

most Undergraduate Teaching Hospitals should end up with 2 to 4 Professors of Psychiatry in their greatly expanded academic departments.

My little proposal, for the greatest diaspora of the free-range scholars since the fall of Alexandria, should bring much happiness both directly and indirectly to every academic department south of the Scottish border (which seems a small price to pay for a few ruffled feathers on the golden egg farm).

EZRA THE SCRIBE

(This outrageous proposition is now open for discussion, rebuttal or vituperation—Eds.)

#### REFERENCES

- <sup>1</sup>CONAN DOYLE, A. (1894) *The Memoirs of Sherlock Holmes: The Silver Blaze*.  
<sup>2</sup>VICKERS, G. (1968) The promotion of psychiatric research. *British Journal of Psychiatry*, 144, 925.

## Correspondence

### *The Open University and Psychiatry, A Special Relationship?*

DEAR SIR

Before the advent of the College, when the likes of Rainhill Hospital were mentioned in the Guinness Book of Records by reason of their huge number of patients, the budding psychiatrist dutifully passed his DPM and with the addition of either an MD or MRCP he had secured his consultancy in one of the erstwhile county asylums.

Today we have a streamlined system of Approval, psychiatric tutors, university courses leading to obscure postgraduate degrees and, of course, the MRCPsych. It would be pleasing to boast that this has visibly improved our capacity to discharge our duties to patients and public, and that today's psychiatric patient is much better served by the new breed of educated psychiatrists. I wish I could say that I had some evidence of this, but when I look at reports and letters all I see is surplus verbiage, muddled management plans and cross-referral to all sorts of specialist units which are well endowed with blue plastic signs (made in Industrial Therapy) but light on relieving symptoms. Research requires a further qualification in statistics and computers, but its application to the clinical setting does not seem greatly relevant.

What is the solution? I believe it lies in ourselves. I cannot see how five + years of multichoice questionnaires about lists of symptoms and signs help us to deal with people. Many of us have become so absorbed in building up our repertoire of quasi-neuro-psychiatric facts that we are unable to relate to each other. I have felt for some time that my education had to be based more broadly, and two years ago I enrolled on a BA course in the Open University. As doctors we are exempt from three credits and as only six credits are needed for a degree this can comfortably be done in three years. The first year is a compulsory foundation year, and I would heartily recommend this Arts Foundation

Course. I studied philosophy, including logic and the sceptics, and this has put a new perspective on other people's 'arguments'. Art history helped me make sense out of the visual world and the needs of society in relation to this as well as more directly being able to make sense of patients' artistic efforts. Religion was studied with a special emphasis on the Africans—a whole new concept to us Westerners. History was no longer boring dates but an education on how to read between the lines in documents—very useful in contemporary practice. Drama, the novel and poetry are a real boon to any doctor-patient relationship, and music and its relevance in everyday affairs was an enlightening experience.

The second year was spent with twentieth century poetry—rather specialized but a life-long obsession I had previously only loosely appreciated. The emotions, movements and the struggles of the poets have contributed to my emphasize and relate better than any medical teaching. Everyone has patients who write poems, but how many psychiatrists cast more than a cursory glance at them.

This year it is seventeenth century English history, and already the social and moral intrigues of life during this period have influenced my thinking in a fresh and meaningful manner. Over and above the courses, the summer schools gave me the opportunity to interact in a novel way (no pun intended) once a year with other Open University students, and there is more regular contact established locally at tutorials every few weeks.

Needless to say, I met no psychiatrists. I didn't even meet doctors. Maybe we are all too worn out by viva voce's repeated M.B. examinations and postgraduate courses designed to fit as many hours as possible into a working day.

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