since it would compel acceptance of medical care, and because maternity benefits are intended to assist women to meet expenses incurred as a result of the birth of a baby. Such objections could and should be overcome if the extent of the problem of the late-attending grand multipara throughout the country justifies it.—I am, etc.,

J. S. ROBERTSON.

Public Health Department, Barton-on-Humber, Lincs.

Who Should do Multiple Screening?

SIR,—I write to support Dr. R. P. C. Handfield-Jones (27 November, p. 1307) in his plea that multiple-screening tests and cervical-smear techniques should not be organized without the fullest consultation with the general practitioners of the area, or in such a way that they be excluded from the fullest participation that their inclinations, skills, and other commitments may allow them. I share his regret that local authorities and hospital authorities are doing just that—organizing a service without apparently thinking of the general practitioner at all.