

Correspondence

College Reading Lists

DEAR SIR

In welcoming the reply to Drs Birtchnell and Gordon (*Bulletin*, 1981, 5, 226) to criticisms of their General Reading List made by Drs Snaith and Baugh, it may be useful if I add a few points.

In 1974 I was asked by the Education Committee to chair a subcommittee with the task of drawing up College Reading Lists. Membership of the subcommittee has throughout included a representative from each Section and Group within the College and from the Trainees Committee, as well as the Honorary Librarian and the Editor of the *Journal*. It was this subcommittee which invited Drs Birtchnell and Gordon to draw up the General List and which agreed that inclusion of an item on a Specialist List was no barrier to its inclusion also in the General List.

The list was approved after circulation to the members and full discussion.

In attempting to make the lists reasonably representative of widely varying opinions, the help of a large number of Fellows, Members and Trainees was enlisted.

The Reading Lists Subcommittee would, I understand, welcome comments, either in public or in private, on the value of the work done. Is the publication of such book lists and reading lists desirable and useful? If so, how best should they be prepared?

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The College and politics in South Africa

DEAR SIR

Statements that the legislation for, and the practice of, psychiatry in South Africa are racially discriminative and politically motivated appeared in letters by Dr Sashidharan (*Bulletin*, November 1980, 171), Dr Ryle (*Bulletin*, 1981, 5, 148), the article by Dr Levine (*Bulletin*, 1981, 5, 94) and by inference in the College's 1981 Annual Report. These statements are totally untrue, and possibly for this reason the writers have not provided any evidence or references from the South African Mental Health Legislation.

The accusations involve all psychiatrists, including members of the College, who practise in the service of the Government of South Africa, and their professional character and reputation have therefore been discredited and

damaged. As these misrepresentations have not yet been corrected, I would like to comment on the references to South Africa in each communication. Before doing so, may I make some general comments.

The Mental Health Act (1973) (RSA) and the Criminal Procedures Act (1977) are available for study, while the legislation, its history, the various commissions and legal matters relating to mental disorder in South Africa, have been set out and explained by Kruger (1980).

Race, colour, apartheid and political opinions are not and never have been mentioned in the Mental Health Legislation of South Africa. It is nowhere enacted, nor implied, that under any circumstances or for any reason a person may be discriminated against in respect of psychiatric treatment, nor that psychiatry may be used, or misused, for any political purpose. These facts are perfectly explicit, and any person who represents them otherwise either has not read the Acts or has chosen to mis-state their provisions.

Dr Sashidharan has had no personal experience of South African psychiatry. He states (*Bulletin*, November 1980, 171) that 'charges of psychiatric detention for political reasons have come from sources within South Africa.' His source, an article by Miss De Villiers (1975), a reporter, in the *Johannesburg Sunday Times* does not mention the subject. He further charges that 'psychiatric facilities could be used for the political and social control of blacks'; 'non-observance of the laws of apartheid are equated with mental disorder'; 'any African who does not obey the laws of apartheid is mentally disordered'; 'the South African issue is similar to the Soviet misuse of psychiatry for political purposes.' He goes on to say that the College 'condones' this unethical behaviour because of 'its flourishing contacts with South African psychiatrists', presumably its own members. These allegations are all unsubstantiated and untrue.

Referring to a letter in the *BMJ* (Parkes and Ryan, 1978) which quotes Amnesty International, Dr Sashidharan says incorrectly that 'increasing numbers of doctors are held as political prisoners or have died in custody'. Only three doctors were named in the *BMJ*: a dentist, in 1977, hanged himself in prison, four hours after arrest (charges not stated); a doctor was arrested, questioned and later released; a doctor in 1974 was sentenced to prison for political offences. There were no psychiatric issues in any of these cases.

He calls on the College to 'speak against South African psychiatry'. Why was this unethical, misleading letter published? Dr Sidney Bloch, who as co-editor of the *Bulletin* approved of Dr Sashidharan's letter, also co-edited a new text on the subject of psychiatric ethics in which there are sections dealing with the political misuse of psychiatry and with the Soviet system. South Africa is not mentioned anywhere in this book (Bloch and Chodoff, 1981).

