

CORRESPONDENCE

College Newsletters

Sir,

To get the record right, so far as your admirable tribute to Dr R. M. S. McConaghey in your January issue is concerned, may I draw your attention to the fact that Newsletter No. 1 of the College was published in *The Practitioner* of September, 1953, as was each subsequent Newsletter up to No. 7, which was published in *The Practitioner* of July, 1955.

In addition, the report of the Steering Committee of the College was published in full as a special supplement to the issue of *The Practitioner* of January, 1953, and every Annual Report of the College since the first one was issued in 1953 has been published as a supplement to the December issue of *The Practitioner* every year.

WILLIAM A. R. THOMSON,
Editor, *The Practitioner*.

5 Bentinck Street,
London, W1M 5RN.

REFERENCE

Journal of the Royal College of General Practitioners (1972). Editorial, 1-4.

Chewing gum prophylaxis

Sir,

While appreciating the idea of Dr Ripley's paper (January *Journal*) on the use of chewing gum in preventing infections in children, I am amazed that he has fallen into the classic trap of not accepting his own results. He goes to the length of getting the services of a statistician to show that his results are not significant, and then concludes: "The fact remains, however, that an appreciable improvement was shown in this small series of chewers over the controls".

He cannot have his gum and chew it.

T. PAINE

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REFERENCE

Ripley, Godfrey D. (1972). *Journal of the Royal College of General Practitioners*, 22, 61-62.

Headache and giddiness

Sir,

The otherwise excellent study *Headache and giddiness of cervical origin* (January *Journal*) was marred by his overbrief and somewhat horrific account of cervical manipulation. A sure way to have his neurotics rush shrieking from the room, more tense than before, is to twist anyone's head 'sharply' in any direction. I agree with his traction, but prefer to have the patient in the supine position for greater relaxation. A gentle rotation to its extreme position is carried out and this is then followed by a sharp hyperrotation in the same direction. This is repeated to the other side.

The seventh cervical and first thoracics are notoriously difficult to manipulate, and the above

description is only a 'non-specific' manipulation. As a general rule, I also manipulate the upper thoracics by hyperextension on the same occasion, with this type of patient, as I find that this also helps those muscle groups that arise in this area.

For more specific manipulations I would refer readers to the British Association of Manipulative Medicine (Secretary, Dr Andrew D. Boag, 62 Wimpole Street, London, W1M 7DE) of which I have the honour of being a member.

BERNARD A. JUBY

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REFERENCE

Newill, R. G. D. (1972). *Journal of the Royal College of General Practitioners*, 22, 51-53.

Foster report

Sir,

Sir John Foster in the report of his enquiry into the practice of scientology has recommended that Parliament should control the practice of psychotherapy for fee or reward. His recommendation is that Parliament create a new controlled profession of psychotherapy and set up a Council having authority over those who practice psychotherapy. The Council would work out minimum standards of expertise for admission to the profession of psychotherapy, a code of ethics, and exercise disciplinary powers to enforce it. The law would place restraints of one sort or another upon the practice for reward of psychotherapy to those recognised by the council.

Sir John Foster clearly envisages a completely new profession with its own Council and that it should be a profession in its own right, independent of the medical profession. This will provide the opportunity for the establishment of a strong profession to fulfil on its own many wearisome tasks at present foisted on to an unwilling medical profession.

Many writers have commented on the decline in status of the doctor in our society. One of the reasons for this decline is that politicians and courts have unloaded on to the medical profession bureaucratic functions that have nothing to do with the purpose of a doctor. Doctors become the custodians of the politician's conscience. There are many examples.

The political answer to pollution—the conservation of life on this planet becomes birth control and we are given by parliament as a gift, legalised abortion. And the person who reaps the whirlwind in the ensuing controversy is the medical practitioner.

Judicial terminology of insanity and criminal responsibility pitchforks the psychiatrist into the field of law as an 'expert' with neither the legal or psychological training to qualify him for such a

role. The unseemly wrangles which opposing 'expert' opinions display in the courts attract sensational press coverage and it is the whole medical profession which reaps the harvest of bad press and public distaste. As witness the newly released film *Family Life*.

I wish to warn the medical profession against any attempt that Parliament might make to incorporate the new profession of psychotherapy into the profession of medicine.

Sir John Foster's recommendations are very wise and far seeing and very explicit. Psychotherapy has historically been the responsibility of the Church, it has slipped by default onto the shoulders of the doctor, it is not our responsibility nor do most of us want that responsibility. It is not what we were trained to do. The decline of the established churches threatens to land the doctor with the function of the father confessor, priest and confidant. The medical practitioner is a scientist trained to diagnose and treat illness.

For the medical profession to become embroiled in the forthcoming controversy as to what will constitute proper training to become a professional psychotherapist can only lead to disaffection of the

public. It could become the last straw that broke the profession's back and totally undermines the status it still retains.

A strong independent profession of psychotherapists who do not have to be doctors is essential to our modern culture. They are needed in our society as an independent profession, just as the dental profession is essential and independent of the doctor.

Psychotherapy is a specialised subject on its own, needing as Sir John says, its own special code of ethics, its own special standards. The establishment of a separate strong and independent profession is urgently needed and it will reflect well upon both professions that we firmly insist on the implementations of Sir John's recommendations.

E. C. HAMLYN

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Devonport,
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REFERENCE

Foster, Sir John (1971). *Enquiry into the practice and effects of scientology*, London: H.M.S.O.

Obituary

David Arnold Riley
M.B., B.S., M.R.C.G.P.

David Arnold Riley who died on 22 January, 1972 at his home in Luton at the age of 44 was born in Yorkshire. Having been educated at University College School and the Middlesex Hospital, he graduated M.B., B.S., London in 1951. Shortly after qualification, he joined the Royal Air Force Medical Service from which he retired with the rank of Squadron Leader.

On his return to civilian life he decided that his future lay in family medicine, he gained further experience in obstetrics and general practice in and around Hereford.

In 1956, he joined a growing partnership in Luton where his unbounded energy and enthusiasm soon came to be appreciated by his colleagues and patients. His interest and skill in obstetrics led to his appointment as clinical assistant in the obstetric department of the Luton and Dunstable Hospital and contributed greatly to the development of very close co-operation between general practitioners and midwives in the area in which he practised.

In 1969, owing to the premature retirement

of his two senior partners, he found himself the leader of a large group practice, a responsibility which he shouldered with the same determination he had demonstrated earlier. Unfortunately ill health soon overtook him, in spite of which he continued to carry out his professional duties with scarcely diminished vigour until shortly before his death.

David displayed in his family life the same courage and dedication which characterised his attitude towards his profession. For many years he encouraged and supported his first wife Mary Tanner during the long and distressing illness which first became manifest soon after they had settled in Luton.

A loyal supporter of the British Medical Association, he served for several years as honorary secretary of the South Bedfordshire division and his capacity for leadership and imaginative thinking had free rein. He was a member of the Royal College of General Practitioners and served on the Board of the Northern Home Counties Faculty of the College.

He is survived by his wife Shirley and his two daughters to whom we extend our deepest sympathy.

J.G.R.C.