The Group makes ten recommendations. They concern the integration of hospital treatment with other care systems, the avoidance of building new mental hospitals remote from the areas they serve, the establishment of a comprehensive range of hospital activities, the undesirability of admitting to hospital if this can be avoided, the freedom of movement within the services with the minimum of restriction, the right to refuse treatment, the involving of the primary care team and the provision of community accommodation (1, 2, 4, 5, 6, 8). These aims, in general, represent the goals of psychiatrists in the United Kingdom.

The problems of the subnormality service are dismissed in one paragraph (3), which recommends education, treatment, rehabilitation or residential care 'appropriate to their handicaps' with admission to mental hospitals or psychiatric units when mentally sick or seriously behaviourally disturbed.

The future of the mental hospital warrants only two paragraphs (7, 9) enjoining that an active hospital rehabilitation programme should be linked with community facilities and explaining that 'there is a danger that staff in mental hospitals may become desocialized and demoralized', which should be countered by interests outside the hospital. This inadequate consideration is unlikely to reassure patients, doctors, nurses, psychologists, occupational therapists and others who currently provide 80 per cent of the psychiatric service.

Paragraph No. 10 recommends that University Clinics or psychiatric departments with teaching and research responsibilities should develop links with the service 'to maintain a high level of clinical practice'. This sort of blanket recommendation is likely to be questioned by those who have seen little interest by these departments in the care and treatment of patients with chronic illness.

The majority of United Kingdom consultants agree that the mental hospital as it exists at present could disappear, but few have confidence in current plans to replace it. This Summary Report will do nothing to change their views. Perhaps the comprehensive final report will be more hopeful or less disappointing.

D. F. Early

CORRESPONDENCE

THE ROYAL COMMISSION ON THE NHS

Dear Sir,

It was with the utmost dismay that I found on reading the College's 'Evidence to the Royal Commission on the NHS' (*News and Notes*, April 1977) that psychotherapy has been totally overlooked. Only on a careful re-reading did I discover that the memorandum does actually make a glancing reference to psychotherapy, albeit in parentheses. This cursory allusion is scarcely likely to be noticed by, let alone make an impact on, the members of the Commission.

The Royal Commission has asked for recommendations encompassing 'the likely developments in the next twenty or so years, as far as they can now be foreseen'. Does the College no longer consider the extension of the NHS's absurdly meagre psychotherapeutic services of importance in serving the mental health needs of the community? Does the College not remember its own memorandum 'Norms for Medical Staffing of a Psychotherapy Service' submitted to the Central Manpower Committee as recently as 1975 (*News and Notes*, October 1975) and does the College no longer recommend the large expansion of the psychotherapy services which that document proposed? As the Commission is still sitting, is there any way in which the College could act promptly to remedy this serious and extraordinary omission?

Vivienne Cohen

St Bartholomew's Hospital,
London EC1

CONFIDENTIALITY

Dear Sir,

Professor Pond's letter (*News and Notes*, June 1977) expressed a viewpoint on this subject suitable to an idealistic world.

However, a new situation has arisen here in Northern Ireland during the past decade. It would indeed not alone be dangerous from a libellous point of view to record everything said by a patient, but in fact it could be dangerous to their lives or the lives of other people. It is a community where there is quite a variety of political and perhaps ideological outlooks ranging from the mild to the extreme in all sections of society, including people in the curing and caring services. It would certainly be foolish to

https://doi.org/10.1192/S0007125077301257 Published online by Cambridge University Press

take chances by putting into writing some of the things which one is told, though we have no evidence as such that anything that has ever been recorded has led to the death of a former patient or a relative of a former patient. Some of the things may, of course, well be delusional and some may well be factual; in Northern Ireland occasionally one blends into the other. Resident medical students as part of their clinical training are taught to take a full psychiatric history, but nowadays they are advised to make this one proviso about taking into consideration the fact that they are working in a divided community before recording certain types of item.

This is peculiar presumably to Northern Ireland at the moment, but who can say what other part of these islands might or might not be involved within the new few years in urban guerilla campaigns?

W. A. G. MacCallum

Purdysburn Hospital,
Saintfield Road,
Belfast 8, Northern Ireland

THE HANDBOOK FOR INCEPTORS AND TRAINEES IN PSYCHIATRY

DEAR SIR,

'The credit I take for myself, the blame I share with my colleagues.' As Dr Clare says, 'the Association of Psychiatrists in Training might have received some acknowledgement'. So indeed it might, if Dr Clare had written the Handbook. As the APIT representative on the Trainees Working Party and the Education Committee, he missed a golden opportunity when I was alternately pleading for information or press-ganging my colleagues. Never mind, as I said elsewhere, it is the second edition which the cognoscenti will treasure. Now that Dr Clare has formally severed his links with APIT he will have both the time and the necessary Olympian detachment to write this section outlining their history and current activities. I must thank the Editor for showing me this review in advance, thus giving me the opportunity to publicly accept the offer Dr Clare did not know he was making.

THOMAS BEWLEY

Tooting Bec Hospital,
London SE17

DEAR SIR,

In his review of the Handbook Dr Clare has some kind words for my historical contribution but at the same time chides me gently for not saying enough about the actual formation of the College.

My contribution was based on a longer article I wrote a few years ago for the *St Bartholomew's Hospital Journal*, who were running a series on the history of the several Royal Colleges. This I put at Dr Bewley's disposal, and he abbreviated it very skilfully for the purpose of the Handbook. I had in fact included a statement of our aims and ideals, quoted from Dr Monro. But I refrained from going more fully into this stage of our history, because the details I could have related would have been of no interest to readers of the *Bart's Journal* and because too many of these details, while diverting enough, did not seem to redound to the credit of psychiatrists.

Incidentally, Dr Clare complains of the spread of bureaucracy in the College. Bureaux there are in plenty; but where is the 'cracy'? Our hard-worked staff do what the doctors want them to do—we are an iatrocracy.

ALEXANDER WALK

8 Avenue St Nicholas,
Flat 1,
Harpenden, Herts

https://doi.org/10.1192/S0007125077301257 Published online by Cambridge University Press