

## Letters to the Editor

The Practice Organization Committee is therefore trying, first, to identify such new ideas, and secondly, to help spread those which seem to be generally useful. Eventually the Committee will play its part in formally evaluating new methods of practice organization, but the development of the methodology for this is difficult. Meanwhile, it is proposed to collect information and publish a *Gazetteer* of practice organization on a national and regional basis. Thus, enquirers can go and see in action the practice features which they are interested in. In order to do this the Committee is asking all the faculties, regional advisers in general practice, and departments of general practice to identify such practices to the Committee. Similarly, we are asking general practitioners who visit the Practice Organization Room in college headquarters at 14 Princes Gate, or who make enquiries of the POC Secretary or the new General Practice Information Service, to inform the College of any features in their practice which could be adopted by other practices with advantage.

It is hoped that the *Gazetteer*, once it has been compiled, will be circulated to faculties, and it may perhaps be possible to circulate it to postgraduate centres so that enquiring doctors can quickly find out what is new in their area and visit practices with special features. We therefore ask all readers of the *Journal* who are interested in practice organization, whether in respect of premises, equipment, or routines, to write to our Secretary, Dr K. J. Bolden, at the address below. We will then be pleased to discuss ideas individually with each respondent.

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### JOURNAL STYLE

Sir,  
May I point out that your literary standards fell from their usual high level in the book review section of the April issue? I hope that those of us who play, "guessing the author", when reading editorials will not now start to, more maliciously, "guess the sub-editor".

On page 252 we must swallow (where the use of liquorice is described) the use of commas before "ands" if only because Fowler explains why we should do so, but successive 'ands' in the same sentence cannot claim a similar respectability. On the same page, I am sure that

the International Study implies some comparisons of standards rather than matching of them. In the following review, I am worried by the geometric concepts involved where "cross infection can occur in infancy and upwards". Finally in the last paragraph on this page, your reviewer "describes an argument". I suspect that this is a correct use of the verb but it is a quaint one.

I do not want to carp or nit-pick for the sake of it but such a cluster as this warrants comment.

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### COMMUNITY MENTAL HEALTH SERVICES

Sir,

The Government White paper *Better Services for the Mentally Ill* (1975) emphasizes, in the paragraph on general policy for the future (chap. 2, para. 17), the basic idea of community-orientated care, although so far it has been unsuccessful in practice. "In the future the main aim must be the development of more locally based services and a shift in the balance between hospital and primary care", using our present resources.

I recently visited Canada and saw the Red Deer psychiatric service at Alberta, which is financed by the provincial government over an area of 2,600 square miles. The mental health services are based on a community psychiatric nurse working with the support of a visiting psychiatric social worker and specialist psychiatrist. Referrals are accepted from individuals, families, clergy and schools, and anyone seeking help may decide whether or not to have his or her problem discussed by the team.

I also visited Regina, Saskatchewan, where there were three district teams served by two psychiatrists, a social worker and two community nurses. Family practitioners there worked mostly independently of the government services and referred their patients to private psychiatrists.

In Ontario I saw the Kitchener Waterloo Hospital and the Crisis Intervention Centre, formed in 1970. This clinic is staffed by six psychiatric nurses, a full-time social worker and a part-time clinical psychologist. It operates as a unit within the outpatient department of psychiatry under the administrative direction of a psychiatrist, who assumes ultimate medical responsibility. The cost was about \$100,000 a year in 1972.

It seems that many patients would attend the Crisis Centre rather than pay either directly or indirectly via the Ontario Health Insurance Plan, to see a general practitioner. The lack of continuing care of patients by general practitioners may have contributed to the apparent success of the centre.

I could not find any comparative study evaluating the effectiveness of such a centre with hospital admission rates.

I concluded that team work does not evolve automatically just because professionals are attached together.

Shared accommodation in health centres is likely to improve the understanding of other professionals' work, but practice meetings are unlikely to be productive if the necessary skills in group-work are lacking.

We need to accept that to care for our patients we must care for each other and our caring for each other is a reflection of our capacity to care for ourselves.

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### Reference

Department of Health and Social Security (1975). *Better Services for the Mentally Ill*. London: HMSO.

### JOINT SENSE

Sir,  
Joint sense is a very sensitive mechanism for determining muscular action. Does it ever fail? I recently thought it might help to explain the sudden and complete collapse of the healthy young athlete who, with full mental vigour and concentration, is confronted with a knee cartilage lesion with which the reticular proprioceptor centre cannot cope. This may be the cardinal factor in the disc lesion of the knee and also the lumbar spine—the joints especially needed in fight and flight and, therefore, the joints of major significance in the reticular proprioceptor centre.

In such cases, one sees momentary shock, then the restless swivelling anxious eyes, the gradual recognition of his hopeless situation by progressive trial movements, which indicate that the whole proprioceptor system is called into question. If this is so, why should the stress factor have an adverse effect similar to that seen in the behaviour system? The man with the arthritic knee is 'surprised' when his knee lets him down because the reticular formation has already been informed of the knee defect but the healthy athletic individual

has no such warning and is overcome mentally in the proprioceptor senses because he experiences a hitherto unknown impediment from a healthy joint. According to this line of reasoning, the quadriceps wasting in a knee cartilage lesion is due to suppressor band cortical activity. Actual loss of quadriceps muscle substance by a fracture of femur causes no such type of

disability as that of a cartilage lesion.