Dr Sidney Levine, in his article on the College's Special Committee on the Political Abuse of Psychiatry (*Bulletin* (1981), 5, 94), comments that this committee 'deals with the political abuse of psychiatry wherever it occurs'; and that 'treatment in South Africa is not primarily political'. Yet, with a curious dialectic, Levine refers to South Africa and reports that Dr Sidney Bloch visited some hospitals there in 1978 and found conditions unsatisfactory; 'this discriminatory treatment will be kept under continuing review'. Will Dr Levine kindly inform readers: who arranged Dr Bloch's visit; which hospitals did he inspect; what did his report actually say; and was it sent to the South African Mental Health Authorities? How is the 'continuing review' to be achieved—with the co-operation of the South African Government or by further visits of representatives of the Special Committee?

Dr Ryle's observation (*Bulletin* (1981), 5, 148) that there is 'differentiation of standards of psychiatric care according to skin colour in South Africa' is untrue.

The College's 1981 Annual Report (page 6, paragraph 4) states that 'Council is seeking the views of its members in South Africa about possible effects of apartheid on psychiatric services or the training of psychiatrists.' As this inquiry has been announced out of context, the reader might infer that the College had grounds for suspicions about South African psychiatry. Council had no such grounds, but had been under pressure from an anti-South African lobby to make a pronouncement about it (Sashidharan, 1980). To assist Council to deal with the matter, the Registrar wrote to all members in South Africa who alone had up-to-date personal experience of it, asking for their views and comments.

Fewer than 10 per cent of the approximately 150 psychiatrists in South Africa are members of the College. While their views may be useful for discussions in Council, they are of course not a representative sample of psychiatric opinion in South Africa, and cannot be reported as such.

South African psychiatry has been a target for criticism and innuendo in four publications in eight months. It has been mentioned unjustifiably along with Soviet Russia, Mauritani, Rumania and the Argentine in the context of political abuse of psychiatry. These seem to show a common desire to focus unfavourable attention on South Africa without regard for objectivity or accuracy, or the consequences to professional colleagues.

To summarize:

1. South African Mental Health Legislation neither enacts nor allows discriminatory or political misuse of psychiatry.
2. No South African psychiatrist has ever been asked by the authorities to practise unethically.
3. No psychiatrist in South Africa has ever been accused of unethical practices in this context.
4. According to my enquiries, no complaints of such unethical practices have been received by the College from psychiatrists or patients in South Africa.

5. It should be realized that, with its small membership, the College cannot represent South African psychiatry.

6. Excellent relationships exist between South African and British psychiatrists and South African psychiatry has benefitted from the help and advice of the College and its experts in clinical and scientific fields.

It is regrettable that the College press should have been used for publishing anti-South African letters of a political nature.

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REFERENCES

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DE VILLIERS, F. (1975) In *Johannesburg Sunday Times*. 27 April.
KRUGER, A. (1980) *Mental Health Law in South Africa*. Durban: Butterworth.
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[Members of the College are free to raise questions of general interest and express opinions on their own responsibility, whether or not the Editors happen to agree with them, and whether or not they express an official view. The psychiatric treatment of Blacks in South Africa has become a matter of international interest. We have asked Dr Levine as a member of the Special Committee on the Political Abuse of Psychiatry and author of the article which appeared in the *Bulletin* (1981, 5, 94-95) to reply to Dr Hemphill's letter—Eds.]

DEAR SIR,

The apartheid policy of the South African Government is universally condemned. My article referred to the carefully documented conclusions of a commission of the American Psychiatric Association in 1978 that this policy resulted in discrimination against non-white patients treated in mental hospitals in South Africa (*American Journal of Psychiatry*, 136, 1498-1506). While on a private visit to South Africa, Dr Bloch contacted the Smith Mitchell Company which administers a number of psychiatric hospitals in that country and was permitted to visit four of them in the Johannesburg area. He submitted a brief report of his observations to our Committee which was in broad agreement with the APA findings. As a result of this information, our Committee has concluded that discriminatory treatment to the detriment of the black community does occur. Based on this evidence I stated that 'this form of discriminatory treatment is not considered to be primarily political but will be kept under continuing review' (*Bulletin*, 1981, 5, 95)