

one hospital, and the interest or notoriety of a new development. The posts are in one of the major teaching hospitals of the city.

Nine doctors have completed their pre-registration posts and a further six are at present completing their year. Of the nine, five have taken up vocational traineeships in general practice and the remaining four propose to continue in psychiatry. Two of them have passed the Preliminary Test of the Membership Examination and two have spent time in other departments of medicine before coming into psychiatry.

The general medicine component is seen as the most busy unit, with little time to spend with patients or on educational activities. The surgical component is less busy because of the more senior doctors who want to 'get their hands on the knife', so that much of the work is routine clerking and blood taking. The psychiatric component gives considerable individual responsibility with selected patients, but with ample access both to more senior doctors and to other professions—nurses, occupational therapists, psychologists and social workers working in the unit. There is unresolved discussion about the preferable order of the three components; each trio has their own choice of the order in which they work. The only comment was by one doctor who started with psychiatry and then was up until 2.00 am taking psychiatric histories on medical patients on transfer to the general medical section.

Each house officer is on call for the relevant unit. In medicine and surgery there are two on each firm, one doing four months and the other six months so that there is some overlap and cover for holiday periods. In psychiatry the one-in-four rota is operated to give the house officer an opportunity of being on-call covered by the duty registrar. On the remaining three days, the registrar has no junior to do the work, or, of course, to cover.

Judging by the number of applicants for the posts, the setting up of a second rotation and the general comments of those who have participated, these are seen as interesting, innovative and valuable educational posts giving a wider range of experience than normally available to a pre-registration house officer. Suggestions that newly qualified house officers are too immature to work in a psychiatric setting seem unjustified. These newly qualified doctors have the benefit of working in a multidisciplinary team with contributions from a range of professions and gain experience which will stand them in good stead in whatever branch of medicine they subsequently work.

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Psychotherapy and drug company promotion

DEAR SIRS

Psychotherapy cannot rely on the same sources of funds and support as can the rest of psychiatry and medicine given their organic basis. Research funding and drug company promotion are not easily linked with psychotherapeutic matters. On top of this, psychotherapy often faces critical attacks to which

there are inherently no easy answers.

It might therefore seem to be a welcome addition to the freely distributed mass of drug promotional literature that comes through our letter boxes to find a 'newspaper' entitled *Psychotherapeutic Advances*. Unfortunately, this turns out to be the most insidious attack yet! Sponsored by Bristol-Myers, and completely free of advertisements, the paper contains journalistic articles on a number of interesting subjects, all of it with a medical scientific flavour, despite the vaguely psychotherapeutic aspects.

But scattered throughout the articles are repeated references to drug treatment, as if it was quite unremarkable to be mixing the two methods together without consideration of how they can be made compatible or be found incompatible. A choice example is: 'In psychotherapy, Buspirone should be considered in the treatment of anxiety disorders, particularly those that respond to benzodiazepines . . .' Thus, the impression is given that 'psychotherapy' is just a slightly glorified form of psychopharmacology.

Still with no easy rejoinder to this kind of propaganda, I despair.

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(We invited Bristol-Myers Pharmaceuticals to reply to Dr Child's letter—Eds.)

DEAR SIRS

Psychotherapeutic Advances includes articles on both drug and non-drug modes of therapy and is intended to provide information pertinent to those dealing with mental disorders. It is to be regretted that a publication which attempts to span several disciplines should draw such criticism from Dr Child.

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A chat with the other side

DEAR SIRS

I thought that the following might be of interest to *Bulletin* readers.

Bulawayo ('place of slaughter') is the second major city in Zimbabwe and one of the most beautiful sights on earth. Working in the old psychiatric hospital on the outskirts of town, I quickly discovered that many patients who came to me had either seen the *nganga* ('witch doctor') beforehand or would hasten to see him when they were through with me. The Government, as a deliberate policy, was according traditional health care recognition and the right to practise alongside 'Western' medicine. I once visited one of these 'doctors', as I felt it would be educative to see traditional health care from the inside.

He was a little slip of a man in a rather shabby white

overcoat. He walked with a pronounced limp because his right leg was shorter than his left. Large blue letters on the glass front of his office proclaimed his name—Hlabangana. (It is a famous name in Matabeleland. His great grandfather was a powerful medicineman and was King Lobengula's emissary to the court of Queen Victoria. He came back awestruck to announce to the warlike Matabele that the white man was too powerful and impossible to fight at that point in time with what they had. They had to adapt, to learn new ways, before they could hope to struggle. His valiant countrymen were chagrined. Roaring in righteous indignation, they accused him of cowardice. He fell on his spear to prove to them that he was not—a very final proof.)

