

paralysis of their bladders, the paraplegic women were more likely to develop infection than normal women. Of particular interest in the management of patients during labour are the more serious infections that occur in paraplegic patients, since these women are liable to the acute reaction of the autonomic nervous system, which causes a great rise in blood pressure. These reactions are both disturbing and dangerous.

I thank Dr. H. L. Frankel for his helpful advice and criticism in the preparation of this paper.

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Letter from . . . Carolina

Things Worth Remembering

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British Medical Journal, 1975, 3, 482-483

When a man has been happy in a place reasons for return are never difficult to find. Some 18 months ago we were happy in Carolina. For each of us, parents and three daughters, there were many reasons for coming back—for the youngest the challenge of many unsampled flavours of ice cream; for parents and older children the call of friends; and for me the excitement of seeing how a university teaching practice, whose delivery I had attended, had grown to childhood. But for all of us there was the call of the southern spring, the only season we had not seen on our last visit.

After the dreariness of an English winter the porcelain purity of spring in Carolina is exquisite to the point of pain. Azaleas exult in primary reds against a backdrop of new green, pastel camellias glow against deep emerald foliage. Judas trees fill the woods with drifts of pink smoke puffs and wild wistaria climbs wantonly in the limbs of hickory and gum. This blaze of colour is softened and annealed by the ubiquitous profusion of pure white dogwood and an air of sagacity is added by the bearding of the live oaks with spanish moss. The campus glows again with bronzing men and beautiful girls.

Liberalism

The campus has changed in the last few years. Student disquiet due to intolerance at home and war abroad, erupting in drugs, violence, and political unrest, has given place to the lesser problems of beer and streaking in a calmer academic atmosphere. This change is symptomatic of the quiet revolution sweeping through the South. Changes in religious belief from the implacable retribution of the Baptists redolent with sulphurous hell fire to the newer, more liberal faiths grow fast. In many churches, whatever one's personal belief, a service is informal, is fun, and very moving. These churches encourage black and white to worship and, perhaps stranger, to confess together. Such racial integration is growing fast and it is ironic that the South, who a century ago lost the war over this very issue, should lead in emancipating the Black man. Now in Carolina the Blacks share in the general liberalism, though there is much

squalor and poverty, of which the Black gets more than his share, and there are still rural areas where the spirit of Ku Klux Klan dies hard.

The South is becoming more affluent as its agriculture and industry improve and the rich Yankees, fleeing from the pollution of the urban industrial North, come south to bright skies and clean air. Though poverty shows overall improvement there is no sign yet of a decrease in crime and the general recession, with an unemployment rate of 9%, increases the tensions leading to violence. In this trigger-happy nation homicide still ranks second only to accident as prime cause of death between the ages of 5 and 45. This violence is the legacy of past and gory history, of civil war, the bloodshed attendant on the opening of the West, and, more recently, the debacle of South-east Asia. Crime is the last thing to change in a movement away from materialism toward the reassessment of human values.

Emphasis is laid on tolerance, friendship, and freedom to do one's own thing. This is seen well in Schulz's cartoon strip *Peanuts* (it was not accident that named a major piece of space equipment Snoopy). The women's liberation movement, so much stronger here than in Britain, represents revolt against sexual intolerance. Everywhere people are aware of man's rape of his planet and there is concern about pollution and spoliation of this beautiful land. Young men and women recoiling from the cupidity of their elders seek a simpler life in the woods. Opting out, this is called now. Perhaps later it may be recognized as the first thrust of a new philosophy. With these changes in values comes the new permissiveness here strangely compounded with a prudery which makes it difficult for a woman to expose her body even to her physician. As in Britain, sexual mores have undergone great change: the campus throbs with sensuality and the commonest infection is caused by the gonococcus which may be cultured from rectum or throat as often as from the genitals.

Family Medicine

This change towards liberal thinking, to religious, racial, and sexual tolerance, and the re-evaluation of human quality is reflected in the changes in medicine. American medicine, since Flexner's revolutionary report of 1910 which started it on the depersonalizing path of technology, has lost much of that essential but indefinable art which fortunately still remains in Britain. Technology has made medicine so expensive that illness may cripple as much or more financially as physically. Evidence of popular unrest at current medical philosophy increases. The man in the street is unhappy and increasingly bewildered by

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medicine that has forgotten that it exists for him. Such a bewildered laity expresses its anxiety by litigation (which burgeons to terrify the physician) and through the franchise. By voting for politicians who, like Edward Kennedy, stand for improvement in the nation's health, they can make their views heard. Federal and state legislature, aware of public outcry, seek improvements and across the nation they come to the same answer: "Family Medicine."

