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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Experience in a child health clinic

SIR,—Professor R S Illingworth's splendid article based on his experiences in an area health authority child health clinic (31 March, p 866) provokes me into writing down some of my own observations, based on three years' experience as a general practitioner running a well-baby clinic in our practice. His list of conditions and requests for advice from parents and his criticisms certainly made me think about the nature of the work we do. However, I am also struck by the dissimilarity of our experiences—perhaps, in part, based on the fact that I am a general practitioner with relatively little experience of hospital paediatrics, working exclusively with patients of my own or my colleagues.

My initial reaction after working in the clinic for a year was one of dissatisfaction—that I was being presented not with a wide array of paediatric clinical problems to which labels could be attached or firm advice or guidance given as to management but rather with a baffling array of questions, ill-defined problems affecting both mothers and infants which my medical training had ill suited me to answer, and a sense of bewilderment as to whether I was doing work of any worth at all. With time, and by using my knowledge of the families and the experience and help of my colleagues (including partners, health visitors, a visiting paediatrician, and a child psycho-

therapist attached to the practice), my attitude changed. I considered myself no longer as an expert in diagnosing leg clonus or a dab-hand at eliciting clicking hips (which I was not equipped to be in any case) but more as a sounding box for parents' concern about their babies and the difficulties they experience in just being parents. True, I became aware of the educational function of such clinics and I certainly had to revise my knowledge on immunisation and what constituted normal development. What also occurred to me was the extent of the maternal anxiety I met over relatively minor conditions affecting their offspring, the depressed mood of many young mothers, and the relief that was apparent on their faces when they saw mothers with similar problems exchanging views in the waiting area.

I would agree that expertise in diagnosing potentially troublesome clinical conditions and the offer of clear advice on management are important, but the value of such a clinic for me is also in recognising and bringing to light disturbance in mother-child interaction, and in offering time to a highly anxious and often depressed section of the community.

If I may refer to another point in the article, the decision about "ordering an investigation or merely seeing the child again" causes me less heartache now that I no longer work in

hospital—perhaps because the level of diagnostic uncertainty is higher in general practice and we are accustomed to facing such dilemmas time and time again in everyday work.

While I wholeheartedly agree with Professor Illingworth in his suggestion that paediatricians spend time in community child health clinics, I feel that it is even more imperative that general practitioners in training should be not only taught the full range of normal child development but also given an understanding of the imprecision and uncertainty common to such clinics.

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SIR,—In these days when the trend seems to be toward general practitioner paediatricians I was surprised to read Professor R S Illingworth's article "Some experience in an area health authority child health clinic" (31 March, p 866). He has undoubtedly given an accurate précis of the types of problems experienced in this type of clinic, but what makes them so different from the ones experienced in general practice?

In my opinion a general practitioner with experience in paediatrics, rather than a "clinic doctor," is in an ideal position to allay parents' worries about physical growth, behaviour, and mental development, and guide them in their desire to help their child to achieve his best. The undoubted helpfulness of the health visitor to the clinic doctor applies equally to the general practitioner, but he has the added advantage of being able to experience the home situation and family circumstances on a per-