What was his view on disease? Disease, he replied after a pause, has two groups of causes—physical and supernatural (through 'bewitchment'). And, specifically, psychiatric illness? Psychiatric illness, he said, is not one and the same thing; there are different categories. He explained that the major types are: (i) those who speak reasonably some of the time but occasionally get 'confused'; (ii) those who show excessive and uncontrollable violence; (iii) those who are completely out of touch with the real world; and (iv) those who have been bewitched (a small percentage). Two prominent causes of illness, he added, are defective upbringing of a child and disappointment in love.

And what of management? This, he said, depended on the type and the level of physical disturbance, and differed from individual to individual. In each case he would allow the spirits to guide him as to where and when to collect the herbs he needed and what type and quantity to use. Each of these factors was important for the final outcome. He had eleven beds at home for severe cases. And prognosis? He would be

modest and say that at least 75 per cent of his patients received a total cure ('total', mark—no risk of relapse!).

The talk then became general. I asked him about the rumour that Ian Smith (the former Prime Minister) had his own *nganga* whom he consulted in the Midlands. He would not comment one way or another on specific persons, but he averred with a wide smile that many whites came to him with their problems, often after they have been to hospital: 'Usually they prefer to be seen at home because it would embarrass them if the fact were to be made public—and they pay big money.' I pondered then what Carl Gustav Jung would have felt sitting here in the bowels of Africa with the great-grandson of Lobengula's medicineman, and hearing the story of the European 'going native' in Africa.

What was the nature of this power that he had? He explained that it was a gift that came naturally and that he did not really understand it himself. Did he believe in God?—'If you mean, do I believe in one God, my answer is "I don't know", all I know is that there are certain powers. There is a science here—an arcane science known only to a select few and understood by even fewer. But a science all the same.' He laughed at my bemusement.

A group of his 'medical students'—male and female, some in white overcoats—appeared from somewhere within. Naively I got up to shake hands. He waved me back: 'They do not shake hands; they are undergoing special rituals.' I thanked him for his time. It was time to go.

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Peter Beckett Postgraduate Research Award

The Board of Trinity College, Dublin, has approved the nomination of Dr Declan Murray and Dr Dermot O'Leary for the Peter Beckett Postgraduate Research Award 1984. Drs Murray and O'Leary received the Award for their study entitled 'Benzodiazepine Prescribing in Psychiatric Out-Patients', which was carried out during their postgraduate training in psychiatry at St Ita's Hospital, Portrane, Co. Dublin.

British Epilepsy Research Foundation

Research into the field of epilepsy has taken a major step forward with the formation of the British Epilepsy Research Foundation. The Foundation, set up as a Trust by the British Epilepsy Association, held its inaugural meeting on 25 March 1985. Its aims are to promote research into epilepsy; to improve the treatment of people with epilepsy; and to advance the education and understanding of the general public. Grant applications are currently under consideration and awards in respect of research projects will be made later this year. The Chairman of the Trust is Lord Hastings, and Sir Desmond Pond is one of the Foundation's six Trustees.

'Two Weeks' Work in SW China': Corrections

We have received some corrections to the article 'Two Weeks' Work in SW China' by J. L. Crammer (*Bulletin*, March 1985, 9, 56–58). Page 56, column 1, paragraph 2, line 10: 'Many used deep insulin coma'—this should read 'Many used deep insulin coma *until recently*.' Page 57, column 1, final paragraph: 'The in-patient unit of my host department has had thirty-five beds for men, but only *twenty* for women since 1953'—this should read '*twenty-five* for women'. In the same paragraph (column 2, line 26): '... the Sichuan Psychological Society (*200 members*)'—this should read '*320 members*'.

University of Liverpool, Diploma in Psychotherapy

Applications are now invited for the above multidisciplinary course in psychotherapy starting in October 1985. The course is part-time, extending over two years and leading to the University qualification of Diploma in Psychotherapy. Application forms and further details are available from the Secretary, Sub-Department of Clinical Psychology, University of Liverpool, PO Box 147, Liverpool L69 3BX. (Closing date for applications: 5 July 1985.)