bolster their position and make them feel secure. We developed our service very clearly as a secondary health care service, which could only take referrals through GPs. Within our own service, we then laid down very definite priorities.

The community mental health teams see part of their task as liaising with the primary health care team and, all the consultants meet the GP practices within their sector regularly. Recently, we have been able to write our own service contract from the purchasers and have put in as the first aim of the service that we provide "a support and advice service to all members of the primary health care team . . .".

As two of the consultants cover such a large sector, we thought it would be useful being able to communicate with our staff and GPs while driving. We have, therefore, done a research study on the use of car telephones. The district refused to finance the telephones, so we had to do this ourselves and through private enterprise in order to do the research to convince the health authority of the need. Another difference in the delivery of service is the provision of long-stay beds for people with dementia and for functional mental illness. We planned the latter to be provided in hospital hostels throughout the district in small units, and the former also in small units around the district. It became apparent, however, that they would still not be local to most people (even different villages consider themselves separate to each other never mind different dales) and the problems of staff morale in small isolated units was to be a real problem. Therefore, larger units within the centres of population are now planned, so that at least the staff morale can be kept high, and relatives can visit as public transport tends to go to these areas.

Attitudes towards mental illness within the district are curious. People know very little about it and are not aware of possible treatments, but generally are very good at caring for their own families and community. These attitudes are held also by health care professionals. After four years in post, I am still coming across people who have clearly been psychotic for up to 20 or 30 years with no treatment provided, but these people have been cared for and supported by their community. Sometimes their priorities can be slightly misguided. One of my patients became increasingly strange and ended up sleeping rough in the dales and feeding his cattle on stones. The local community had supported him financially for quite some time, but eventually they decided something must be done – they called in the RSPCA to remove the animals. After this had been completed they then asked the general practitioner to see the patient who called me in.

In order to help change and develop attitudes, all the consultants are very involved with public speaking and meetings, spending a lot of time talking to health care staff, and also recently doing radio 'phone-ins.

Psychiatric training is good at teaching about mental illness, but it tends to be mainly city-orientated psychiatry. I was never taught essential techniques, such as dictating letters while driving and the necessity of keeping wellingtons in the car boot. Maybe rural psychiatry is something really one can only learn from experiencing the situation, and living within the culture.

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Case report

David R. was referred at the age of 18. He had always been a socially awkward child, afflicted by mannerisms, tics and grunts. More recently he had become increasingly absorbed in repetitive rituals, apparently of a compulsive nature, such as tying and untying his shoelaces or moving his trouser zips up and down. Life at home was becoming intolerable for his family as David would lock himself in the bathroom to carry out his lengthy washing and shaving rituals.

Admission to hospital was arranged for the purpose of a behavioural analysis. Among other repetitive rituals the nursing staff reported grunting and swearing as David applied his razor to the same area of his face until the skin became quite sore. Here was the diagnostic clue, of course, to a relatively uncommon neuropsychiatric syndrome presenting as a unique clinical variant: this I have designated the "Tour de la Gillette" Syndrome.

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