
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

problems of psychiatric classification in general practice. Like most earlier critics, he dismissed watered-down psychiatric classification as unsuitable for the hurly burly of practice, but advocated 'triaxial classification', which sounded suspiciously like making a diagnosis in physical, psychological and social terms. However, he showed a videotape of a random surgery interview with an eminent FRCGP (anonymous to those who did not recognize him) conducting an average length interview with a patient new to him. This raised some points about the doctor/patient relationship and the audience had to fill in a questionnaire, giving their diagnosis and opinion of the interview. Later that day a follow-up interview a year afterwards was shown. Analysis of 168 questionnaires revealed little agreement; there were many opposing views, but general practitioner solidarity was obvious.

Professor David Goldberg of Manchester dealt with doctors in general practice who fail to elicit psychiatric problems. He demonstrated that when the patient scored high on the General Health Questionnaire but was thought by the doctor not to have a psychiatric illness, the gap was largest if the doctor was 'conservative' and lacked empathy and interview technique. A group of such GP trainees in Philadelphia were given personal tutorials based on videotapes of their consultations; some showed improvement as compared to a control group not counselled.

General practice has a poor record of public relations and assumes all other professionals understand its problems and constraints. To ensure that the fundamental facts and problems were appreciated by the non general practice part of the audience, John Fry expounded them, using an historical perspective gained from his Beckenham practice.

In the afternoon session, chaired by the President of the Royal College of Psychiatrists, "Available Treatment" was tackled by the only other GP speaker, Dr Luke Zander of St Thomas's Hospital. Doctors' prescribing could be modified by group discussions. As Dr Conrad Harris has just shown, GPs are slowly realising the dangers of drug therapy. The primary team is underused, and the extended team with psychologists, social workers, counsellors, and specialist nurses is rarely used completely. Even referral to psychiatrists has received little analysis to see if domiciliary visits, out-patient clinics or psychiatrists talking direct to GPs is the best use of specialist time. The controversial question is whether, if vocational trainees have only in-patient experience and emerge after six months in the image of psychiatrists, but without counselling skills, this six months is worthwhile. There was much work to be done in assessing hypnosis, relaxation, and other alternate approaches, whilst support groups, which could be valuable, rarely included GPs.

Professor Peter Parish of Swansea, speaking on psychotropic drugs in general practice, asked if drugs could cause harm by suppressing social discontent, and be a modern opium of the masses. Should depression caused by unemployment be treated by antidepressants or social action?

After the dust had settled on this topic, Dr Pamela Ashurst of Southampton described controlled evaluation of counselling in general practice (encouraging and popular with doctors and patients, but not yet properly supported by the DHSS), and Mrs Roslyn Corney revealed the first analysis of a controlled experiment giving intensive social work support to depressed women in Camberwell. Those who were depressed longer than six months and were without a husband, boyfriend or confidante showed most improvement over control; (there was a suggestion that acute depression did not respond and that controls did better). In discussion it was clear that case work, psychotherapy and counselling

overlapped. Given the right person, who gained the confidence of doctors and patients, a therapist with time and skill could enhance general practice. The point was made that the conference had ignored children, family units, and especially psychogeriatrics.

The evening continued with dinner and an address by Sir George Young (one of his last speeches before translation from the DHSS), who cautiously mixed optimism with reality. In the course of the conference the paradox became apparent that whilst mental illness causes great distress, it has little fund-raising appeal—hence the importance of the Mental Health Foundation, started in 1952 when there were only two chairs of psychiatry in Britain. It is Britain's largest grant-making trust in the field. Recently it contributed £5,000 to the cost of printing of *Prevention of Psychiatric Disorders in General Practice*, the College's Report from *General Practice 20*, a copy of which was given to every attendee.

Sunday morning was the third and last session, and was chaired by Professor Gwynne Jones, a psychologist from Leeds. Professor John Cooper of Nottingham explained how psychiatrists there co-operated with general practices to reduce out-patient sessions in the hospital. The rigidity of referral was reducing contact and the chances of dialogue, so that this experiment was investigating the problem of increased, forced contact between all 201 GPs and 11 psychiatrists.

Dr John Ashton, of the London School of Hygiene and Tropical Medicine, spoke about "The Role of the Community Physician". Even with poor recruitment to the speciality, the challenges of mental health in a community were immense. To be a catalyst bringing together teams, supplying epidemiological facts, raising educational resources and identifying problems, was all possible without major capital expenditure; it needed only a change in attitudes and motivation.

The final address on 'Psychiatric Research in General Practice: Past, Present and Future' was by Professor Michael Shepherd of the Institute of Psychiatry, the doyen in this field. With both entertainment and pithy comment, he traced the evolution of research, including James MacKenzie's prophetic hopes of an Institute of General Practice. Professor Shepherd and his colleagues were originally voices crying in the wilderness, saying that the way forward was to increase GPs' psychiatric sophistication, not to double or treble psychiatric facilities. At the same time general practice had learnt from his work and Balint's and was moving towards the synthesized approach, with assistance from workers dealing with psychological and social problems. The emphasis should be on collaboration, not just referring patients and forgetting them. Cartwright's second survey was a jolt to complacent optimism, but the methodology was opening out towards multicentre trials of drugs and other therapies.

The final address capped the meeting: all GPs need empathy and a diagnostic flair for psychological and social factors; many could improve their skills in interviewing and therapy, and an integrated approach, even if it did not shorten the working week, brought benefit to patients and satisfaction to the doctor and the team.

The organizers, the contributors and the participants all exemplified this co-operation in a stimulating, fertile conference, for which general practice must thank the Mental Health Foundation.

ROBIN STEEL.