

ratio of nurses per patient, *quadruple* the number of psychologists, *double* the number of doctors. Furthermore, the doctors do not have to spend their time providing a service to enormous numbers of long-stay patients.

What really made my blood boil was Goldberg's proud claim that 45 per cent of the patients in his unit come from outside his own district. I hope his District Health Authority is happy about him spending half of the district money earmarked for local people on others. We all know who these 'imported' patients are—middle class people with, on the whole, fairly minor psychiatric illnesses who have a good prognosis and who are prepared to travel for the cachet of teaching hospital treatment—no patients with chronic schizophrenia, no dementia, no chronically impoverished alcoholics, no teenage drug addicts, no one old. This is a comfortable way of practising psychiatry and most teaching hospitals do it—but they ought to be ashamed of themselves. What a pity teaching hospital units do not spend their money and time providing model services for their own districts and caring for those severely ill psychiatric patients most in need.

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Prestwich has far fewer occupational therapists than the UHSM. At Prestwich, acute patients are looked after by SHOs with the help of one part-time assistant psychiatrist. At the UHSM, the acute firms have both registrars and a senior registrar on each.

While there is a very great deal of research and teaching at the UHSM, it is nevertheless a fact that three of the general psychiatrists at Prestwich also teach undergraduates and have also recently published research in the *British Journal of Psychiatry*. You will remember that one of our general psychiatrists is the editor of your parent journal!

Professor Goldberg regards it as creditworthy that nearly half of the acute work at the UHSM comes from outside its boundaries. It is, of course, usual for centres of excellence to attract from afar. It does, however, seem strange that the UHSM should routinely serve much of Trafford, Stockport, commuter Cheshire and proximal Derbyshire. It would appear to be more sensible if these latter districts were to improve their facilities so that their residents could be looked after nearer home and the UHSM could devote its substantial resources to blazing trails in other fields.

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DEAR SIRS

I write as spokesman for the consultants at Prestwich Hospital to express our anger about the letter written by Professor Goldberg (*Bulletin*, April 1985, 9, 83). We hope that you will publish this not as part of any local quarrel, but as part of the tension, both in psychiatry and other specialties, between peripheral hospitals and teaching centres.

We do not doubt at all that the UHSM does a very large amount of excellent clinical work. What we resent, however, is the quotation of figures that are spurious and suggest that there is parity of resources between the two hospitals.

Prestwich is a large psychiatric hospital with 800 long-stay patients, over and above those at the UHSM. It is not therefore surprising that the hospital has more nurses and more total therapists. It has regional responsibilities with consultants in charge in psychotherapy, drug addiction, adolescents and a very large regional forensic unit so that there are eight more consultants at Prestwich doing work which is not represented at the UHSM. The busiest admission unit in Salford, which is run in tandem with Prestwich, is the unit at Hope Hospital. If Hope figures were taken into account, there would be at least as many acute admissions in Salford as at the UHSM. The bulk of the Salford out-patient work is done at Hope Hospital and in health centres, so that out-patient figures cannot be compared. The bulk of Salford day patient attendance is in local authority day centres, which again are not mentioned in Professor Goldberg's letter.

In the areas of general psychiatry which *are* directly comparable, there are five and a half consultants at Prestwich and four generalists plus a professor and half the time of four senior lecturers at the UHSM. Only three psychologists at Prestwich do acute work, but twice as many do acute work at the UHSM.

'Trisomy 21'

DEAR SIRS

I should like to draw your readers' attention to a new journal, *Trisomy 21*, which will shortly be appearing. This journal is under the editorship of John L. Hamerton of the Division of Human Genetics, University of Manitoba, Winnipeg, Canada, and my own role is that of Associate Director dealing with European contributions.

The first edition includes a review of cell therapy in the treatment of Down's syndrome, as well as papers on obesity, play, genetic studies, and US speech and language pathology services for Down's syndrome people in the USA.

The Editor is anxious to institute a series of invited mini-reviews on topical subjects related to the study of Down's syndrome. Such reviews should be in new areas of research, care or training and should be written with the intention of interpreting new findings to the non-specialist audience. He proposes inviting such reviews from time to time and if any of your readers have ideas as to topics or authors, Dr Hamerton would like to hear from them. Two mini-reviews have been invited for future issues, one on Animal Models and the other on Somatic Cell and Molecular Genetic Studies on Chromosome 21.

Manuscripts should be submitted to: John L. Hamerton, D.Sc., F.C.C.M.G., Division of Human Genetics, University of Manitoba, School of Medicine, 250-770 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3, Canada.

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