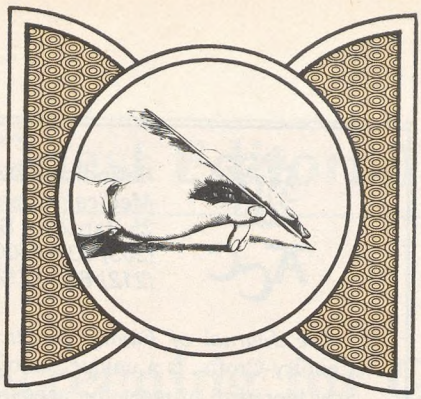
Letters to the Editor



The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Infantile Colic

To the Editor:

I read the article in the July 1984 issue on "Infantile Colic" by a Dr. Peter S. Karofsky with absolute amazement *(J Fam Pract 1984; 19:107-116)*. It is a very learned article; however, it completely disregards the two main causes of infantile colic.

The main cause of colic is warming of the milk. If formula is prepared and kept in the refrigerator, it may be removed from the refrigerator and given to the baby directly, or let stand while the baby's diaper is being changed. If the formula is prepared at feeding time, cold water should be used. If you don't believe that warm milk produces colic, drink a quart of warm milk in 15 to 20 minutes.

The other cause of colic is, indeed, aerophagia, but Dr. Karofsky does not mention the primary cause of aerophagia, which is incorrect nipples so that the baby cannot get the milk fast enough and therefore sucks air rather than milk. Holes in the nipple should be made larger or slits made longer for the eager sucker.

Feeding 3 oz of cold water before breast feeding will help prevent colic in the breast-fed baby. Cold water without additives should be offered before formula or breast at least four times daily.

Feeding cold formula with adequate flow nipples will prevent 90 percent of infantile colic.

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Academic and Community Missions of Family Practice

To the Editor:

Papers by Geyman,[1] Jackson and MacInnes,[2] and Goodale[3] in the March 1984 issue of *The Journal of Family Practice* eloquently state the case for the pursuit of scholarly ideals by family medicine. Clearly research and maintenance of high intellectual standards are justified both by our need for academic stature and by our obligation to improve the care we render to our patients.

This issue has another side, however, one articulated before but that tends to be overlooked in the press of academic work: Family medicine has received political support and public funding less because of scholarly concerns than in response to a shortage of physicians trained and ready to provide uncommonly good care of common health problems. In Ohio, for example, legislation was passed ten years ago (HB 474) requiring that state-supported medical schools ". . .create a curriculum for and maintain a Department of Family Practice, the purpose of which shall be to acquaint undergraduates with and to train postgraduate physicians for the practice of family medicine." The legislators, reflecting the concerns of their constituents, were thinking in terms of readily accessible, reasonably priced, personalized medical care of a relatively unsophisticated nature. Family physicians said they would fill this void, and to a significant extent they have done so.

There is a risk that as we take on university ways of thinking and become preoccupied with intellectual pursuits, we will adopt agendas discordant with those of our patients. One already sees clues that this may be starting to happen in such areas as family-oriented care[4] and management of behavioral problems.[5] Various lines of evidence, including our own unpublished work, suggest that only a minority of people want or expect their physician to deal with family issues. A behavioral approach is exceedingly valuable with some patients, but others either do not have or are unwilling to accept a need to discuss such matters with their physicians. This issue must be handled with wisdom and understanding. If the time comes that the public sees family medicine as so preoccupied with its intellectual pursuits that it no longer places adequate priority on patients' self-perceived needs, we will be at risk of losing the vital political support that undergirds our position in the academic world.

We need a Janus-like ability to look in two directions at once, inward toward academia and out-

ward toward the world of community practice. Family medicine must live with this tension if it is to sustain both its academic credibility and its relevance to health care in the community. At the very least we can emulate the bicyclist who clips a tiny mirror to his eyeglasses so he can monitor what is happening in one direction as he travels in the other.

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References

1. Geyman JP. Tenure and academic family practice: Anathema or constructive catalyst? J Fam Pract 1984; 18:369
2. Jackson M, MacInnes I: Promotion and tenure in family practice in US medical schools. J Fam Pract 1984; 18:435-439
3. Goodale F: Academic credibility: Can your department of family medicine meet the challenge? J Fam Pract 1984; 18:471-476
4. Wall EM, Shear CL: Characteristics of patients seeking family-oriented care. J Fam Pract 1983; 17:665-668
5. Christianson CE. Making the family the unit of care: what does it mean? Fam Med 15:207, 1983

Erratum

In the March 1985 issue, the article by Hamblin et al (*Hamblin JE, Brock CD, Litchfield L, Dias J: Papanicolaou smear adequacy: Effect of different techniques in specific fertility states. J Fam Pract 1985; 20:257-260)* inadvertently cited an incorrect formula for test sensitivity. The correct formula should read as follows:

$$\frac{\text{true positives}}{\text{true positive + false negatives}}$$

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Our articles maintain a balance among in-depth clinical papers, clinical research in family practice and primary care, and relevant educational and health care delivery components. In our regular features (Grand Rounds, Communications, Letters to the Editor, Forum, etc.) authors express and exchange views on a wide range of topics and issues of vital concern to family practitioners and medicine in general today. Our special issues, which have explored in depth the state-of-the-art of the discipline, have already become landmark monographs in family practice literature.

The Journal is not staff-written but depends upon manuscripts from individuals and groups active in practice and/or teaching. We encourage the submission of original articles, commentary, and discussion from any physician or other health care professional who feels his or her work might add to our evolving archives of original literature developed for the specific needs of family physicians.

All articles considered are refereed in the traditional manner.

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