This concept is nothing new, for in Britain the general practitioner has been called the bastion of the Health Service and in America too, in the past, he has been a vital figure in local health care. Where has he gone? Increasing technology has led doctors to feel insecure away from the reassurance of laboratory and x-ray units. This insecurity has produced a drift of doctors away from the country towards the centres of excellence. This drift, not only spatial, has been interdisciplinary to the extent that over the last decade there has been a 6% decrease in family doctors at a time when specialists have increased by 20%. To try to halt this drain of family doctors the government is pouring huge sums of dollars into the medical schools on condition that they establish departments of family medicine.

Government intervention in the affairs of medical schools, however well intentioned, is no more acceptable in America than Britain. The driving of the wedge of family medicine into the established hierarchy of the schools by the sledgehammer of state funding meets much resistance. Often the validity of the newly established department is questioned by specialists who cannot see its role. Family medicine, they say, consists of medicine, of surgery, of paediatrics, all of which should be taught by physicians, by surgeons, or by paediatricians. In making this assertion the specialists fail to see that the philosophy of family medicine is based upon whole-patient humanistic care.

The second force exerted on the medical schools is that of student opinion. Those same Americans who vote for senators pledged to improved health care imbue their sons and daughters with the need for a simpler, more humane approach to medicine. These young Americans, thirsty for knowledge, demand such an approach of their teachers. This caring quality in students is exemplified by the activities of the student health action committees. Some years ago when integration was poorly advanced black people around a medical school found difficulty of access to doctors. At the same time students were grumbling at the insufficiency of their contact with patients. The solution seemed obvious, but to put students and impoverished undoctored

blacks together meant circumventing much legal and racial obstruction. The committees formed by the students not only solved their problems but continue to provide care for the poor and learning for the students in an atmosphere of exciting enthusiasm.

So the nut of established medical intransigence of the schools is grasped by the crackers of state funding and student demand and gripped by the ever stronger hand of the changing philosophy of public opinion. This is why family medicine over here is so exciting and ordained for success.

Lessons for British

To the visiting Briton this has many lessons. Firstly, there is hope for the future. If America can lift itself out of the materialistic morass into which it has sunk over the last decades surely Britain can do the same, so producing the change in values which are so necessary in British society. Secondly, for those who attempt, with disappointingly small return, to improve standards in general practice the return to a similar concept in America, which for so long has scorned the local doctors, gives new justification and new hope.

This is an exciting and very beautiful land bursting with interesting ideas. As one moves between the academic departments of different medical schools, the outlying centres of medical education in rural areas, and the individual offices of the family doctors one feels the renaissance of interest and the urge to improve. There are insufficient teachers and the offers made to visitors are impressive. "Why," ask friends in England, "don't you stay in this country you find so exciting and so lovely?" The answer lies in culture and can be appreciated only by being here. The secret of the sort of medicine we try to practise in Britain lies in the art of communication. In America communication is difficult. When an English patient speaks one listens not so much to what he says as to what he thinks: not so here. But the real gap in communication lies in the difficulty of interpreting those vital non-verbal clues that depend on ingrown culture and take years to appreciate fully but which are indispensable to a general practitioner's diagnostic method.

If I could be happy without work I think I would stay here, but dealing with American patients causes a frustration which few British doctors appreciate until they try it. This is something worth remembering, you dissatisfied general practitioners. By all means come to see what it's like over here, but if you take my tip you will buy a return ticket.

Any Questions?

We publish below a selection of questions and answers of general interest

Cocaine Sensitivity and Lignocaine

A patient known to be acutely cocaine sensitive appears also to have reacted badly to lignocaine. Is this likely to be a cross-sensitivity reaction to cocaine?

A true cross-sensitivity reaction is unlikely. A definite answer cannot be given without further clinical details of the reaction to lignocaine. Most reactions to local anaesthetic agents are thought to be allergic only when accompanied by the sudden onset of weals, oedema, and hypotension. Furthermore, hypersensitivity

reactions occur particularly to local anaesthetic agents with a para-amino benzoic acid ring or with an ester bond. Cocaine is an ester of benzoic acid and a nitrogen-containing base, whereas lignocaine is unlike many other local anaesthetics as it is an aminoacyl amide, and true hypersensitivity reactions to it are rare.

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