

available; and any inventive handyman could design and construct special equipment—for instance to test manipulative skills, reaction times, and muscle strength. The effects of anaesthetics, of psychotherapeutic drugs, and even of bed rest, were some of the topics that the individual research worker could measure.

Professor J. D. E. Knox then gave a splendidly illustrated presentation on “Designing and Financing a Project”. He suggested that in planning for research greater emphasis should be placed, at undergraduate and vocational training levels, on preparing future general practitioners; they would then be better able to capture the fleeting opportunities encountered in daily work. Once conceived, an idea needed careful nurturing; discussion with sympathetic yet critical colleagues, and knowledge of work already done elsewhere were important. The Royal College of General Practitioners’ library and the College’s research units, and more recently the university departments of general practice could all play their parts in helping the general practitioner to translate his idea into the necessary pilot study. Sources of finance now available to general practitioners included the local support schemes of the area health authorities, the Chief Scientist Organization and health departments, the RCGP research trusts, and organizations such as the Department of Health Education and Welfare, USA. Much useful information was available on these and other sources in the *Research Funds Guide* (BMA, 1976).

In the final paper of the symposium, Dr S. P. Lock, the Editor of the *British Medical Journal*, spoke on “Communicating with the Public and Profession”, an essential part both of good practice organization and effective research. Medical communication was failing, Dr Lock said, both between doctor and doctor, and doctor and the public. One of the main reasons for the former was the poor quality of medical writing, particularly since heads of units have developed so many other responsibilities, and in an effort to try and put this right the *British Medical Journal* had run a number of writing courses and was now planning to run small group seminars to deal with particular problems. Poor communication between the profession and the public was due to the preference of the press for the anecdote, sensation, or scare report that helped to bash doctors even more. Only a few of the so-called quality newspapers had a doctor or health professional as their correspondent and, as a result, there was no intelligent debate about health priorities as occurs in Sweden or Canada or in Britain on the subjects of comprehensive education and state aid for British Leyland. Such ‘trivialization’ of health by the press should stop for the benefit of the profession, the public, and health.

Dr John Fry summed up.

JOURNAL CORRESPONDENT

Reference

British Medical Association (1976). *Research Funds Guide*. London: BMA.

Care of the long-term psychiatrically disabled

I WAS invited by the National Institute for Social Work to attend an interdisciplinary workshop on *The Care of the Long-term Psychiatrically Disabled*. The purpose of the workshop was to try and identify problems for future short courses, as it was felt that there was a need for mature professionals of all groups to get together to discuss and plan for the future.

The first plenary session was: “What’s on in Mental Health?” The Welfare State was originally conceived as a means of extending essential health services to the underprivileged. It is now looked on as being responsible for all social and health needs, and society itself seems less and less willing to share in the caring process. Thus the gap between demand and provision widens each year and we have to learn to come to terms with this complex problem.

Research in relation to the long-term psychiatrically disabled was reviewed and possible future projects discussed. The dreams of the planners who predicted an end to old-world mental hospitals and the run down of longstay patients has been shown to be quite false. There is in fact an increase in ‘the new longstay patients’.

Under the title “Providing a Roof”, we were told what can be done by way of placing patients in hostels,

boarding houses and even hotels. In spite of prejudice, there is plenty of goodwill in the community ready to be tapped, but it needs to be protected by the assurance of immediate help in a crisis. Some individual approaches were described; these were most impressive.

The effective working relationships between the social services were discussed. As in all areas of work there were successes and failures—it is unfortunate that the failures tend to be more often remembered than the successes.

There was a session on helping the family by means of the various disciplines, and this was most helpful to me as a family doctor. Some new ‘humble’ research was described which was both valid and helpful, and the skills and kindness which exist in some hospitals I found most encouraging. We were given a long and complicated case history of a family in trouble and asked what we would do, faced by such a case. Few people would have had the determination of the actual worker who brought the case to a happy conclusion.

A session on therapeutic methods was more or less confined to behaviour therapy. This was new to me and both helpful and stimulating, as indeed was the workshop as a whole.

C. A. H. WATTS