responded well to this approach. Less than 25% needed to have a buzzer, which was offered only to children over 7 years of age. In some resistant cases the help of the child guidance team was sought. Many have needed some sort of social intervention.

The symptom of enuresis can be used as an indicator of stress in children. This can range from domestic disquiet to peer group discord or unsolved educational problems. Management of enuresis is time consuming. The greater part of it is ongoing personal counselling and support. A busy general practitioner should not be blamed for not being able to provide this service amidst his commitment to treat the acute illnesses of the rest of his generic clientele. Hospital treatment is expensive.

It appears to me that community health services providing clinical medical officers with specialist training or experience in paediatrics and based at health centres can play a singularly effective role in the management of enuresis.

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"The First Year of Life"

SIR,—I note that Dr H B Valman's book has appeared, to coincide with the last of his articles. It seems a great shame and a missed opportunity not to have incorporated some of the correspondence that the articles have produced. Many letters have contained constructive criticism and their inclusion would have increased the value of the book. Letters to the editor in any periodical mean so much more if read in association with the original article.

As you well know, it often takes years for corrections and new ideas to find their way into textbooks, but you had a splendid opportunity to combine an original manuscript with readers' observations.

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*. *We showed this letter to Dr Valman, who replied as follows.—ED, *BMJ*.

SIR,—I would like to thank Dr Verbov and all who took the trouble to write to the *BMJ* about the series "The First Year of Life." Several points from these letters were, in fact, incorporated in the final versions of the articles as they appeared in book form—the very short delay between publication of the last article and the appearance of the book is a tribute to the printers' efficiency. Few authors of books have received the help of so many informed proof readers.

H B VALMAN

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Drugs and rheumatoid arthritis

SIR,—Dr H F West (26 July, p 310) raises an interesting point about the relative efficacies of cortisone and prednisolone in rheumatoid arthritis.

Though adrenocorticotrophic hormone (ACTH) treatment has its attractions for some patients (high compliance, easier to stop than prednisolone, fewer long-term side effects), we have seen a few patients on treatment with

ACTH whose rheumatoid arthritis was going badly despite a dose high enough to cause Cushingoid facies; substituting prednisolone at what we judged to be comparable doses led to improvement in the arthritis (with falls in erythrocyte sedimentation rate and serum C-reactive protein) and pronounced reduction in Cushingoid features.

Such comparisons between ACTH and prednisolone, using objective criteria, seem to need further study. Similarly, most rheumatologists believe that synthetic analogues (for example, triamcinolone, dexamethasone) have no advantage over prednisolone, being more effective weight for weight, but more likely to lead to side effects. There are, however, so far as we know, no definitive studies reported in the literature.

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Two jubilees in psychotherapy

SIR,—By definition a jubilee (your leading article, 26 July, p 256) is a period of rejoicing to mark a praiseworthy event in the past. Perhaps it merits recall that in 1935, 15 years after its foundation, it was decided to appoint a neurologist on the team of consultants of the Tavistock Clinic. His duty was to examine every patient prior to being accepted for psychotherapy. This systematic practice continued until 1940.

Such close integration of psychiatry and neurology must still be regarded as a unique feature in the practice of psychological medicine. I can testify that it proved of great benefit not only to the patients but also to the two disciplines concerned.

SIMON BEHRMAN

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SIR,—In your leading article you wrote about the diamond jubilee of the Tavistock Clinic (26 July, p 256) without mentioning the founder and first medical director, Dr Hugh Crichton-Millar. In fact, you refer only to developments since the second world war.

Hugh Crichton-Millar pioneered outpatient psychiatric treatment, child guidance, multi-disciplinary teams, and training. Most of the developments you mention would have been impossible if he had not provided the institutional framework and leadership and won wide public support during the critical early years.

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Salute to Macdonald Critchley

SIR,—Without detracting in any way from your wonderful tribute to Macdonald Critchley (9 August, p 406), I was disappointed and astonished that no mention was made of his association with King's College Hospital, London. When Adren Turner retired from King's in 1928 Kinnier Wilson became head of the neurological department and Macdonald Critchley was appointed junior neurologist, becoming physician for nervous diseases in 1935. After the death of Kinnier Wilson in 1937 he became head of the department of

neurology. He was appointed lecturer in therapeutics and applied pharmacology in 1930 and became president of the Listerian Society during the session 1934-5. These facts can be verified in *King's and Some King's Men* and an addendum to that book.^{1 2}

Macdonald Critchley had an off-beat approach to medicine which resulted in many interesting papers, one of which I remember was about the body image. Among other things, he maintained that one's body image enlarged to correspond with the boundaries of the car one was driving.

Although Macdonald Critchley may have lacked the histrionic flair displayed by Kinnier Wilson when the latter was demonstrating a clinical "case," he had a subtle and erudite wit which was greatly appreciated by those whom he taught. He was one of my student-day heroes but unlike some others, who proved to have feet of clay when I matured and became a teaching consultant myself, he has retained my admiration and respect ever since I first knew him.

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¹ Lyle HW. *King's and some King's men*. London: Oxford University Press, 1935.

² Lyle HW. *An addendum to "King's and some King's men."* London: Oxford University Press, 1950.

Consensus development programme: technology assessment at NIH

SIR,—I write to correct an error in the article "The consensus development programme: technology assessment at the National Institutes of Health" by Dr C U Lowe (28 June, p 1583).

In the section concerned with the role of National Institutes of Health and its relationship to the National Center for Health Care Technology, there is the statement that "while NIH focuses on the technical, scientific aspects of assessments, the centre is concerned with ethical, social, economic, and legal facets." This is incorrect in that under the law (PL 95-623) which established the centre it is charged with evaluating health care technologies from *all* perspectives, including technical and scientific. The centre is also responsible for co-ordinating the health care technology assessment activities of agencies in the Department of Health and Human Services, including the National Institutes of Health.

It was my privilege to head the consensus development programme during its first two years, and for a full discussion of that programme and its relationships I would refer you to a recent paper.¹

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¹ Perry S, Kalberer JT. *N Engl J Med* 1980;303:169-72.

Pleural aspiration and biopsy

SIR,—Dr W T Berrill (9 August, p 459) concludes that intracavitary bleomycin is not necessarily any more effective than other cytotoxic agents. We hope to answer this question when our multicentre study is completed in the near future.

The suggestion that one should not use bleomycin because it is four times as expensive