CORRESPONDENCE

ANNUAL MEETINGS RECALLED

DEAR SIR,

I am sure that many others besides those who belong to the 'Geriatric Group', as I do, will join me in their appreciation of these articles and in hoping that they will be continued.

I have a special, perhaps parochial, interest in the 1877 Annual Meeting, recalled in the October issue. The President in that year, George Fielding Blandford was Lecturer in Psychological Medicine at St George's Hospital Medical School for 37 years, from 1865 to 1902, and the President-Elect, James Crichton-Browne was Lord Chancellor's Visitor for 47 years, from 1875 to 1922. So they were both predecessors of mine.

Dr Blandford elaborated his lectures to students into a best-selling textbook, and readers may be interested in the 'vocational guidance' which he there gave to those who came of what he called 'tainted insane stock'. He strongly recommended that they should take 'a government post' because 'the hours are light, the responsibility not formidable, the holidays long'—in contrast to the hard work and responsibility involved in medicine and the law.

Since Dr Walk's articles recall Silver Jubilees as well as centenaries I look forward, should we both survive, to his account of the somewhat turbulent Annual Meeting of 1964, when, as the last event of my Presidency, the decision was taken to form a Royal College.

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THE PSYCHIATRIST'S RESPONSIBILITIES

DEAR SIR,

May I draw attention to a serious misconception which underlies the current debate on clinical responsibility and multi-disciplinary teams—namely the tendency to regard the situations in mental handicap and general psychiatry as identical and to extrapolate from the one to the other.

In fact they are quite different. The essential problem in mental handicap is the recent recognition that the present service model is no longer appropriate, and many of the present trends in the organization and running of services, particularly of mental handicap hospitals, are interim strategies—ways of trying to provide an improved service within an outdated system. Admittedly this has given rise to problems of roles and relationships between the involved professions, but these are more logically solved by changing the system of care than by attempting an expedient redefinition of roles.

To be more specific, the consultant in mental handicap finds himself responsible for a large number of individuals whose primary needs are social and educational rather than medical, and must of necessity acknowledge his own limitations in the contribution he can make to their care, whilst at the same time accepting his traditional responsibilities for those who are still officially his patients. Once more appropriate facilities have been developed for these people there can be no confusion about the doctor's role, for he will retain responsibility only for those presenting primarily with medical or psychiatric problems.

The conflict in general psychiatry is much more a genuine power struggle between the professions involved in the care of the mentally ill, and in this I stand firmly with my psychiatrist colleagues in the support of the primacy of the doctor. Until the two issues are clearly separated productive debate will be impossible and arguments will continue to be advanced from false premises. It is no more legitimate for the doctor to claim clinical authority over all residents in mental handicap hospitals on the basis of sound arguments in favour of medical primacy in general psychiatry than it is for psychologists and others to use the unique situation of mental handicap to further their claims in general psychiatry.

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Dear Sir,

The formulation of College policy (*Bulletin*, September 1977) will surely remain of great value for a long time in the study of this area, which is often so difficult to define. However, in paragraph 10 (p 4) of *The Responsibilities of Consultants in Psychiatry within the National Health Service*, there is an exaggeration of the power and the responsibility which we have. The statement 'Thus he decides whether the patient should receive in-patient, out-patient or day care

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