of stress that may be more effective than some stress-related medications.[13] While there may be difficulties in locating counsellors with relevant expertise, doctors may find the search for volunteer counsellors useful in identifying local resources, and productive in enhancing the range of services for patients.

Counselling psychology is now well established in Britain. This is clear from the number of available courses on the subject, from the number of textbooks being published,[14,15] the existence of the *British Journal of Guidance and Counselling,* The British Association for Counselling, a section of counselling psychology within the British Psychological Society, and from the investment by the British Broadcasting Corporation and other broadcasting companies in counselling-related television and radio programmes. Doctors could benefit from sharing actively in these developments.

STEPHEN MURGATROYD

Stephen Murgatroyd is Senior Counsellor at the Open University in Wales, Honorary Lecturer in Counselling Psychology at the University College, Cardiff; Associate Editor of the British Journal of Guidance and Counselling; *Secretary of the Counselling Psychology Section of the British Psychological Society, and a Visiting Fellow of the National Institute for Careers Education and Counselling. He may be contacted at The Open University in Wales, 24 Cathedral Rd, Cardiff CF1 7SA.*

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Livingston: an enduring concept

LIVINGSTON New Town lies in West Lothian in the central belt of Scotland, 30 miles east of Glasgow and 15 miles west of Edinburgh where the A833 takes one past a large road sign 'Make it in Livingston'. One group of people who have 'made it in Livingston' are the general practitioners, nurses and other health professionals who contributed to *The Livingston scheme—a ten year review.*[1] The title of this report from the Scottish Home and Health Department is somewhat misleading since it is now 17 years since the appointment of the first general practitioner in Livingston.

The principal objectives of the Livingston scheme were (a) to prepare a prototype of an area health services plan, (b) develop the concept of the general practitioner specialist, (c) bring the hospital service out into the community and, (d) promote preventive medicine. A consistent picture throughout the report, which consists of seven chapters and 17 contributors, is the unique model of primary medical care that the health care professionals in West Lothian have provided, despite the fact that an integrated service along the lines of the one created does not fit easily into the structure of the National Health Service.

Livingston's current population of 40,000 is now served by three practices with 22 general practitioners. With three exceptions, general practitioners in the town have medical lists limited to 1,500 patients and, in addition to practice responsibilities, have sessional commitments (hospital practitioner grade) to a variety of specialties in the community and the local district hospital. The 19 conjoint appointments are: general medicine/geriatrics (four); paediatrics (five); psychiatry (four); obstetrics and gynaecology (two); community medicine and rehabilitation (two); anaesthetics (two). The specialist component of the general practitioners' work has tended to be within the community setting and a range of clinics—the most notable being in paediatrics, obstetrics and gynaecology, general medicine, psychiatry and psychology—have provided services within the three health centres where the general practitioners have, both individually and with visiting consultants, extended the boundaries of primary care. This has lowered the rates of outpatient referrals and lessened the fragmentation of follow-up care of the handicapped and chronically ill. The policy has always been for general practitioners to remain personal doctors to

their own patients, but at the same time they have constantly been refreshed by frequent contact with hospital and community colleagues, and this has given both general practitioners and consultants insights into their respective problems in patient care.

It would be wrong to assume that integration has been limited to general practice and hospital services. There have been important contributions by health visitors and district nurses, who have had to conform to a less traditional method of providing primary medical care. The appointment of a full-time clinical psychologist to one of the health centres opened up new areas of service, and the variety of integrated community health clinics in the town emphasizes the commitment to preventive medicine.

Three main criticisms can be levelled at the report. Firstly, much of the data which had been collected for almost 15 years from the information system has been omitted. There is a paucity of information on patient care, and individual accounts of experiences in Livingston could have been strengthened by the addition of readily available facts. Only four tables of figures on the range of services, the workload of the doctors and nurses and the shared-care clinics in the town do not enable the reader to grasp the extent of developments in community care in the new town. Secondly, the report proffers no conclusions about the optimum balance between the general practitioner's responsibilities to his practice and the additional commitments to another speciality; it is difficult to plan for the future in these times of economic constraint, yet there is no blueprint for the next 10 years. Thirdly, the report lacks a contribution from the Social Work Department although social services are inextricably linked to medical services, especially in new town environments; furthermore, the views of the patients are missing, and receptionists—the unsung heroines of the primary care team—do not rate a mention. Perhaps the 20-year report will include an appendix of facts and figures about Livingston and ensure that patients and receptionists are also allowed to have their say.

A number of the experiments in Livingston were novel ideas and were mistrusted by many conventional general practitioners as a threat to their status as independent contractors, and it is disappointing to hear arguments still being voiced against the logical advantages of an integrated health service. For the first decade of the Livingston scheme the participants have had to evaluate their own efforts and they would be encouraged if the pleas in the report for measurement of outcome and cost effectiveness did not fall on deaf ears in the Lothian Health Board and in the corridors of academia.

An enduring memory of West Lothian was a visit to the embryo new town in the mid-1960s. It was a cold, damp November day, with an east wind chilling the bones. The roads were muddy, untarred and without signposts. There was only one general practitioner; his consulting room was in a leaking wooden hut. The community and social services were housed in a converted barn. The landscape comprised ploughed fields, trucks and excavators, but this rather bleak outlook did not deter the small group of enthusiastic people who had chosen to sow the seeds of a new community. Almost 20 years later, the optimism of those who had the courage to challenge traditional methods of delivering primary medical care in the United Kingdom has certainly been vindicated. Central Scotland may be a depressed area, but as long as the health authorities allow flickers of imagination to glow, medical care in Livingston will continue to show the standards for collaboration between general practitioners, community health staff and hospital specialists.

D. J. G. BAIN

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Adoptions in England and Wales 1981

There were 9,284 Adoption Orders registered in 1981, a decrease of just over 12 per cent as compared to the previous year. Between 1980 and 1981 the number of adoptions of legitimate children fell by 623 (a decrease of 14 per cent), while there were 702 fewer adoptions of illegitimate children, representing a decrease of 12 per cent. However, the proportion each group formed of the relevant annual total was virtually unchanged.

Source: Office of Population Censuses and Surveys. *OPCS Monitor* 1983; FM3 83/1: 29 March.

Children with yellowed palms and soles

Six children of pre-school and infant school age have been reported with yellow pigmentation of palms and soles in the North-East Thames region. The discoloration, which is described 'as if they had been walking on yellow sand', lasted about two weeks and none of the children has been otherwise affected. No common environmental factor is apparent, they attended different schools or play groups and a variety of tests have failed to reveal a cause. CDSC would be interested to hear of any other children similarly affected.

Source: PHLS Communicable Disease Surveillance Centre. *Communicable Disease Report* 1983; CDR 83/12.