

2. *Lack of Representation*: Specialists in psychiatry and mental subnormality are under-represented on Group H.M.C.s and Group M.A.C.s.

3. *Decisions affecting patients are made by administrators*: These are made at Group level without consultation with appropriate medical experts at local hospital level. The majority of Group Secretaries are not aware of the special needs of psychiatric hospitals.

4. *Over-centralization of administration*: This often causes delays over obtaining items from Supplies Department.

5. *Loss of clinical facilities*: The transfer from psychiatric hospital to general hospital of departments such as X-ray, pathology and EEG causes an increased delay in obtaining results.

6. *Lack of finance*: This is felt most under the following headings:

- (a) Ancillary staff, e.g. psychologists.
- (b) Housing.
- (c) Essential repairs.
- (d) In general, serious doubts were expressed as to whether psychiatric hospitals are getting a fair proportion of the financial resources available to the Group.

7. *Deterioration in relationships with medical and surgical colleagues*: This arises through having to compete with them in spending the Group budget.

8. *Lack of improvement in psychiatric facilities at general hospital*: In spite of amalgamation, psychiatrists are usually offered inconvenient and the most unattractive parts of the general hospital.

9. *Increased demands on psychiatric man-power*: The general hospital expects immediate psychiatric cover for attempted suicides, etc., and refers many psychosomatic problems. There is no compensatory increase in psychiatric establishments.

10. *Standardization*: There is a failure to appreciate that psychiatric hospitals do not fit easily into a philosophy of standardization.

11. *Poor professional relationships*: Some senior consultants at psychiatric hospital level have never met the Chairman or the Secretary of the Group.

To summarize: It seems to be clear that the attempt to graft general hospital administration on to psychiatric hospitals has not been successful. If amalgamated psychiatric and general hospital groups are to be formed it is essential to devise a new type of group hospital administration which will understand the differing needs of psychiatric and general hospital patients.

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JOHN T. HUTCHINSON.

'BEHAVIOUR THERAPY IN THE 1970's'

DEAR SIR,

With reference to N. L. Gittleson's review of the book *Behaviour Therapy in the 1970's* (edited by L. E. Burns and J. L. Worsley. John Wright and Sons, 1971), which appeared in the August 1971 issue of the *Journal*, pp. 221-2, may we point out that the symposium was held under the auspices of the British Psychological Society (not Association) and that the book consists of six papers, not eight, that were presented at the symposium, the other two papers being specially written for the book.

With regard to the reviewer's fourth paragraph in which he endorses Professor H. G. Jones's remark that behaviour therapy has not yet become successfully involved with polysymptomatic personality disorders including the full-blown obsessional, your readers might like to consider evidence presented elsewhere in the book which suggests that considerable progress, derived from therapeutic techniques based on learning theory, has in fact been made in treating these conditions.

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PROCEEDINGS OF CONFERENCE OF CLINICAL TUTORS

DEAR SIR,

In September 1970 the Clinical Tutors' Sub-Committee of the Royal Medico-Psychological Association held a Conference at Merton College, Oxford. Selected papers presented there have now been edited and published as the Proceedings of the Conference. The papers contain interesting and useful information about various aspects of Clinical Tutors' work, including training facilities, the organizing of libraries, and some new approaches to teaching.

Copies of the Proceedings have been sent to participants in the Conference and to psychiatric hospitals and University Departments of Psychiatry, but spare copies may be obtained from Mrs. V. J. Kewell, MRC Clinical Psychiatry Unit, Graylingwell Hospital, Chichester, Sussex, by sending 75p, together with a stamped addressed envelope, 9 in. × 7 in. Cheques should be made payable to the Royal College of Psychiatrists.

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