Another consideration also comes into the picture. Anaesthetics probably act by depressing the reticular formation. This may have been the factor which brought good results in former times to the orthopaedic specialist who "manipulated the back to breakdown adhesions" or, in the case of the woman, an operation for retroverted

uterus to cure a painful back. May not the depressed reticular formation proprioceptor centre also be responsible for the almost miraculous escapes of alcoholics?

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## BOOK REVIEWS

### PAEDIATRIC CARE—CHILD HEALTH IN FAMILY PRACTICE

S. Carne  
*Medical and Technical*,  
Lancaster (1976)  
259 pages. Price £6.50

By chance this book has appeared almost simultaneously with two others that are germane to its subject—the Report of the Committee on Child Health Services (Court Report), and White Franklin's *Widening Horizons of Child Health*. All three suggest, in very different ways, that we should take a fresh look at the care of children in general practice, and it is against this background that the book must be reviewed.

The basic thesis of the Court Report is that while the medical needs of children have changed, the scope and standard of care has not adapted adequately to meet the change. The problem is not primarily one of bad practice, but inadequate practice. "It is a matter of providing a service which sees the child as his parents see him, as a whole person whose life is a continuum rather than a series of segments . . ." (para. 5.10). Such a service must be family centred; readily accessible; integrated; and increasingly directed to prevention (para. 5.24); and the Report has no doubt whatever that such a service must be built on general practice in the form we know. Equally it has no doubt that "it is in the organization of first-contact services that significant changes are necessary to achieve a higher calibre of comprehensive primary child health care" (para. 7.6).

The priorities of such primary child health care must be decided on what is known of the incidence and prevalence of child health problems. In setting out to provide a picture of these problems, White Franklin's book starts from the premise that "If the function of paediatrics is to ensure the fullest possible development of the child . . . the paediatrics of sickness recedes from its

historic dominance, making room for the paediatrics of development, the paediatrics of education, the paediatrics of life and habit, psychopaediatrics, and the paediatrics of public health and prevention." It is these six facets of child care, he suggests, which should provide the bases both of service and of the doctor's education.

So Dr Carne's book arrives at a timely moment. Its aims are, he writes, "to cover aspects of child health which are the province of those involved in primary paediatric care, be they physicians or any other of the members of the community care team".

However, after an introductory chapter (with brief sections on history-taking and clinical examination), a chapter on growth and development, and one entitled "Some Problems of Infant Care", the main body of the book is devoted to a system by system account of some common diseases in children. This is then followed by a chapter on psychological disorders and a final chapter on "Battered Babies and Cot Deaths". The book thus follows the traditional design of many paediatric textbooks.

Such an approach necessarily presents the author with difficulties. To be useful to his readers, he must either set out to write a compendious work of reference—an answer to important questions which an intelligent clinician may well wish to have answered; or he must settle for an anthology of substantiated observations. Otherwise he is in danger of becoming trite, or of making unsubstantiated *ex cathedra* statements.

Dr Carne is not entirely successful in avoiding both these dangers. Too often he is trite; for example, when writing of congenital heart disease (p. 199) he says: "Whether or not a lesion is amenable to surgery will depend on the findings of a specialist investigation." Of enuresis he says: "It is also not uncommon in British boarding schools" (p. 127); and, of battered babies: "We do know that it is most common in families who are poor physically, financially, intellectu-

ally, morally, or emotionally" (p. 248). Sometimes it is a matter of failing to distinguish between *post* and *proper*; for example, in the same chapter he writes: "In a proportion of cases, one or both parents is suffering from alcoholism, epilepsy or schizophrenia; and in an even greater proportion is a psychopath." On probability grounds this is a truism—just as true as a statement would be that in a proportion of cases one or both parents suffer from peptic ulcer.

Frequently, too, he falls into the error of making unsubstantiated statements. For example, in writing of chickenpox he states: "The virus remains dormant in a dorsal root ganglion where it may later be re-activated to produce an attack of herpes zoster" (p. 159).

Of meningitis he writes: "Clinical differentiation between meningitis and meningism is important," (although a few lines earlier he has correctly written (p. 165): "Diagnosis depends on the examination of the CSF"). This statement leads him to the highly controversial assertion that "if the child has tonsillitis with meningism hospitalization and lumbar puncture can both be avoided . . ."

Of asthma he says (p. 241): "The discovery of the immunoglobulins and the availability of better prophylactic (e.g. cromoglycate) and therapeutic agents have led most authorities to say that such emotional disturbances as are manifest in asthmatic children are due to organic disease and not the other way round."

Thus, in his self-imposed, restricted field of the "paediatrics of disease" the author is not always reliable. The reader, therefore, will wish from time to time to check the reliability of other statements. But since the book includes no list of selected references and sources, this is a tedious task.

What many readers will, I suspect, find sadder, is that at the very time when hospital specialists are making an imaginative and progressive approach to child care in the community, the