severe injustice. Yet, here enters Joanna Manning, an associate professor of law, also from The University of Auckland, who responded to Bryder's book with an edited series on *The Cartwright Papers*. Manning and colleagues appear to have produced their book with the main purpose of discrediting Bryder's account. It is not made clear whether Bryder and Manning (both from The University of Auckland) know each other, or have had past disputes. I would have found this declaration a useful piece of information.

For anyone interested in how one story can be portrayed in two completely opposing ways, then I recommend reading these two books as a pair. Every medical and nursing student would benefit from reading and discussing these books together—there are just so many lessons to be learned. I would start with Bryder. Here you will get to know Dr Herbert Green and see his actions in the best possible light. Moving on to the essays edited by Manning, you will find yourself questioning Bryder's view. In the end you will have to decide for yourself. Personally, I could never condone the way in which Dr Green changed previous diagnostic categories—this is just bad and unethical research. Yet, on the other hand, I agree with Bryder that in many ways he was ahead of his time and the way he thought about cervical dysplasia was potentially groundbreaking. The outcome could have been so different if only he could have had better research training and maintained a more objective view. His lack of communication with colleagues and patients is, in my mind, his great undoing. Bryder's defense of Green's behaviour as being typical of the time, makes for worthy reflection. Yet in both books, Green, the somewhat intimidating gynaecologist, is a familiar character to anyone trained prior to the late eighties. There is certainly a feeling that this story could have been found in any number of institutions. The medical profession and wider health care system has changed dramatically since the days when Dr Green was a presiding power at the National Women's. Whether you remember the Cartwright Inquiry, whether you were taught or treated by Dr Herbert Green (or someone remarkably similar), these two books make excellent reading. Most of all, they make you think. The inclusion of a chapter by Clare Matheson (the patient at the centre of initial controversy) in the Manning book makes for powerful reading. The view that such a debacle could happen again somewhere in our health care system is put forward as a chilling warning—another reason to get these books and read them!

A History of the 'Unfortunate Experiment' at National Women's Hospital

Publisher: Auckland University Press
Date of publication: 2009
No. of pages: 264

The Cartwright Papers: Essays on the Cervical Cancer Inquiry of 1987–88

Publisher: Bridget Williams Books
Date of publication: 2010
No. of pages: 223

LETTERS TO THE EDITOR

We should not screen for ADHD

With regards to the *Back to Back* in the last issue of the *JPHC* on population-based screening for ADHD,[1] I wish to support Ross Lawrenson's objections to Tony Hanne's proposal for population-based screening for attention deficit hyperactivity disorder (ADHD) from a non-medical perspective. The problem with viewing behaviours of concern from a medical viewpoint is that the process of diagnosis, assignment of cause and the mode of intervention are all regarded primarily from a physiological or organismic position. The contextual and ecological contributors which may generate, maintain and elaborate such behaviours thus remain ignored or, at best, poorly analysed and consequently go unresolved. Further, screening instruments are notoriously coarse-grained, often of poor validity, and are likely to provide, at best, numbers of false positives and negatives. Asking parents and teachers to make appropriate judgments in a questionnaire upon which a diagnosis is then based exposes the process to bias because both may simply be seeking a solution which does not involve either party to examine or modify their behaviour management methods, even though these may be major contributors to the behaviours of which they complain.

Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: **editor@rnzcgp.org.nz**. All letters are subject to editing and may be shortened.

A one-off screen and a consulting room assessment cannot provide an adequate basis for diagnosis or intervention. Working, as I do, with families and in schools with children who are deemed problematic by parents and teachers emphasises the role of adults in mismanaging children's behaviour. Teachers frequently identify children as 'hyperactive' when they cannot manage them or find them disruptive. Closer analysis can reveal that the teacher provides high rates of attention for disruption and little encouragement for desired behaviour when it occurs. Sometimes the child lacks the entry skills into the academic programme or comes to school troubled and/or hungry from a dysfunctional family and so engages in alternative activities which attract adult attention. Failure to identify and deal with these ecological factors or simply masking them with methylphenidate begins to verge on the irresponsible in my opinion. I have systematically observed the classroom behaviour of children diagnosed as ADHD by paediatricians and psychiatrists. Some have remained non-medicated by parental request and my data have shown them to be functioning as well as, if not better than, peers in terms of on-task behaviour, compliance and disruption. Such data raise questions of the validity of diagnosis by those currently assigned the role and, consequently, questions about the utility of population-based screening and treatment of ADHD by GPs.

Barry S Parsonson MA(Hons), PGDipClinPsych PhD FNZPsS MICP, Registered Psychologist

References

1. Hanne T, Lawrenson R. Back to Back: New Zealand general practice should adopt population-based screening for attention deficit hyperactivity disorder. J Primary Health Care. 2009;2(2):155–8.

Too many articles by nurses

Thank you for the last edition of *Journal of Primary Health Care* (better to be named 'Journal of RNZCGP'). I enjoy reading the articles in every issue. The last edition was hugely changed in format. There were so many articles by nurses I wondered whether I was reading a nursing journal?

Why don't you encourage and stimulate young doctors to do research and write some learning and educational articles which will be useful for GPs? If you advertise in the *NZ Doctor* magazine and primary health journals inviting the doctors and registrars to write, definitely all will get the message. Also you could give them awards or certificates for doing such research activities and writings.

Hope you welcome our comments in a positive way.

Dr Mrs M Ramanathan

A well designed journal for the primary care sector

As Editor of the *Journal of Primary Health Care*, we applaud you for re-launching the traditional GP journal (*New Zealand Family Physician*) as a primary care, rather than solely GP-orientated publication. Likewise, we believe that by supporting the *Journal of Primary Health Care*, the Royal New Zealand College of General Practitioners (RNZCGP) demonstrates a commitment to the wider view of the primary care landscape. There is an expectation by health policy-makers that the primary care sector delivers high quality health care through the development of effective multidisciplinary teams. Patients also assume this happens but, sadly, it is not always the case. Your journal supports a step in the right direction.

In terms of 'usability' as a resource, this new look journal has a lot to offer the primary care sector. There is clinical material which will assist general practitioners, practice nurses, community pharmacists and PHO-based clinical advisory pharmacists to stay current. The *Back to Back* section engages specialists into the primary care arena and allows informed debate to be facilitated in peer group sessions. For academics and applied health services researchers, the *Journal of Primary Health Care* provides a platform for publishing robust research which is locally relevant and interesting. There is a *Gems* section which refers us back to the good work that New Zealand primary care researchers are publishing abroad. Finally, for the more political amongst us there is a commentary/essay/viewpoints section.

In addition to the vigorous, multidisciplinary nature of the journal, we really like the multiple categories under which we can publish. There is no need for themed issues as the regular categories within the journal cater for a myriad of topics. As researchers we don't need to wait any longer than we should to have our papers reviewed and accepted, but can feel reassured that speed of publication is not at the expense of thoughtful and robust review from experts in the field, as well as practice-based academics.

Based on our experience of reading, reviewing and publishing in local and international journals over the past few years we think that the *Journal of Primary Health Care* fulfils an important role in bringing together primary care researchers from a range of disciplines to publish and comment on the issues that are relevant to primary care practitioners and policy makers alike. We would like to thank you and the RNZCGP for the energy and insight in bringing us the *Journal of Primary Health Care.*

Shane Scahill (Doctoral candidate, School of Pharmacy and Clinical Advisory Pharmacist), Dr Jeff Harrison (School of Pharmacy), Dr Peter Carswell (School of Population Health—Division Health Systems), Prof. John Shaw (School of Pharmacy)