

to find out whether the individual components of the product are as effective singly as they are in combination.

Summary

A double-blind comparison of 'Debendox' and an inert control, in the treatment of early pregnancy sickness was carried out in general practice.

The data show the expected high placebo effect related to spontaneous remission of the disorder. Greater relief of symptoms occurred with the active drug and the statistical pattern is sufficiently definite to justify a conclusion that this preparation is effective and useful.

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REFERENCES

- Diggory, P. L. C., and Tomkinson, J. S. (1962). *Lancet*, 2, 370.
Geiger, C. J., Fahrenbach, D. M. and Healey, F. J. (1959). *Obstetrics and Gynaecology*, 14, 688.

VOLUNTARY SERVICE

Friends in need

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THE WELFARE STATE cannot do everything and indeed should not. The voluntary services remain important both for the giver and the receiver. Therefore we give an account of 'Friends in Need' as an example of what can and should be done.

'Friends in Need' evolved from a house discussion-group of varying denominations. At one meeting the group felt a particular responsibility for giving help, as it was needed within the local community, as a practical expression of their Christian faith. As a family doctor was a member of the discussion group, it was decided to approach his practice as a source of people in need.

The practice consists of eight general practitioners serving approximately 20,000 patients. There are two health visitors, two district nurses and two midwives attached to the practice as well as a surgery nurse, and it provides modern and personal care for its patients from purpose-built premises in the centre of the city. The patient-doctor relationship is of particular importance to the doctors and they are especially aware of the dangers of losing this within a large practice organization. This practice mainly draws its patients from a cathedral city and the surrounding villages, giving a wide cross-section of the population and both rural and town practice. Despite the care of the practice and the many welfare services, there are still particular human needs which cannot be catered for. 'Friends in Need' can help the doctor by saving him time in cases which basically need human sympathy, time and understanding rather than his expertise and medical knowledge. 'Friends in Need' can also be called upon for more mundane routine tasks such as 'fetching' and 'carrying' which, because of the speed and solitariness of life in modern towns, is a necessity of our time.

How does this organization work? At present there are 75 helpers involved; four co-ordinators form the link between the practice and the group. The doctors, health visitors and nursing staff are issued with a list of the co-ordinators, their telephone numbers, the days of the week on which they are on duty and the particular times at which they will be available. In emergency the co-ordinator can be called at any time. Initially the discussion group formed the nucleus of the group of helpers, but since then others have joined from all parts of the city. If

someone wishes to join the group, they are issued with a form on which they state the kind of help they can give and when they can do it. This in no sense means that they must keep these times free and it is expected that there will be occasions when they will be unable to do what is asked of them. The information is tabulated and given to each co-ordinator who then knows who is available at any given time. A careful record is kept of all calls stating from whom it came, the task to be performed and which helper or helpers carried it out. If helpers become involved in a regular commitment, this is also noted and if possible further calls on their time are avoided.

The scope of this group has developed in the 12 months since its inception. Originally it dealt mainly with emergency calls for such things as lifts and prescriptions whereas now a large part of its work consists of long-term help and regular visiting. Again it has widened its activities because other welfare organizations have heard of it and asked for help. Child and mental welfare officers, the social worker for the blind, the home library service and the clergy have all made calls on this group.

Below is an analysis of a three-month period between October and December showing a typical pattern of the work of the group. Regular help denotes weekly or more frequent visits over long or short periods.

<i>Type of help</i>	<i>Regular visits</i>	<i>Single visits</i>	<i>Total number of visits</i>
Visiting	4	5	9
Car lifts	4	16	20
Errands!	1	7	8
Baby sitting	1	—	1
Staying with the aged	1	4	5
Odd jobs. eg washing	3	2	5
Hospitality overnight	1	1	2
Lunches at Christmas	—	9	9
Seven regular visits to be added from previous period			59
			7
			66 TOTAL

The source of the calls were as follows:

Health visitors and social workers ..	16
Doctors	17
Others	9
	—
	42 calls
	—

There were only five calls in October which shows some seasonal increase. Some demands for help required the services of more than one helper and this is why the number of visits and the number of calls cannot be equated.

