

THE FUTURE OF PSYCHIATRY

DEAR SIR,

At a time when psychiatry seems to be increasingly given public and professional recognition, perhaps some thought should be given to the future of our profession.

My thesis is based on two developments:

1. The Seebohm Report if realized will establish Social Workers in a large organization, structured and professional, which will inevitably seek out and treat families, neurotic and personality disorders, using psychiatric help in crisis situations. Thus I see a potential loss of the non-psychotic population from the psychiatrists' patient population.

2. Ministry policy is developing psychiatric units in general hospitals. I suggest that this will induce an attitude of mind whereby we will increasingly be forced into physical methods of treatment with emphasis on rapid diagnosis, treatment and discharge in order to maintain the necessary turnover that limited bed numbers will demand. We therefore will be applying ourselves more to 'psychotic' problems. With the increased use of physical methods of psychiatric treatment, coupled with a diminution in psychological techniques, I suspect it is only a matter of time before better trained doctors will consider that they can treat psychotic patients as competently as psychiatrists, so that general hospital psychiatric units could, in time, become the responsibility of the well-trained general physician.

My concern is to highlight what I feel may be historical developments in our professional future and encourage a dialogue on what I regard as vital issues affecting us all.

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MENTAL RETARDATION

DEAR SIR,

'Mental Retardation' is the term now used in the World Health Organization International Classification of Diseases, Injuries and Causes of Death, 8th Edition 1965, for that body of knowledge still called 'mental deficiency' in Scotland and, since 1959, 'mental subnormality' in England and Wales. Such a duplication of nomenclature for the same problem appears to be unnecessary and is hard to justify.

The names 'Mental Subnormality' and 'Subnormal', which have given rise to the abominations 'subnormal hospital' and 'subnormals' have not won widespread favour. 'Subnormal' too readily invites the connotation of subhuman. The use of 'mental subnormality' as an overall title is confusing when at the same time 'subnormality' and 'severe subnormality' have specific definitions in the Mental Health Act, 1959.

The general adoption of the term 'mental retardation' would be consistent with modern thinking, trends and classification.

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MENTAL HEALTH RESEARCH FUND:
THE SIR GEOFFREY VICKERS LECTURE

DEAR SIR,

I am writing to draw your readers' attention to the Sir Geoffrey Vickers Lecture which will be given by Professor David A. Hamburg, Professor of Psychiatry, Stamford University School of Medicine, California, on Wednesday, February 18, 1970 at 5.30 p.m. at the Edward Lewis Theatre, Middlesex Hospital Medical School, London, W.1. His title will be "Mental Health Research: Junction of Biological and Behavioural Sciences." Admission is by ticket, obtainable from the Fund at 38 Wigmore Street, London W1H 9DF.

MARJORIE LORIMER.

Mental Health Research Fund,
38 Wigmore Street,
London, W1H 9 DF

THE ERNEST JONES LECTURE, 1970

DEAR SIR,

A Public Lecture entitled: *The Contributions of Psycho-Analysis to Psychiatry*, will be given by Professor Sir Denis Hill on Wednesday, March 18, 1970 at 8.15 p.m. at Friends House, Euston Road, N.W.1. under the auspices of the British Psycho-Analytic Society.

HELEN BOXALL.

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