
COLLEGE PERSONALITIES

Stuart Carne

No College officer has served for longer than Stuart Carne, whose 17 years as Honorary Treasurer ended at the meeting of the new Council in November. Indeed, it is difficult to see that anyone will ever beat this record, since the demands made on the officers are constantly increasing. It is therefore worth recording in the annals something about the man behind this remarkable achievement.



Having completed his National Service in the Royal Air Force, and after a period as assistant, he took over a single-handed practice in Shepherds Bush in 1959. Within a few years he had joined with another local practice, and the group worked from the basement of his house in Goldhawk Road. Since 1968 the practice has been based at the Grove Health Centre, one of the earliest health centres in

Inner London. Shepherds Bush has many of the characteristics of that kind of area—multiple deprivation, many temporary residents and an annual practice turnover of more than 20 per cent.

Gradually the other work accumulated: general practice trainer, course organizer at the Hammersmith Hospital, police surgeon to some of the busiest police stations in West London, medical officer to the staff at Queen Charlotte's Maternity Hospital and, before its recent closure, medical

officer to a hostel for diabetic children. After his election as faculty representative to the Council, where he was for some time the youngest member, he was soon elected Honorary Treasurer. He became involved with many committees and organizations, including WONCA, of which he was president from 1976-8. Of all his clinical appointments, perhaps the one that gives him the greatest pleasure is as medical officer to Queen's Park Rangers Football Club. He still talks about the time that he went to Wembley in 1967, when the team won the Football League Cup, but alas there have been no major trophies since then. Perhaps if the back four would listen more closely to his coaching tips, so freely given before the start of each home game, then the team might more rapidly regain promotion to the First Division.

Medical students come to the practice too, and there is a story that one young man, previously a committed surgeon in embryo, abruptly switched his career plans to general practice after a week at the Grove Health Centre. It is said that what made him change was not just the inspiring teaching, but the voice from Stuart Carne's room saying down the telephone, "OK, Mr Rees [the College's finance officer, but how was the young man to know?], sell 10,000 Rio Tinto Zinc ..." Apart from football, his other great interest outside medicine is photography, and he has combined use of his Olympus OM2 with his work in the practice. This enthusiasm is so well known that many patients feel cheated if they leave his consulting room without having had something photographed.

After giving up a busy appointment, even if it is only a part-time one, most people need a period in which to think and to make plans. Even though Stuart Carne now withdraws to the back benches of Council, we can be sure that his experience and ability will continue to be at the College's service.

CONFERENCE REPORT

Psychiatric disorders in general practice

Oxford is traditionally the home of lost causes, but not so for the third Mental Health Foundation Conference held on September 12-13 1981. Whether it was the charm of residing in Magdalen College, with dinner in the Hall, the modern conference facilities of the Gulbenkian Theatre of the St. Cross building nearby, or the appeal of the programme, but there were 208 delegates (including some from America, Australia, Sweden and Switzerland). More important for those who say that Section 63 is dying, the attendance list included 66 general practitioners, ranging from the President of the College to trainees. As with the previous two conferences, which produced *New Methods of Mental Health Care* (1977) and *Priorities in Psychiatric Research* (1979), the proceedings will be published.

The first session discussed the "Epidemiology of Psychiatric Illness in General Practice". Dr John Horder was in the

chair and hoped to have three questions answered: are general practitioners as a whole continuing to accept psychiatric illness, or did Cartwright's recent work suggest regression? Is psychiatric prevention possible in general practice? How much psychiatric work can GPs do if trained, and how much should be referred, and if so how and to whom? Dr Jack Ingram, an Edinburgh epidemiologist, defined the epidemiological problem, which he saw as the subtle boundary between pathology and normal reactions—a variable grey spectrum and not the black and white of binary enumeration. The medical model was not the only one; it could lead first to the danger of patients being labelled 'ill', and later, in some, there might be the crisis implications of needing a doctor, rather than a wider choice of management.

Dr Anthony Clare (a familiar voice from Radio 4) spoke on