Typical of the work of 'Friends in Need' was a call received on Saturday 12 December at 5.30 pm from the duty doctor, not the patient's own doctor. This patient was a widow aged 80. She had fractured her left arm in the town in the morning and had been taken to hospital where the arm was set under anaesthetic. She was discharged in the late afternoon, to return to her large second floor flat where she lived alone. The other flats in the house were empty. The doctor asked that someone could visit her during the weekend and help to prepare her meals. The co-ordinator visited the patient immediately and felt that 'Friends in Need' could best help by providing hospitality for the patient. She contacted a helper who agreed to have the patient in her home for two nights and then she arranged for transport to the helper's home. On the Sunday, the patient deteriorated mentally. She was unable to dress or do anything for herself without assistance. On the Monday the patient's hand was swollen and discoloured, the co-ordinator contacted the surgery and arranged for the doctor to visit. She also succeeded, after many phone calls, in contacting the patient's son who worked in a hospital (unspecified) in a town some 70 miles away. The doctor visited the patient and considered that the plaster needed

attention so helpers took the patient to hospital for treatment. Meanwhile the son telephoned and arranged to come and collect the patient on the following day. Hospitality was arranged for a further night and on the Tuesday the son arrived and took over responsibility for the patient.

Many of the helpers take on a regular commitment which involves them in a demanding relationship. An account of one such call, by the helper concerned, is recorded in full as this shows how the scope of this work inevitably develops.

Mary Smith—September 1970. A call was made to me from 'Friends in Need' asking that I visit a blind lady who was unable to leave her house without a guide, and arrange to walk with her every alternate Friday afternoon. Another member was to take her on the other Friday and a third person was to take her to the hairdressers once a month.

My first visit to Mary was on 21 September. I called to tell her someone would be taking her to the hairdresser and to find out what would be a convenient time for our walk. She was obviously very excited at the idea of meeting new people and having the opportunity to leave the house. I later came to realize she had spent a very lonely summer hoping someone would call and no one turned up. I felt that because her doctor had said he could get her some help from the 'Friends in Need' she trusted and believed this would be genuine and consistent help.

During the following three months I saw Mary 14 times. Eight of these were our usual Friday afternoon walks which lasted from about 2 pm to 3.30 pm, followed by a cup of tea at my home, arriving back at Mary's house about five o'clock. Three times she came to my home for lunch and seemed to enjoy it, particularly if we were able to have another visitor or friend. She seems eager to meet new people and leave her own surroundings. Twice I have taken her to a church service. In between my visits another member has been following a similar programme and there have been regular visits to the hairdresser with yet another member.

When we went for our first walk Mary talked continuously and told me how withdrawn she had become when she had gone totally blind, and how she would not open the door or speak to anyone and had no desire to do so. It was not until a friend from the Salvation Army called and implored her to see the health visitor for the blind that she had her name put on the register for the blind and received some outside help and contact. She told me how ill she had been with 'flu and bronchitis at Christmas and how lonely she had been during the summer and because she had felt so hopeless and useless had taken an overdose of sleeping pills. In one afternoon she felt the need to tell me, a complete stranger, the sadness and despair of her life. Most of our afternoons are spent in Mary talking and my listening. Mary is also diabetic.

Just before Christmas she expressed the wish that she could be of help to someone in need. I suggested that she added her name to the list of helpers for 'Friends in Need' with a view to talking to someone who was finding difficulty in adjusting to blindness. The thought of helping rather than being helped seemed to give her great pleasure and confidence. She was delighted to come along to a coffee morning organized by 'Friends in Need' and to feel part of a group.

During the Christmas holiday she spent a quiet time at home with her husband. I hoped this would give her time to rest; she often gets tired. However when we resumed our visits she seemed to be low in spirits and to have missed the outside contact. She had had a boil on her neck during the holiday and this probably made things worse. She is obviously dependent on outside contact and stimulus. She said to me the other day, 'I feel as if spring is beginning for me again' now that the holidays are over and the normal programme of visiting is beginning again.

