staff and the need for direct discussion between the general practitioner and his nurse to determine the work to be done.

Though it has been clearly established policy that home nurses were not to undertake surgery-nurse work, some disagreement did arise regarding where exactly this work started and finished. As a result the home nurses have been advised that they will personally have to answer to the superintendent for what they do, and in fact with time solutions have been found possible.

Similarly, the difficulty of determining the extent to which midwives and health visitors should do their own work in general practitioners' surgeries caused some disagreement. Very few general practitioners run well-baby clinics, but health visitors do attend those that are held. On the other hand, more than half the general practitioners now organize their antenatal work into sessions, and midwives attend where this is done. Problems have arisen in relation to what is or is not a reasonable grouping of work, though in every case these have been settled in direct discussion between the general practitioners, nurses, and nursing superintendents concerned.

Discussion

Since it is inconceivable that the public would ever agree to their choice of general practitioner being limited, only the pressure of ever-increasing traffic densities—and therefore longer travelling time—is likely to gradually encourage a de facto return to general practitioners restricting their practices to a localized area. Continuing adherence to the traditional area pattern of community nursing organization has no influence on public opinion and can no longer be justified.

On the other hand, some practical limits have to be set. While it may seem reasonable to some general practitioners based in Southampton to continue to attend patients who have moved out of the city to places as far as 30 miles (48 km.) away, because the patient's demands for service are very rare, sending a health visitor out of the city for two hours to give advice on infant feeding and development is impossible to justify. Accordingly in Southampton the nurses have been restricted to working within the city boundary.

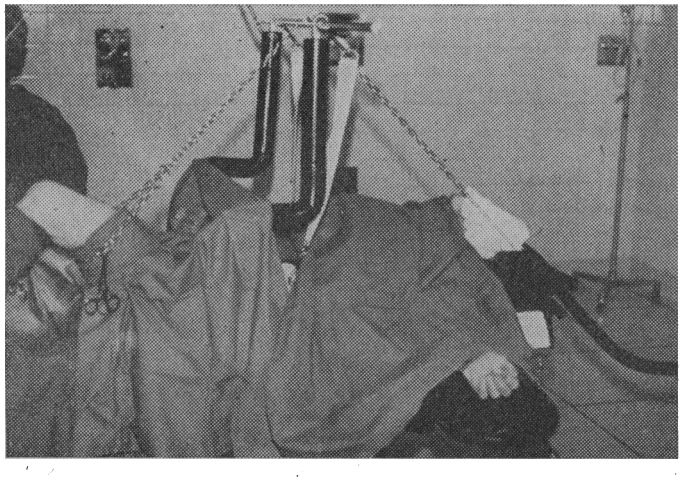
Though it is to be hoped that the appearance of health centres and group practices will enable this problem to be solved in a rational manner, the consumer's freedom of choice of doctor must obviously be recognized as a basic factor. The confusion caused by equating the term "attachment" with visits by the community nurses to doctors' surgeries has caused quite unnecessary delay in the past. The essence of establishing real and effective doctor-nurse teams lies in each doctor knowing the names of the community nurses who will work with him in caring for the patients on his list, and not in argument about where records are to be kept or communications passed.

Thanks are due to the nursing officers and administrative staff who made the changes possible, and to the nurses for their forbearance during all the difficulties.

NEW APPLIANCES

An Aid to Leg Amputation

Professor LAURENCE TINCKLER, Royal Gwent Hospital, Newport, Mon., writes: During amputation of a leg it is necessary for the limb to be held steady and at an angle convenient for the surgeon. This duty inevitably falls to the lot of an assistant, who is thus presented with a tedious and perhaps exhausting task. To lighten the assistant's load, or if necessary to enable the surgeon to amputate without help, an aid has been devised which has advantages over the commonly used sandbag support and is simple and effective. It consists of a length of stainless-steel chain and two stainless-steel hooks, which are sterilized before use. The patient is placed on the operating-table with lithotomy posts in position at about the level of the iliac crests. A crossbar is then placed athwart the table through the rings of the lithotomy posts (I have found the extension piece of a drip stand convenient to use).



When the limb has been prepared and towelled-up one end of the chain is slung under the thigh, with a towel interposed between thigh and chain, and made fast to itself by means of a hook; the other end of the chain is then passed over the crossbar to the anaesthetist, who fastens it to the edge of the head-piece of the table with the other hook after pulling the chain sufficiently taut to support the limb at the appropriate angle (see Fig.). Minor adjustments of the angle of the limb can be made during the operation by raising or lowering the head end of the table.

The device can be supplied by Chas. F. Thackray Ltd., of Leeds.