chiatrist-therapist. Such, at any rate, has been my experience. I have learnt that within the world of the mental hospital psychiatric illness amongst the staff is felt as a threat to the necessary myth that only 'patients' can be ill. Certainly, I have experienced the shame of disloyalty in being ill: one has in a very real sense let down the side. I hope that 'A Colleague' and his family have been spared the hurtful social isolation that within the psychiatric hospital seems to follow from the closing of ranks amongst those not yet struck down.

Clearly, the illness of a psychiatrist tests very severely the deeper attitudes of his colleagues, most of whom are discovered to be incapable of coping with one of their fellows at a personal level: when confronted by the plight of a colleague, the accustomed defences promote nothing more positive than the isolation of the person most in need of help. Collusion comes later. I discovered that my therapists —there have been several—seemed bent upon rendering me harmless by insisting that my depression was 'endogenous' (for example), or at any rate an illness to be expected from the high level of responsibility and professional anxiety to which I was exposed. I soon learnt to present my case—to discuss my symptoms—in a way most likely to accord with my perception (and a heightened perception it soon became) of what my psychiatrist preferred, or 'needed', to believe. I was at the same time sparing myself the pain of looking at myself directly and honestly. The unspoken contract benefited both of us: the psychiatric game was played to rules mutually advantageous. I got my treatment and symptomatically improved. A more fundamental progress in personal terms was achieved principally with the help of my wife.

Isolation, then collusion. What else? Other therapists are given to denial when it comes to treating a colleague. According to this outlook there is really no difficulty. A mental illness is really like any other—to be treated in an open matter-of-fact manner. This approach is seductive, and is usually practised by the kind of psychiatrist whose insensitivity makes him highly unsuitable and even dangerous.

I can speak too of others. The amount of personal misery, confusion and anxiety in the home of the afflicted psychiatrist is a sad commentary on the way we relate—one to another—communicate and order our affairs. To whom shall he turn? Will his job be in jeopardy? Will the esteem in which he supposes he is held suffer? He struggles on; he pretends; becomes irritable, inefficient, and difficult (or even downright impossible) to live with. Relationships within the family deteriorate. Untold harm can be done. The writer of the important open letter is perfectly correct: there really is nowhere to go; no one to turn to. If the illness is a severe one—a psychotic one—then the uncertainty, the confused arrangements, the unintended but frightening breaches of confidentiality, the personal humiliation—all these can be appalling. I have seen arrangements made that were simply disgraceful in their disregard for the feelings of both the doctor and his family. I am sure that psychiatrists everywhere will know of such cases.

The anonymous Samaritan approach would be excellent, but the provision made should not be too complicated. It must provide the doctor with a direct line to a sympathetic, neutral colleague. The main outline of such a scheme could be as follows:

1. Initiative could come from the Regional Health Authority who could help to establish within a University Department an experienced psychiatrist whose designation might well be that of psychiatric counsellor and co-ordinator of the Samaritan-type group.
2. There could be local members of the group in each district or other convenient area.

The role of the local member would be to afford immediate support and advice to the doctor and his family. Thus, the doctor in difficulty could:

1. Ring the counsellor-co-ordinator directly, and according to the contingency of the moment arrange an interview at the Regional Samaritan headquarters to discuss long-term treatment, admission to hospital, etc.
2. The doctor could be referred, if he so wished, to the local member if a crisis demanded prompt help and intervention.

I think that counsellors or group members should be psychiatrists who have themselves experienced what it is to be in such a predicament. This need not be the only 'qualification' but it should be an essential one.

P. L. G. WAKELING.

Pemberley House,
Bransby, Saxilby,
Lincoln.

DEAR SIR,

Referring to the letter by 'A Colleague', I suppose I qualify on the first count in that I did at one period consult a psychiatrist about my problems, although this was in war time but none the less real for that. Presumably I will qualify on the second count as a psychotherapist of quite long experience. In theory, of course, any psychiatric colleague under stress could appeal to any other psychiatrist of his own choosing

but I accept the writer's viewpoint that the burden might be diminished were there a confidential list of persons sympathetic to such an approach. I should be happy to have my name included on such a list if one were drawn up.

D.T. MACLAY

Central Clinic,
Hale Street,
Dudley, Worcs.

SURVEY OF PSYCHIATRIC PRACTICE

DEAR SIR,

I would like to take advantage of your correspondence column to thank all those consultant psychiatrists in England and Wales who have already returned their copies of the questionnaire on Psychiatric Practice.

In 1963 Dr. Brian Cooper and I carried out, under the auspices of the R.M.P.A., a postal questionnaire survey of psychiatric practice in England and Wales (*Journal*, 1967, **113**, 625–36). In view of the many changes that have occurred in psychiatric treatment over the past eleven years and the changes in the working environment of many psychiatrists, it seemed worthwhile repeating the study to try and measure and report on these changes.

Our second study has had the support of the Research Committee of the College and has been funded by a small grant from the Welsh Office. Nearly 1200 questionnaires were sent out, and I have now heard from 70 per cent of those approached. I would like to take this opportunity to urge those who have not yet replied to return the questionnaire or, if they do not feel that it is applicable to them, to write to me letting me know the reasons why they are not completing it. The value of any survey is dependent on how wide a range of opinion it covers and I would like to ensure as high a response rate as possible

A. C. BROWN.

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Cardiff, CF4 4XN.

FORTHCOMING EVENTS

Centre for Postgraduate Psychiatry, Birmingham

Open postgraduate meetings will be held at the Charles Burns Clinic, Queensbridge Road, Moseley, Birmingham, B13 8QD, on Friday, 21 November, when Dr. A. R. Nicol of the Nuffield Child Psychiatry Unit, Newcastle upon Tyne, will speak on 'Some Aspects of Operational Research into Maladjustment in Schools'; and on Friday, 12 December, when Professor Sydney Brandon of the Department of Psychiatry, University of Leicester, will speak on 'Problems of Gender Identity'. The meetings commence at 4 pm., preceded by tea at 3.30.

University of Sheffield Department of Psychiatry

A one-day symposium on 'The Treatment of Depressive Illness' is to be held on Sunday, 23 November. Further information from Dr M. F. Hussain, Whitely Wood Clinic, Woofindin Road, Sheffield, S10 3TL. Telephone Sheffield 303901.

King's Fund Centre

The King's Fund Centre (King Edward's Hospital Fund for London) announces the following one-day conferences:

Wednesday, 19 November: 'Living in Hospital: The Social Needs of People in Long-term Care'; designed to consider the ideas put forward in the Fund's recently published book, *Living in Hospital.*

Wednesday, 3 December: 'Mental Handicap Conference—Lost Souls'; to concentrate on the organization of services for abnormal offenders whose persistent anti-social behaviour results in their appearance before criminal courts.

Applications for either conference to King's Fund Centre, 24 Nutford Place, London, W1H 6AN. *Early application is essential as numbers are limited.*

Postgraduate Course on Behavioural Therapy

This non-residential three-day course, to be held at the Institute of Psychiatry on 2–4 February 1976, is for psychiatrists with at least two years' clinical experience. It will include lectures, seminars and videotape demonstrations of the principles and practice of behavioural psychotherapy in adult patients with neurotic, marital and sexual problems. Fee £28. Applications, with curriculum vitae stating degrees and experience, to Dr I. M. Marks, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London, SE5 8AF.