It might seem that the elderly are the group mainly in need of help. During the winter months however the young mothers who are housebound by young children who are ill often need help with shopping and fetching prescriptions. On 12 November a young mother was contacted through the health visitor and a local voluntary handicapped children's play group. This mother had a severely handicapped child, aged three, and a baby a few days old, requiring two-hourly feeds. Her mother-in-law was in a wheelchair awaiting admission to hospital. She needed help with the handicapped child who had been disturbed by the arrival of the baby and some general help with washing, shopping and other household chores. Her farm cottage was in an isolated position. One helper visited this patient once or twice each week, looking after the baby while she was there to enable the mother to spend more time with the older child. She also took the mother to the town once a week for shopping. Another helper 'sat in' one evening

to enable the parents to go out together and this proved to be the first evening out that they had had for a year. Help for this family still continues with visits once or twice weekly and additional help as it is needed.

Christmas, with its family festivities and a modern tendency to material self-indulgence, inevitably highlights the problems of those who are lonely and unhappy. We therefore found that we were particularly busy at that time. A call was received at 11 pm on Christmas Eve from the health visitor. She had visited a widow of 55 whose husband had died 18 months previously. This lady had been admitted to the local mental hospital on 20 December after taking an overdose of sleeping tablets. The health visitor asked that she should be visited and befriended over the Christmas holidays as she was living entirely alone. The co-ordinator visited her later on the same day and found her very depressed. She arranged that the patient should go out to lunch and tea with two families with young children and this was much appreciated by the patient. Helpers made further visits on Boxing Day and on the following day they found that the patient was much happier. Weekly visits to this patient continue. A tragedy was suspected at the home of one elderly patient for whom the group were providing lunches over the Christmas holiday. As the house was locked and apparently lifeless at 3 pm on 27 December, the police were called in. When they had forced their way in, they were greeted by an irate old lady who asked why they insisted on waking her up before breakfast.

In our modern society, where material progress and better communications have led to a hectic pace of life, the security and value of the family unit is threatened. The sense of belonging to a community is often lost in modern towns and it is easy to live quite anonymously. The Welfare State provides for many material needs of the community and the group in no way tries to replace this. 'Friends in Need' tries to add a personal caring for those in distress. As the work of the group has grown, it has been found to be of mutual help to patients and helpers alike. The group predominantly consists of housewives and mothers who make some sacrifices in their desire to serve in this way. It is considering wider spheres of service as it finds opportunities in the community and as the number of helpers increase, but its primary aim of an efficient organization for the care of the individual in the community will remain.

CLINICAL NOTE

Psittacosis

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INFECTION OF HUMAN BEINGS WITH organisms of the psittacosis group is thought to be uncommon in this country, but the initial treatment of most chest infections encountered in general practice with tetracyclines may hide the true incidence of the disease because of the sensitivity of the organisms to this antibiotic. A history of contact with birds is not always found even on close questioning.

A small outbreak involving four patients, only two of whom had a tenuous history of recent contact with birds was encountered in the spring of 1970 in a small rural practice.

Case 1. A schoolteacher, aged 36 years, developed anorexia and lassitude, but did not consult a doctor until a cough developed ten days later, productive of clear sputum.

Examination: She was a rather obese woman who had recently lost a stone in weight. There was some tenderness of the muscles of the neck and she admitted to headaches. T = 98° F. (36.7° C.), Pulse rate = 74/min. Respiration rate = 30/min. Clinical examination of the lung fields was normal.

Investigations: Chest x-ray showed an atypical pneumonia mainly confined to the bases. Serology: Psittacosis titre positive at 1/128. Haemoglobin = 97 per cent. (14.1G), WBC = 6,200/cmm. Differential = normal: ESR (Wintrobe) = 5mm/1st hr.

Treatment with tetracycline 500 mgm q.d.s. for one week followed by 250 mgm q.d.s. for a second week produced a dramatic clinical improvement. (A suitable tablet incorporating the tetracycline with a