

CORRESPONDENCE

THE PRESIDENT'S REPLY TO DR MEZEY

DEAR SIR,

Dr Mezey's letter (August, p 147) raises a number of issues, on two of which I should like to make a comment. The *Bulletin* will be publishing two documents on the staffing of Teaching Hospital Departments of Psychiatry which I think will go some way to explain the staffing requirements of these special units; how many of them, far from being over-privileged, are in fact seriously undermanned for the functions they have to perform.

The possible imbalance between teaching and non-teaching hospital staff on the various committees of the College is a second and quite different matter. We all have sympathy for the overworked consultant based on an inconveniently placed hospital, but if he does not stand for committees it does not help if academics do not do so either. In fact University staff would seem to be under-represented on College committees and they are not always as active in College affairs as they might be.

Senior Lecturers and Professors have many medical school and University committees to attend in connection with teaching, examining and administration. Their research time is frequently eroded by these and by their service commitments. College affairs may seem to be simply yet another committee chore not serving the ends which interest them. The College needs the support of all types of staff in psychiatry, both academic and NHS.

I am very glad Dr Mezey has raised these issues, as it is much better to have them discussed openly rather than allow them to produce serious misunderstandings.

DESMOND POND

*London Hospital Medical College,
London E1.*

CONSULTANT POSTS IN MENTAL HANDICAP

DEAR SIR,

The continual difficulty of filling Senior Registrar and Consultant posts in mental handicap impairs the service for the patient, causes frustration to those in this specialty and restricts development.

Expanded educational, social and psychological provision for the mentally handicapped, welcome as these are, have not solved all their problems; the basic biological problems associated with mental

handicap remain. Whether mentally handicapped people live at home, in hostels or hospitals they frequently present difficulties for which psychiatric help is sought, and such cases form the bulk of referrals to consultants in this work. The move towards keeping the mentally handicapped in the community results in psychiatric abnormalities among this group being less readily tolerated and it is possible that their living with the intellectually more able may create more psychiatric disturbances. It has become clear that the role of psychiatry in the care of the mentally handicapped needs to be re-emphasized, re-asserted and re-defined so that these patients, their families and their general practitioners have the benefit of the psychiatric advice which is their right.

In our opinion it is not only the training posts that are unattractive, but also the consultant posts. The specialist in mental handicap, often ploughing his own lonely furrow, is too often only for bed-booking and other administrative duties, without the authority and consequent job satisfaction of the former medical superintendent. To be attractive to doctors, posts in mental handicap need to show a greater content of medicine and psychiatry so that the work is recognized as a medical rather than an administrative specialty.

The medical ramifications of mental handicap are enormous, including psychiatric disorders, neurological conditions, genetic and metabolic anomalies, neurophysiology, molecular biology, the development of behaviour as well as the interplay between environment and the individual. 'Normalization' of the life-style of the mentally handicapped is a laudable aim, but the severely mentally retarded are much more likely to be made 'normal' by biological than by social means.

It is a matter of great regret to us that the first report of the Development Team for the Mentally Handicapped (HMSO, London) entirely omits discussion of the biological aspects of the problem. The basic training of the medical profession is in the biological sciences, and it is therefore likely that doctors will be most attracted to posts involving some aspects of medicine built on their basic training. It would also seem sensible to use medical man power in such a way that doctors use the subjects in which they were trained. To support the suggestion there is scope for two types of consultant appointment in mental handicap. Firstly, the joint appointment in which mental handicap is combined with general psychiatry, child psychiatry and where possible an

academic department. Secondly, the post devoted entirely to mental handicap for the highly trained enthusiast. General and specialist psychiatric practice are complementary. Every consultant psychiatrist today should have a grounding in mental illness, mental handicap, child psychiatry, forensic psychiatry, the psychiatry of old age, psychotherapy and psycho-sexual disorders. At the same time there should be the opportunity for some consultants to be especially concerned with the mentally handicapped on a broader basis. They should be closely associated with those working in the basic sciences and explore the application of rapidly expanding knowledge in those fields to clinical practice. Such posts must be connected with Universities.

In our opinion the re-organization of medical duties is essential and if carried out will attract able doctors to take an interest in the subject and provide a developing medical and scientific service to the great benefit of the patients. An exciting and worthwhile future could be developed, and the Royal College of Psychiatrists and the Department of Health and Social Services should advise Area Health Authorities to re-design unfilled posts on the above lines.

*Westwood Hospital,
Bradford.*

J. BLAKE

*Meanwood Park Hospital,
Leeds.*

D. A. SPENCER

*Fieldhead Hospital,
Wakefield.*

F. E. JAMES

BIOLOGICAL PSYCHIATRY GROUP

DEAR SIR,

There has been an encouraging response to the suggestion made in a letter in the April issue of the *Bulletin* (p 70), that we should develop a Group for Biological Psychiatry in the Royal College of Psychiatrists. Many members of the College, including members of Council, have written in support of the idea and expressed their willingness to assist in the formation of the Group. At a meeting held on 4 July 1978 there was a general discussion of the meaning of 'biological psychiatry' and of the need for meetings attended both by psychiatrists and by basic scientists to encourage joint research in the biological fields related to psychiatry. At this meeting it was agreed unanimously that a Group for Biological Psychiatry be established and that it should apply for recognition by the Council of the Royal College. It was agreed further that Dr T. J. Crow should serve as Secretary

of the Group, and Dr D. Richter as Chairman, until the membership of the Group has been more fully established and formal elections can be held.

It is now desirable that we should know more accurately the extent of the support for the Group within the College. We should therefore be glad if any members of the College who may be interested in attending the meetings and supporting the activities of the Group, and who have not already written to me, will kindly let us hear from them so that their names can be included in the list of founder members of the Group. We hope to arrange a scientific meeting of the Group to take place during one of the forthcoming meetings of the Royal College.

*Deans Cottage,
Walton-on-the-Hill,
Tadworth,
Surrey KT20 7TT*

DEREK RICHTER

*Division of Psychiatry,
Clinical Research Centre,
Northwick Park Hospital,
Watford Road,
Harrow,
Middlesex HA1 3UJ*

TIM CROW

ONE FLEW OUT OF THE CUCKOO'S NEST

DEAR SIR

In an otherwise balanced and informed article, I wonder whether Dr. Davison (*Bulletin*, June p 106) may have lost concentration for a moment and made himself a co-traveller of Thomas Szasz. In discussing management, he refers to the 'purely medical aspects'. I wonder whether Dr Davison, like Szasz, equates 'medical' with 'organic'.

Of course, 'medical' encompasses both psychic and organic pathology. For instance, Timothie Bright, in the first text in English on psychiatry, in considering what today we would call neurosis, regards both psychic and organic phenomena as being his legitimate concern. Bright's work in turn was influenced by Galen's work, and this again sprang from the ancient roots of Medicine. A morbid pathologist and a psychopathologist are rightly medical men and deal with phenomena which impinge on each other.

JOHN G. HOWELLS

*The Institute of Family Psychiatry,
23 Henley Road,
Ipswich IP1 3TF.*