some of which demand an over-simple 'Oui ou Non' response, the statistics speak for themselves as a reflection of current attitudes. There were overwhelming majorities:

Against clinical psychologists taking over treatment of psychic aspects of psychiatric disorders (92·5 per cent).

In favour of the psychiatrist being an 'all round practitioner' rather than a 'neuro-psychiatrist' (96·0 per cent).

In favour of every referred psychiatric patient within the N.H.S. being in the care of a consultant psychiatrist (85 per cent).

In favour of doctor to doctor referral (89·0 per cent).

In favour of 'the protection, retention and increase in function' of the clinical psychologist (90 per cent).

In favour of clinical psychologists' involvement in psychological assessment (98 per cent) and in rehabilitation programmes (80 per cent). (But only two out of three respondents favoured their involvement in psychotherapy.)

In favour of the above activities, if approved, being performed in association with psychiatrists (87 per cent).

In favour of N.H.S. clinical psychology units being sited within departments of psychiatry (75 per cent).

In favour of initial global assessment by a psychiatrist (92·5 per cent).

Against the clinical psychology unit running its own independent in-patient, out-patient or day centre services (92·5 per cent).

Further analysis suggests that whereas (1) forensic psychiatrists' attitudes mirror those of the majority, in some respects (2) psychotherapists and psychoanalysts deviate somewhat. In rather more respects (3) child and adolescent psychiatrists differ from the majority. In general, more of those in groups 2 and 3 are in favour of non-medical involvement in therapy. The number in each of the subgroups is small (5, 10 and 16) and in terms of statistical probability it is only trends that are observed.

The written-in comments, to be reported in detail elsewhere, are at least as revealing as the statistical analysis.

J. C. Little.
Crichton Royal, *Hon. Secretary,*
Dumfries. *Society of Clinical Psychiatrists.*

PROBLEMS OF RECRUITMENT INTO PSYCHIATRY

Dear Sir,

Professor Russell (August, p. 8) finds the reduced appeal of psychiatry to our medical graduates surprising. I too am very perturbed. Can it be that our university psychiatric departments somehow fail to convey to their students the realization that it is a very great privilege to be a psychiatrist, a privilege of which it is difficult to be truly worthy?

Our patients admit us to the deep and intimate sources of their personal sorrows, anxieties and longings, their difficulties in coming to terms with life and with themselves. They share with us their struggles to surmount these legacies of past emotional failures, and to deal with them more maturely. They make tremendous demands upon our capacities for human understanding, and for maintaining positive human relationships. How could any student with open eyes prefer to transplant kidneys, read laboratory reports on electrolyte balance, and so forth?

Can it be that they somehow get a picture of psychiatry as a matter of ringing the changes on a handful of 'psychotropic' drugs to calm people down or cheer them up, when they suffer from meaningless anxieties or depressions? Can it be that even the hope of developing consummate clinical skill in the choosing of the right drug or subtle combination of drugs fails to grip them? In short may it not be that their lack of enthusiasm is related to the excessive swing away from what our forefathers so quaintly called 'moral treatment' in psychiatry and has today become such a richly developed aspect of mental physiology, pathology and treatment?

F. P. Haldane.
West Middlesex Hospital,
Isleworth, Middlesex.

FORTHCOMING EVENTS

British Association for Behavioural Psychotherapy

(1) *Workshops*

Behaviour Therapy—A General Approach

Led by Dr. V. Meyer (London), at the University of Leeds, 3–5 January 1974.

Sexual Dysfunction

Led by Dr. J. H. J. Bancroft (Oxford), Dr. R. Sharpe (London) and Mr. P. Brown (Warwick), at the University of Leeds, 3–5 January 1974.

Psychodrama Workshop

Led by Miriam Schooler and Ivan Bendikson

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(Uppsala, Sweden), at the Institute of Psychiatry, London, 1–2 December 1973.

(2) *European Association for Behaviour Therapy*

The Fourth Annual Conference will be held in London from 11 to 15 July 1974.

Further details of the above Workshops and Annual Conference from Mr. Laurence E. Burns, Honorary Secretary, British Association for Behavioural Psychotherapy, Birch Hill Hospital, Rochdale OL12 9QB, Lancashire.

Postgraduate Course on Behavioural Psychotherapy

This course will be run by Dr. I. M. Marks at the Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, from 4 to 6 February 1974.

A limited number of places are available for psychiatrists who have a minimum of two years' experience in clinical psychiatry. The Course will comprise lectures, seminars, videotape demonstrations and case discussions regarding behavioural treatments, with special emphasis on applications to adult psychiatric patients. Total cost of the Course will be £22 including coffee and luncheon each day.

Applicants should write to Dr. Isaac Marks at the Institute of Psychiatry and include information about their degrees and clinical experience.

Fourth International Conference on Social Science and Medicine

This meeting will be held in Elsinore, Denmark, from 12 to 16 August 1974.

Further information: Dr. P. J. M. McEwan, Centre for Social Research, University of Sussex, Falmer, Brighton, Sussex BN1 9RF.

Sixth International Symposium on Epilepsy

The Symposium will be held in Belgium from 15 to 18 September 1974.

Further information: The Secretariat, Kurt Fleischmann and Associates, 164 North Gower Street, London NW1 2ND.

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