retina and the cortex. The problems and responsibilities arising from this established fact are so great that, by comparison, the matter of vision screening in older children (8 October, p 958) is trivial. Certainly refractive errors appear in older children so long as body growth continues. Almost all of the 7.4% of children with later developing significant visual defect, found by Drs Peckham and Tibbenham, are myopes whose near vision is normal and whose distance vision will always remain correctable to normal even if undetected until adult life.

I do not think that sufficient emphasis has been placed, in this correspondence, on the one essential point: by 8 years plasticity in visual development is lost and eyes that have never learned to see centrally remain blind to discriminating vision.

R M YOUNGSON

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* * * This correspondence is now closed.—ED, *BMJ*.

Hospital appointment procedure

SIR,—May I be allowed a brief general riposte to the sharp responses to my letter (3 September, p 645)? All your correspondents work in hospitals and see things, understandably, solely from the hospital viewpoint. I was not surprised to have raised their hackles in drawing attention to a clumsy hospital procedure which undoubtedly lends itself to abuse.

In general practice—when it runs well and the hospital co-operates—if the GP considers a consultant opinion necessary his secretary can immediately type the referral letter. She then telephones the hospital, indicating the degree of urgency. (An estimation best made, surely, by a doctor who has examined the patient outside, rather than by one who has examined a piece of paper inside a hospital.) The date and time of the appointment are typed on the envelope and the letter given to the patient. This arrangement is immensely appreciated by the patient, who is spared anxiety and suspense, and by the GP, who knows what is happening to his patient. Time is saved; so is the cost of postage.

It is a bit tough that, whereas constant criticism of the GP from inside and outside the profession is a currently acceptable pastime, criticism by him is castigated as rocking the boat. My letter was not directed at the Middlesex Hospital, which provides an admirable district hospital service.

BENJAMIN LEE

London WC2

Obstetric audit in general practice

SIR,—Dr G N Marsh's audit of the pregnancies in his practice (15 October, p 1004) and his sensible plea for GP obstetricians to be given more realistic consideration in the planning and execution of future maternity services caused me to have a sad feeling of déjà vu. A similar review of the pregnancies in my previous practice, in Ayrshire, between 1958 and 1960¹ had almost identical results and conclusions.

Now, almost twenty years later, the trend towards more and more specialist hospital

confinements, often with obstetrical interference, is gaining pace. If the reason for this is that the drop in the birth rate necessitates a high specialist hospital confinement rate for teaching and training purposes, then this should be stated. If not, then is it not time that the argument that it is always safer to have a baby in a specialist hospital be refuted and the place of the GP obstetrician be reassessed?

Most GP vocational training schemes now include a six-month period of training in obstetrics. Is it right to allow the obstetrical skills of these young general practitioners to atrophy, by depriving them of the opportunity of looking after carefully selected patients in childbirth? Dr Marsh thinks no; and I would agree with him.

J S K STEVENSON

Department of General Practice,
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¹ Stevenson, J S K, *British Medical Journal*, 1961, **1**, 1673.

SIR,—The report by Dr G N Marsh (15 October, p 1004) on the experience of a GP maternity unit was interesting, but I cannot agree with his implied conclusion that perinatal mortality is lower in a GP maternity than in a consultant unit when patient selection has been taken into account. The number of deliveries was too small and the survey not designed in such a way that one can draw such conclusions.

When will someone answer this question by designing a prospective controlled trial in which women assessed as suitable for confinement in a GP unit are randomly allocated to either consultant unit or GP unit care?

R M DARLING

Harrogate, Yorks

Oestrogen:creatinine ratio in all pregnancies?

SIR,—We were interested in the recent article by Dr L G S Rao (1 October, p 874) on the value of measuring the urinary oestrogen:creatinine ratio (OCR) in pregnancy. He advocates extending the test to every patient rather than confining it to those thought by the obstetricians to be at special risk. Using the data in this paper, we have drawn up a table to show the incidence of fetal and perinatal mortality for those patients monitored for fetoplacental function compared with those in whom the OCR was not measured.

	No	Mortality (%)	
		Fetal	Perinatal
OCR monitored ..	5429	1.25	1.90
OCR not monitored ..	10 179	0.96	2.15

With the χ^2 test the difference between the groups for either mortality classification did not reach statistical significance ($P > 0.05$). This implies that the selection of patients for OCR determinations is ineffective. One must conclude that either new selection criteria are required or that all patients need to be monitored. We believe this finding is crucial to the argument for widening the scope of the OCR test, but before facing the technical and staffing problems of extending the laboratory service it is necessary to know whether the above results were biased in any way.

We therefore wish to ask Dr Rao on what basis patients were selected in his study both for OCR monitoring and for exclusion from measurement. In contrast to Dr Rao we are concerned about coping with the increased work load.

A T HOWARTH
P RISDON
DAVID P SMITH

Biochemistry Department,
Royal Infirmary,
Bradford

* * * We sent a copy of this letter to Dr Rao, whose reply is printed below.—ED, *BMJ*.

SIR,—In reply to Dr Howarth and his colleagues, the selection of patients for oestrogen assays was made by our obstetricians and the criteria for selection were the usual criteria which are used throughout the country for the identification of high-risk patients. The lack of a significant difference in the number of fetal deaths between those who had their pregnancies monitored by oestrogen assays and those who did not would make it appear that the selection of patients for this assay is ineffective. This conclusion is not strictly true, because many of the fetal deaths occurred in patients who did not receive any antenatal care, including oestrogen assays. Most of these patients were from a poor socioeconomic background, had failed to attend any of the antenatal clinics, and came to hospital in labour. To that extent the results are biased.

There is also a category of patients who had fetal deaths without any clinical signs of high risk, and this category has been termed "cause unknown" in the classification by clinical cause of perinatal deaths used in Glasgow.¹ Your leading article (15 January, p 123) on the prediction of fetal death has stressed the difficulties of the obstetricians and is worth quoting: "The obstetrician's second patient (who is the one most at risk) is buried in the maternal tissue, so that the predicament is like that of a physician asked to assess a patient in full winter dress and refusing to take off even the greatcoat. In consequence obstetricians are relying more and more on scientific techniques to give them insight about the hidden fetus." Therefore I feel that every patient must be monitored at least thrice weekly, if not daily. I know that it will be a considerable effort for the laboratory, but I do not see any real alternative at the present time.

L G S RAO

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Bellshill, Lanarkshire

¹ McNay, M B, *et al*, *British Medical Journal*, 1977, **1**, 347.

The perilous skateboard

SIR,—Your correspondent Dr A R Rogers (15 October, p 1026) seems to be displaying in his attitude towards skateboards the kind of holier than thou elitism that is so common in the medical profession. The research to date refutes his impression. Certainly my series of 70 suggests that the majority of injuries are relatively minor—Colles's fractures and sprained wrists contribute about 70% of all accidents, and we have had no serious head injuries. Only three children required admission and they were overnight stays only. It is true that according to the press¹ 13 people