or aversion to an arranged marriage with an older man are among the most common of these.

The most common method of suicide is by burning, the girl pouring kerosene or petrol over her clothes and setting herself alight. The choice of this horrible way of dying is difficult to explain, especially when one takes into account the great disparity between it and the apparent triviality of the reason for the act. It is possible that the operation of circumcision may engender in the girl phantasies of mutilation which are satisfied by burning; in my experience, the very few men who have committed suicide in this way had been circumcised at puberty. The Koran frequently threatens hell-fire in after-life for those who disobey God, but a sub-conscious desire either to avoid this by having already suffered it in this world or to "suffer hell" is not discernible. There is, of course, a relative lack of other means of suicide in the Sudan. Sleeping pills are not usually available; gas is not there to use. Kerosene is sometimes drunk, and does not kill, except by causing pneumonia; it is often used in this way by the girl who wants to mould her environment in her favour. Drowning in the River Nile has been committed by some, and drowning in wells by a few who live in remote parts of the Sudan away from the Nile.

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HEALTH EDUCATION AND PSYCHIATRY

Dear Sir,

My review of Dr. Gatherer's "Public Attitudes and Mental Health Education" (1) refers to the immensity of public ignorance on this question and the overwhelming need to provide information, particularly if community care is to mean anything.

One might have thought that some awareness of these matters would have penetrated to official levels. But the National Health Education Council—recently constituted after prolonged delays—contains not a single member with any specialized knowledge of psychiatry or mental health problems. Furthermore, the Ministry of Health has indicated clearly that it does not intend to consider any alterations in the composition of the Council.

This is bad enough in itself, but it is yet another indication of that ignorance and contempt for psychiatry amongst the medical Establishment to which I have drawn attention elsewhere (2). The fault presumably lies in the professional advice which the Ministry receives. Are we, as a speciality, going to accept this situation indefinitely, or will it require a sit-in at the Elephant and Castle before the Ministry recognizes the place of psychiatry in a modern health service?

Hugh Freeman.

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References

1. *Brit. J. Psychiat.* (1968), **114**, 795.
2. *Lancet* (1965), *i*, 589.

UNILATERAL E.C.T.

Dear Sir,

My attention has been drawn to an important omission in my paper on "The Clinical Evaluation of Unilateral Electroconvulsive Therapy" (*Journal*, April, 1968, 459–463). The paper stated that laterality was determined by means of dominance test battery, and that only right-handed patients were included. It was implied that the unilateral group all received E.C.T. to the non-dominant, i.e. the right hemisphere, although this was not explicitly set down.

I should like to take the opportunity of making it clear that in the unilateral group the electrodes were invariably applied to the right side of the head.

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COMMUNITY AS DOCTOR: HENDERSON HOSPITAL

Dear Sir,

On reading Dr. Morrice's review of *Community as Doctor* (*Journal*, June, 1968, p. 792) I had the feeling that he was consigning the work to the archives, and a little prematurely, and I would like to make some comment.

It is true that "the Unit studied by Rapoport and his colleagues no longer exists" *as such*, but this is largely due to the second point made by Dr. Morrice, that the country's social structure and climate have also altered significantly.

The fact that the Unit has also changed in the 10–15 years since the study was initiated is some evidence of its continued viability. From its inception the Unit has shown an ability to respond to changing social needs, and the period from the war years up to the Rapoport period probably was the period of most significant change both in the Unit and in the external social climate.

The ability for self-examination, evaluation and change without collapse is what the therapeutic

community is all about, whether applied to individual members or the total social group.

However, change does not mean abandonment of all previously held ideas; the visitor to Henderson today would find much still as Rapoport described—both good and bad—and the undoubted changes have, I hope, been toward increasing realistic contact with, and understanding of, the social problems of our present environment.

In this respect I feel that *Community as Doctor* is worthy of a wider study than by social psychiatrists alone. Certainly much of therapeutic community practice has now been incorporated into general psychiatric treatment and certainly the limitations of what has been described as the "therapeutic community proper" (1) have been more clearly delineated, but it would be a pity if psychiatrists were to let the matter rest there and turn again to the search for physical components and moderators of disordered social behaviour, as seems to be the current tendency.

These studies, in *Community as Doctor*, of cyclical organization and disorganization in social groups, of the to and fro swing between the need for authority and control and the demand for democracy and freedom of expression, have a far wider application than in the strictly psychiatric field and may be more advantageously and widely studied in an attempt to understand something of our present-day social turmoil.

It may be that the treatment of the overtly mentally sick has gained as much as it can from the therapeutic community ideology for the moment, but in the understanding of social deviance and the management of the less recognizably psychiatrically disordered parts of our society the therapeutic community concepts are only beginning to be acknowledged and utilized.

At Henderson now we have a stream of visitors (350–400 per annum), but psychiatrists are few and social workers, penologists and educationists are many. It is in the direction of educational, criminological and general sociological areas that the therapeutic community should move, but psychiatrists who first developed these concepts should not now lose touch or opt out of the developments which must follow.

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Reference

1. Clark, D. H. "The therapeutic community—concept, practice and future." *Brit. J. Psychiat.*, 111, 479, 947.

Dear Sir,

If my affirmation that *Community as Doctor* "has become required reading" and that its "reissue deserves attention" is (as Dr. Whiteley suggests) equivalent to consigning it to the archives, then true communication in indeed more difficult than even we social psychiatrists imagine. I think he misrepresents the tone and message of my review.

However, I am happy to support his plea that therapeutic community concepts need to be more fully understood and utilized outside the bounds of narrow psychiatric commitment. Indeed a number of us—not least the Henderson Hospital—have said so and done so for years. Would Dr. Whiteley think me too fanciful in believing that the idea is catching on?

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"INDUCED DREAMS"

Dear Sir,

In the *Journal*, March, 1968, in the Book Reviews section, I find my book *Induced Dreams* reviewed by Dr. Ian Oswald. I must take exception to his review for several reasons.

It is quite evident that Dr. Oswald has not bothered to read more than a few paragraphs here and there, even avoiding the introduction and the conclusions. For instance, completely out of context, he has reported verbatim one single sentence, concerning the use of hypnotherapeutic techniques in second and third degree burns, out of a 26-page chapter (Chapter I: Personal Experience and Methodology), as if it were the most important statement in my book.

No mention is made by Dr. Oswald of the theoretical background of the book; neither does the way in which spontaneous and induced dreams are utilized in comparison with classical analytical interpretations and with other hypno-analytical methodologies receive any attention. Also completely ignored by Dr. Oswald is the fact that the case-report that occupies one-third of the book has been selected and reported because it illustrates in some detail the entire approach to the induction of dreams under and after hypnosis, and their utilization in the therapeutic programme.

I may finally add that the statement "the author is a hypnotherapist who suggests, etc. . . . " tends to hide the fact that I am a physician specializing in psychiatry and in internal medicine, who, over the years, has found useful applications of hypnosis in