If we as doctors concern ourselves with the medical and psychiatric aspects of mental handicap there is a very worthwhile job to be done, and it may well be that psychiatry as a whole will benefit, a possibility discussed by Penrose (1966) and Winokur (1974).

F. E. James.

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Wakefield, Yorks.

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Penrose, L. S. (1966) The contribution of mental deficiency research to psychiatry. *Brit. J. Psychiat.*, **112**, 747–55.

Reid, A. H. (1972a) Psychosis in adult mental defectives: Manic-depressive psychosis. *Brit. J. Psychiat.*, **120**, 205–18.

—— (1972b) Psychosis in adult mental defectives: II. Schizophrenia and paranoid psychosis. *Brit. J. Psychiat.*, **120**, 205–18.

Winokur, B. (1974) Subnormality and its relation to psychiatry. *Lancet, ii*, 270–3.

Dear Sir,

I noticed Dr. T. Lawlor's letter on page 10 of the March issue of *News and Notes*. With regard to the last paragraph, Dr. K. Day was invited to work as a consultant with the Hospital Advisory Service because, in the opinion of those who knew him, he was one of the most able consultants in the field of mental handicap. Since working for the Hospital Advisory Service he has also been granted a Churchill Travelling Fellowship, and has seen services to the mentally handicapped in other countries.

A. A. Baker.

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[*This correspondence is now closed*—Eds.]

WOMEN IN PSYCHIATRY

Dear Sir,

Dr. Elizabeth Harris is certainly not the only person to be totally dissatisfied by correspondence with the DHSS. The reply from Dr. David Owen strikes me as typical of the response one gets: no reply to specific points, if possible a mass of incomplete and irrelevant statistics. Since there has been a virtual moratorium on the appointment of medical assistants for the past five years, it is meaningless to compare the numbers with those of consultants unless the figures for whole- and part-timers in both grades are broken down into 5-year cohorts by age or by length of service in the grade, or preferably by both parameters. To get a true picture, it would also be necessary to know how many women doctors had been forced to take clinical assistant posts for lack of suitable posts in the consultant and medical assistant grades.

It is not at all clear either from Dr. Owen's letter or from the proposed consultant contract who is to be the final arbiter in deciding when personal circumstances make it impossible for a doctor to carry out the duties of a full appointment—or indeed what is meant by personal circumstances. This vagueness is particularly ominous when taken in conjunction with the clause of the contract which states specifically that where the amount of work is excessive for the number of sessions the appointee will be required to cope with the workload *until such time as a further post is created* (which will presumably be when the millennium comes or at the Greek kalends, whichever is the later). Since, as most of us are already aware, workload frequently has only a tenuous relation to sessions worked, I cannot see that it is anyone's business but one's own if one elects to take a lower salary and work fewer sessions. What one chooses to do in one's own time—providing it is not criminal—is strictly one's own affair, whether it is housekeeping, breeding pedigree goats, practising Yoga, indulging in good works, being an M.P., or even (horror of horrors) having a private practice. No other profession would tolerate such interference. Once we accept the principle of a bureaucratic restriction on what we may do in our own time we open the door to a whole series of such restrictions: the present proposals seek merely to restrain us from augmenting our salaries by practising our particular skills in circumstances of our own choosing (incidentally, no-one seems to have considered the possibility that some people might wish to use free sessions for voluntary counselling activities: would this be permitted or not?), but in the present political climate it seems likely that the next move might be restrictions on journalistic activities and particularly access to the public media. This probably sounds alarmist, but freedom is as fragile as the modern motor-car and it is the first small erosion that opens the way to widespread and rapid destruction.

Incidentally, has anyone worked out the implications for psychiatrists of what I gather to be the new rules regarding superannuation? i.e. that after 1980 persons earning over £5,000 p.a. (which, at present rates of inflation, should include everyone from housemen upwards) will not be allowed to withdraw their superannuation on leaving the NHS early (except premature retirement on account of illness), but their contributions will be frozen and a

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pension doled out from the age of 60. In other words, however much one might prefer to make one's own provisions or use the money, which is after all our own, for some other purpose, the government is going to sit on it and use it as they choose. As many doctors do not survive to 60, this seems a remarkably bad bargain, and moreover an immoral one, since it is unilateral. Where does this leave people who emigrate or those of us who had hoped to be able to retire early? As I see it, this is just one more restriction on our freedom of choice of action.

PAULA H. GOSLING.

Craig Phadrig Hospital,
Inverness.

PSYCHOANALYSIS AND PRESENT-DAY PSYCHIATRY

DEAR SIR,

It would be funny, if it were not sad (and possibly even dangerous), that a doctor with nine years' experience in psychiatry (R. D. Macfarlane's letter, March, p. 9) should think and write of psychoanalysis as 'the talking cure' of 40 years ago.

Dr. McFarlane is more than 40 years behind the times. There have been many distinguished psychoanalysts since Bleuler and Freud, and Meyer, to whom he is kind enough to make a passing reference. W. S. Gillespie, Stengel, Melanie Klein and Winnicott, to mention only four of the most widely known writers from this country, where he has worked, are worth his study; while those from other countries are far too many to begin to name.

He might find that, so far from being 'divorced from the mainstream of psychiatry', as he supposes, psychoanalysis constitutes a large part of it, as witness the many psychoanalysts serving on the various committees of the College.

I will only enlarge further with a few points:

(1) Psychoanalysis is not a '*cure*'; it is a *treatment* which, by means of 'talking', among other things, often brings about relief, improvement, and sometimes cure, in carefully selected individuals; even in some suffering from psychotic illness for whom, forty years ago, it would not have been thought potentially practicable.

(2) Teachers of medical undergraduates who later become psychoanalysts cannot afford to waste time or energy in training unsuitable candidates.

(3) Psychoanalysts cannot afford to waste time or energy attempting to treat those 'types who do not seek, need, or gain any benefit from frequent doctor-patient one-to-one interviews'. Full psychoanalytic treatment can only be available to a very limited number of patients, and many psychoanalysts, using their training and skills more widely, are working in universities, prisons, and clinics concerned with drug-addiction, marital problems, child-guidance, etc.

(4) Finally, selection, whether of candidates for training or of patients for treatment, is not infallible, any more than is that of patients for the 'unpredictable and limited physical treatments' which Dr. McFarlane prefers. He has of course every right to do so, but I think he is unwise to try to support his preference with an attack on a distorted picture of psychoanalysis.

MARGARET I. LITTLE.

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102 Church Road,
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FORTHCOMING EVENTS

British Association for Behavioural Psychotherapy

The Annual Conference of the Association will be held at the University of York from 11–13 July 1975.

The following Workshops will be held at the same venue on 9–10 July: Sexual Dysfunction, Dr. J. H. J. Bancroft, and Social Skills Training, Mr. J. Marzillier.

Further information from Mr. L. Burns, Honorary Secretary, B.A.B.P., Birch Hill Hospital, Rochdale, Lancashire, OL12 9QB.

Multidisciplinary Workshop on Schizophrenia

An International Workshop on Schizophrenia will be held at Capri, Italy, from 24–27 September 1975. The purpose of the meeting is to assess the impact of recent advances in specific fields of research on the problem of schizophrenia.

Further information from Dr. D. Kemali, Cattedra di Psichiatria, I Facolta di Medicina e Chirurgia, Universita di Napoli, Piazza Miraglia, 2—80138 Napoli, Italy.

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