postgraduate degrees and diplomas in psychiatry, to bring them into more realistic line with this state of affairs.

By specifically encouraging the development and synthesis of theoretical and applied psychophysiology with their generalizations and principles, the Maudsley might foster the growing body of knowledge most relevant both to such an examination change, and to Mapother's neuropsychiatry.

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REFERENCES

(1) CRAWFORD, J. P. (1964). 'College of psychiatrists.' *Lancet, i,* 878 and 606.
(2) —— (1964). 'Psychiatry and the new M.R.C.P.' *Brit. med. J., i,* 1437 and 1571.
(3) —— (1969). 'General physicians and psychiatry.' *Brit. med. J., i,* 118.

THE PHYSIOLOGY OF FAITH

DEAR SIR,

There are other explanations for religion and conversion than those given by Dr. Sargant in 'Physiology of Faith' (*Journal*, May, 1969, pp. 505–18). Many people believe that the founders of religions were similar to those Messiahs found in every mental hospital suffering from paranoid psychosis. This seems plausible, since they could not all be right. Their paranoid beliefs were spread by a mild multiple psychosis similar to *folie à deux* and children conditioned to them. The universal fear of death enhances the need for belief.

If this is so, it is not surprising that the conditions described by Dr. Sargant: emotionalism, ceremonies, excitement, drums and dancing, etc., or the use of various drugs, cause conversion, since they will also produce or aggravate psychosis.

It is quite untrue to suggest that some religious belief is necessary to lead a useful and happy life. This was shown by Mme Curie, amongst others, who discovered the properties of radium and also had a happy family life. She had no religious beliefs at all.

Many people do not believe in an after-life or think that there is a Deity controlling the world. Saint Augustine found it impossible to explain the prevalent disease, disasters and unhappiness due to poverty and wars if there was an omnipotent and all-kindly power behind everything. It is still as difficult now.

Interesting though Dr. Sargant's researches are, one must admit that they are not by any means completely explanatory and may be on the wrong lines.

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NURSES FOR CHILDREN'S UNITS

DEAR SIR,

Dr. Wardle's letter (*Journal*, October, 1969, p. 1228) is a timely reminder that, as clinical child psychiatry grows and supportive in-patient units increase in number, we must begin to look carefully at the selection and training requirements of nursing staff. As in-patient units, by definition, cater for sick children, one is faced with the necessity of formulating some type of training that offers experience in the nursing of physically as well as emotionally sick children. From our experience in this unit, our needs would best be served by being able to select staff who have a good capacity for mothering, are well versed in child development and in the emotional disorders of children, have a knowledge of the physically sick child and, coupled with all these attributes, the discipline that flows from an ethical code which is so important a part of any nurse training.

One wonders whether the General Nursing Council should now begin to look carefully at the need for a basic or generic type training, rather similar to that in medicine, in which all nurses would have a primary two-year training period covering major aspects of nursing care and technique and in their third and final year should opt for the specialty of their choice. Child psychiatry could well be one of these options and would perhaps attract those students who in their generic course have had a taste of psychiatry and paediatrics. Should they choose this option, their final year would fit them for a staff nurse appointment in a child or adolescent unit. Such training presupposes initial selection.

Having obtained our specially trained staff we must remember that no army is composed entirely of generals, and much of the routine work within such units will of necessity fall on the shoulders of the enrolled nurses who, through the ancient principle of apprenticeship, become expert in their own field.

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