team work and led eventually to the premature termination of the experiment.

These factors were: problems with communication, faulty expectations of roles, problems with status, and a failure to achieve a cohesive team structure.

Paramount in the team's failure in communication was the absence of an integrated patient's record. Other communication difficulties were the failure to establish formal methods of referral between team members and the difficulty of obtaining feedback after referral. Many of these difficulties could have been avoided had detailed consideration been given to formal methods of communication and record-keeping at the outset of the experiment. This failure was due mainly to ignorance as a large amount of time was spent on discussing research methodology in great detail, but the more important aspects of team management were not touched on.

Reilly and his colleagues also mention the expectations and perceptions of the various workers. We found out too late that a proportion of the blame for the failure of the Liverpool project rested on faulty expectations of the roles of the various team members by colleagues and failure to understand adequately the various skills of the individual team members.

Finally, unspoken and unresolved problems of status and status hierarchy led to difficulties which were never anticipated and which contributed to the breakdown of the experiment.

The multidisciplinary primary care team has been compared to a football team in which the player with possession of the ball determines the play at that moment but, at the same time, all the players are collectively responsible for the result of the match. It follows that a good team must train together for a considerable time. It seems that where primary care teams have been unable to overcome the difficulties and stresses of the novel situation they have not spent sufficient time together in practice and training before getting down to the business of caring for patients.

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JOURNAL STYLE

Sir,
I note with horror that the word 'analyse' has been spelt 'analyze' in the *Journal* since January 1977. I dislike this repellent word because it is an example of unnecessary literary bastardy. As a product of this I know it has no pedigree and can only hope that it has no posterity.

The word 'analysis' is derived from two Greek words *ana* (up), and *lyein* (loosen), (Greek *analysis*). The Greeks spelt this with an 's' and not with a 'z'. Thus the verb 'analyse' has an unimpeachable pedigree, and retains both its meaning and its roots—a splendid example of felicitous adoption.

How did the 'z' appear? I suspect that some pernickety scholar, insisting on the classical way of making a verb out of a noun by adding the Greek (and Latin) suffix 'ize', produced 'analysize' which pedantically correct horror later became falsely contracted to 'analyze'.

I fear that in changing from a house style which used all -ise endings to all -ize, you are jumping out of the frying-pan into the fire. Please do not argue with your colleagues; just ask a straightforward question and demand a straightforward answer. "Why do you think analyze is correct?" Ask them also how they would spell haemolyse and electrolyse.

Authorities are legion and include *Chambers' Twentieth Century Dictionary*, the *Oxford Dictionary of English Etymology*, Fowler (indirectly) and *The Times*.

My kindest regards to your subeditors and proof readers. I await their counter-barrage with confidence and a complete lack of trepidation. I hope these few observations may help to 'catalyze' the situation.

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EMPLOYMENT OF MENTALLY HANDICAPPED PEOPLE

Sir,
In reply to Dr Raphael's criticism (June *Journal*, p. 380), my report (January *Journal*, p. 53) was based on the findings of a two-day workshop held at the King's Fund Centre in December 1974, which was reported by the Centre in a paper entitled *Employment of Mentally Handicapped People.*

Whether Remploy's intake of mentally handicapped is applied to the analysis of primary disablement categories served or to the number of mentally handicapped suitable for sheltered workshops throughout the land it still appears to remain "a tiny percentage".

Page 15 of the above report reads: "The number entering sheltered employment, widely thought to be more appropriate for mentally handicapped individuals than is open employment, reveals a surprisingly lower figure. This can best be explained in terms of low availability of places, for only about 12 per cent of area training centres reported that sheltered work places were available for their trainees. This may not be surprising in view of the small percentage of mentally handicapped people reported to be employed in Remploy, for example. Figures for the years 1963 to 1973 show only a five per cent increase (from four per cent to nine per cent) during the period (Department of Employment, 1973).

"This figure is desperately low, and appears to reflect the Department of Employment's policy of allocating no more than a small percentage of places to 'mentally disordered' people. Wide-ranging enquiries reveal that there is a low expectation of the ability of mentally handicapped people to attain entry requirements for sheltered employment. Indeed, the figures show that it is approximately ten times more difficult for a trainee to obtain a place in a sheltered workshop than it is for him to obtain a place in open employment."

In the same paper Dr Edward Whelan, Director of the Habilitation Research Project, Hester Adrian Research Centre, Manchester, and Joint Director of the Workshop, shows that it seems easier to get a job in open employment than in a sheltered workshop (p. 14). Referring to this the paper goes on to state: "Remploy, as it operates at present, seems to be inappropriate to, and not particularly interested in, the needs of mentally handicapped people" (p. 52), and further on: "Remploy seems to be an industrial organization which employs handicapped people on a selective basis, but which seems to consider itself inappropriate for mental handicap. Perhaps we are wrong. It would be helpful if Remploy would lay down a clear and unambiguous policy on this issue" (p. 55).

On government involvement, the paper has this to say: "There seems to be a lack of co-ordination, for example, between the Department of Health and Social Security (responsible for area training centres) and the Department of Employment (responsible for sheltered workshops)" (p. 54).

It seems that a major concern of the two-day workshop was that better education and training for the subnormal and severely subnormal should not, and cannot, be an end in itself. There is great need of much more sheltered employment. Can there really be the slightest doubt that central and local government have failed lamentably in this? To train young subnormals, and then have so little suitable employment for them to move on to, makes neither socio-economic or moral sense.

To quote further from the King's