

THE SOCIETY OF CLINICAL PSYCHIATRISTS

Over the past year the Society has submitted evidence to the Trethowan Committee, the Lane Committee and the D.H.S.S. Committee considering the ethical aspects of behavioural modification programmes. In each instance the evidence has been based on questionnaires or on draft statements amended in the light of members' invited comments.

Likewise, early draft reports of Study Groups are submitted to all members for comment and re-written to accommodate views expressed. The Study Group finally passes the Report to the Executive Committee for further amendment or approval prior to distribution as a Study Group Report to all psychiatrists in the British Isles and to members overseas.

These procedures demonstrate a characteristic of the Society—the Executive is not composed of representatives empowered to speak on current topics on behalf of the membership, but exists, in part, to

organize and transmit the directly expressed views of members.

The Society has now launched a News Letter, to appear four times a year under the editorship of Drs. H. Freeman and C. P. Seager, a project directly inspired by the success of the Royal College's *News and Notes*.

Despite an impending increase, the Society is probably still the national/international medical society with the lowest annual subscription. Its major costs are for typing, duplication, stationery, paper and postage, and a limited amount of Officer travel expenses. The Society has avoided the expense of establishing a permanent home. Executive Committee Meetings now alternate between London and the North and Midlands of England.

J. C. LITTLE, *Hon. Secretary*,
Crichton Royal, Dumfries.

CORRESPONDENCE

THOMAS FREEMAN AND THE PRESIDENT'S LETTER

DEAR SIR,

In the September 1974 issue of *News and Notes*, Dr. Thomas Freeman attacks those people and factors who he feels are responsible for failure of psychiatry to thrive in the United Kingdom.

Being still one year away from my first decade in psychiatry, I cannot claim the experience of Dr. Freeman, nor his close view of British psychiatry, though I can comment from 3½ years' work in general and forensic psychiatry in Britain between 1968 and early 1972.

Natural science methodology, an uncritical advocacy of biochemical theories of mental illness and a magical belief in the curative powers of chemotherapy did not, in my work in several parts of the U.K., form a substitute for psychiatry. They presented, at the very least, a continuum between the basic features of every other branch of clinical medicine which a student must know, and, at best, guidelines in a medical discipline aimed, often successfully, towards the achieving of remissions in various forms of mental illness.

Unpredictable and limited as the effects of physical treatment may be, I would rather, if afflicted with a psychotic disorder, risk to-day's physical treatments

than the 'talking cure' of 40 years ago. How much importance is afforded to the patient as a person in psychiatry is not a function of one's choice of treatment; it is a reflection of one's own upbringing, experiences and learning, tempered by the demands forced on psychiatrists by understaffing and the intolerance to his work still shown on occasions by both the laity and a few medical practitioners.

The fact that psychoanalysis could continue to exist after its divorce from the mainstream of psychiatry does not negate its valid contributions, but does underline the appalling waste of time of the teachers of the medical undergraduates who later became or are becoming fully trained psychoanalysts.

The financial reward to a consultant in any specialty is one of the important spurs towards progressing in a given profession. Even so, psychiatry can hardly seem appealing to recent graduates who are themselves going through psychological stresses in their work which few outside the medical and nursing professions are called on to endure in their late teens and early twenties. Is it, therefore, any wonder that recent graduates are averse to facing, in psychiatry, what seems to be comparable emotional strains to those their long hours and inexperience impose on them in their immediate post-graduate years?

At this time in British history a further reason for a decline in the numbers of fully-trained psychiatrists is that the Commonwealth component, some of whom previously preferred to stay on and make their careers in Britain, are attracted elsewhere by better salaries, opportunities, climates and conditions. Your career structure is such that, although nearly half the public hospital beds in the U.K. are occupied by psychiatric patients, the number of consultant psychiatrists on the national health scheme is 10 per cent of the total number of N.H.S. consultants.

I personally cannot see any relationship between the decline in the number of entrants to psychiatry in Britain and the most commonly adopted eclectic or organic approaches to psychiatry chosen by most trainees. The major factor behind apparent personal neglect of the patient is usually the high patient-staff ratio, apart from which there are certain types of patients in psychiatry who do not seek, need, or gain any benefit from frequent doctor-patient one to one interviews.

The doctor-patient relationship does not necessarily suffer because it is not constructed along formal analytic lines, and to imply that the relationship does not develop without this structuring is to show a lack of understanding or appreciation of the efforts made by many psychiatrists who do not use analytic techniques. They are sometimes very appropriate, and I acknowledge that contributions by Bleuler,

Freud and Meyer are built into my understanding of psychiatry, but I cannot accept their work alone as sufficient to encompass my understanding of patients and psychiatry.

R. D. McFARLANE.

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DEAR SIR,

Dr. K. Day in the January issue of *News and Notes* purports to answer some questions raised in Dr. Shapiro's letter of August 1974.

One rather important question however, remains unanswered, namely, how Dr. Day can justify drawing a Consultant Psychiatrist's salary for doing the work which he so firmly believes he should not be doing.

Why a Consultant with such views should be sent on H.A.S. visits to study and advise on the future activities of other Consultants who he believes are unnecessary anyway is a matter that possibly the H.A.S. selection panel can explain.

T. LAWLOR.

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