

There then emerged two quite distinct views of what patient participation was all about, prompted by a question from a community worker and Community Health Council member: "What evidence is there that there is a discernible transfer of power from doctors to patients within existing groups?" A patient from the Limesgrove Patients' Collective, Ms Beryl Steel, put it in a nutshell: "If you see patient groups simply as a support for the doctor, or a way of making the doctor understand what the average patient might want, then with the better education of doctors, and perhaps more sensitive doctors, we might not need these groups. But if you see patient groups as people wanting to take back into their own hands control of their own health, and if we are to say what health is to us, rather than allow doctors to tell us, then it is going to need more than a sensitive doctor." To work successfully, however, whatever a group's basic philosophy, the goodwill of the

doctors concerned was needed.

Business meeting

The meeting decided to set up a National Association, to elect Sir George Godber as President, and to re-elect the steering committee, with the addition of one representative from each PPG; to ask the Committee to arrange another meeting at Oxford in October 1978; and to accept the offer of the Central Information Service to act as a link between PPGs and distribute material for the October conference.

It was also agreed that each PPG would pay £2 towards the cost of the next meeting, and that each would have up to four votes.

Councillor Elfed Morgan, Acting Secretary, was thanked for his work towards making the inaugural meeting such a great success.

T. F. PAINE

Symposium on developmental paediatrics

THE North of England Faculty of the Royal College of General Practitioners and the Regional Postgraduate Medical Institute arranged a symposium on developmental paediatrics at the Postgraduate Medical Centre, Bishop Auckland on 7 and 8 April 1978.

The symposium was chaired throughout by Professor S. D. M. Court, late Chairman of the Court Committee on child health services and Emeritus Professor of Child Health at the University of Newcastle. The meeting was attended by about 75 people, including general practitioners, clinical medical officers, vocational trainees, health visitors, and paediatric nurses.

Friday 7 April

Dr E. Ellis

Dr E. Ellis, Consultant Paediatrician at the Child Development Centre, Royal Victoria Infirmary, Newcastle-upon-Tyne, spoke about the principles of developmental assessment. He paid tribute to the early pioneering work of Dr Mary Sheridan and her inventory and concept of developmental milestones. He found Dr Neligan's idea of linking percentile performances for key stages in development such as sitting, walking, saying one or two words, or forming sentences printed on developmental charts, particularly valuable. Among the other methods described he illustrated the Denver developmental charts and Dr Sheridan's Stycar tests.

Dr P. Pinkerton

Dr P. Pinkerton, Consultant and Senior Lecturer in Paediatric Psychiatry at the University of Liverpool,

spoke on the chronology of emotional disorder in childhood. He considered that the seven phases of childhood could be usefully separated: prenatal, perinatal, infancy, toddler, pre-school, primary school, and postpubertal. He emphasized that many of the behaviour disorders could be caused either by over-acceptance or under-acceptance and illustrated the multifactorial causes of emotional disorder in childhood. He demonstrated some slides showing the cumulative effect of social disadvantage and, for example, obstetric hazards.

As far as numbers were concerned, he considered that about ten per cent of the entire school population were at risk to some emotional problem and showed in tables that particular patterns of disorder occurred at particular ages and in relation to particular patterns of family behaviour.

He concluded by suggesting that prenatal and perinatal phases of infancy were characterized by compliance, the toddler by contrariness, the preschool child by consolidation, the primary school child by conformity, and the secondary school child by a phase of community. He hoped these five 'C's' would be a useful mnemonic.

Dr J. D. Andrew

Dr Douglas Andrew, Consultant Paediatrician, Bishop Auckland General Hospital, examined the problem of children who were too small. He considered that the third percentile was a useful concept in identifying those children at risk who needed careful consideration and investigation, and had found that 17 such children had

been seen in his outpatient clinic during the year 1977. He found it particularly helpful to use additional charts which adjusted the size of children in relation to parental stature and gave examples of where such adjustments had moved children from a position of well outside to well inside the third or tenth percentile lines.

He concluded by listing the main causes of small stature in children and outlining the investigations which could help in determining a cause.

Panel discussion

Professor Court then chaired a panel discussion. One of the topics considered at length was the importance of measuring height and recording this not in absolute terms but in percentile charts. It appeared that in many school health examinations this was not done and few general practitioners also at present recorded development on percentile charts.

Saturday 8 April

Dr D. J. Pereira Gray

Dr D. J. Pereira Gray, General Practitioner, Exeter, spoke about the organization of developmental paediatrics in general practice. He felt a regular session each week was of great value both to parents and to the primary health care team and presented figures to show that the workload for the doctor could be contained within about an hour and a half a week, and that it was possible to achieve about 85 per cent attendance even among problem families in social classes four and five.

Mrs P. Storey

Mrs P. Storey, Health Visitor, spoke on the role of the health visitor. She vigorously defended the role of the health visitor as an independent professional concentrating on preventive medicine in the community. She considered home visiting of cardinal importance and emphasized the importance of quality home visiting, which might well take time, rather than merely quantity visiting. She hoped that health visiting management would remain sensitive and flexible to the needs of health visitors working in patients' homes.

Mr D. Rowley

Mr D. Rowley, Educational Psychologist, speaking on the role of the educational psychologist said that he saw about 250 children a year and was particularly

concerned with possible ways of achieving behaviour modification. He described methods of investigating this including working with parents to provide detailed charts of activities in the home. He considered that relationships and co-ordination between the educational psychological services and general practitioners and health visitors had been rather poor in the past and hoped they would improve in the future.

Dr Christopher Donovan

Dr Christopher Donovan, General Practitioner, London, described a series of groups of patients which had been arranged in his general practice. These had varied from groups limited to mothers who had a baby of 12 months, to toddler groups, and to lecture seminar sessions arranged in his new health centre. He underlined the principles behind this as helping patients to achieve autonomy, to reduce the authority of the doctor, and to promote self help and self care in primary health care. He saw self care or parent care as the first level of care, the primary health team as the second, and the hospital and specialist services as the third level of care. He identified topics which were of special importance such as accidents in the home, knowing when it was appropriate to call the doctor, and how to provide emotional support for children. He considered that the rapid changes in society and the pattern of illnesses, notably the reduction of the importance of infectious diseases and the rise in the importance of relationships and medico-social problems, called for a new response from general practice to meet the troubles of the times.

In some of his groups he had achieved pre-course and postcourse assessments, but he considered their main value lay in their popularity. Some of them had become wholly independently run groups since their formation.

Summing up

Professor S. D. M. Court throughout the meeting emphasized the importance of prevention in medicine, the constant need to see a child as a changing and developing person, and the importance of integrating preventive and curative services. He particularly thanked Dr Colin Waine of the North of England Faculty of the College for creating the idea and organizing the symposium efficiently.

JOURNAL CORRESPONDENT

OBITUARY

Sydney Francis Marwood, MD, FRCGP, MRCP

FRANCIS Marwood died on 11 February 1978, aged 80. The son of a doctor who practised in the Rhondda, he spoke and wrote Welsh and loved 'the

valleys'. Having trained at St Bartholomew's Hospital, qualifying in 1920, he succeeded his father in practice and was greatly influenced by the social conditions existing in the Rhondda at that time. Feeling deeply for his patients, he never lost the great insight and