Reality of the concept of organic psychiatry

DEAR SIRS

Your correspondent, U. J. Dey (*Bulletin*, May 1984, **8**, 95), with the suggestion of 'organic psychiatry', has done well to encourage a fundamental review of our thinking, and the issue might be further promoted by embracing the fields of amentia (subnormality) and dementia under the one heading of 'Mentation Psychiatry'. This takes up Sheila Hollins' letter in the same issue (**8**, 96) pointing up the future trends of bringing the 'Cinderellas' into the rest of the happy family!

I speak as one of the new breed of psychiatrists, dealing totally with dementia, and see many parallels between the service run by our small team in putting out bush fires in the community and lowering the general risk of fire—similar, I believe, to the fraught daily life of my colleagues in subnormality. Why can we not, indeed, join forces and seek to change the skills of the multidisciplinary teams and thereby change their attitudes and thereafter the attitudes of those we serve—the British public?

TORQUIL MACLEOD

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Accreditation and registrar training

DEAR SIRS

I would like to support the views expressed by Dr A. V. P. Mackay in his excellent article on the subject of accreditation and registrar training (*Bulletin*, April 1984, **8**, 62–64).

Essentially psychiatric knowledge is not acquired to exist in a vacuum nor indeed in order to pass exams, but in order to be used to help patients. A model of acquiring such knowledge which makes it harder for psychiatric expertise to reach a vast number of patients is defeating its own ends. An accreditation policy which draws trainees away from peripheral units, so that such units become more isolated, is likely to lead to a fall in the standards of such units. This in turn is likely to make psychiatry less attractive to doctors.

A disturbing aspect of the College's position is the apparent assumption that if only better academic training were to be provided for psychiatrists the quality of psychiatric services would improve. Academic training is very important, but there are a number of other equally important elements which go to make up a good psychiatric service. A main constellation of these is a service administered so that there is high morale, good multidisciplinary co-operation, efficiency and a caring attitude towards the patient. Future consultants require environments which will help them to learn techniques towards the above ends. This may be better learnt in an apprenticeship model by role modelling on peers than in the academic part of training. The models for these may not necessarily be those of teaching centres. For this reason I would strongly support Dr Mackay's suggestion that 'accreditation' should involve a much wider survey of the functioning of psychiatric services.

Another concern is the arbitrary, and at times limiting, standards set for accreditation. This seems to be moving towards a too narrowly defined model of the training potential psychiatrists should receive. The assumption seems to be that anything different must be inferior. Yet the widely varied patterns of training in psychiatry throughout the western world would indicate that no such clear cut 'one good model' is anywhere near being evolved.

In recent years there has been an awareness that the isolation of patients in psychiatric hospitals away from their peers leads to a diminution of their level of functioning. The move towards the distancing of teaching psychiatry from many mental hospitals and mental health services would seem to be likely to have a similar effect on staff. Psychiatrists at academic centres may encourage their senior registrars to take up consultant posts in 'no registrar' hospitals, but the message from academic psychiatry would seem to be 'don't do as we do, do as we say'.

Normally when we are concerned about a person or situation the best way of effecting change is to move towards it rather than away. Maybe our formal psychiatric leaders could reverse the direction in which they are moving and build bridges with the peripheral units rather than destroying them.

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Amalgamation of part-time consultant posts

DEAR SIRS

We, the undersigned Registrars and Senior Registrars in Child Psychiatry at the Tavistock Clinic, have recently become aware and are concerned that there seems to be a trend towards amalgamation of part-time consultant posts in Child Psychiatry in order to create full-time posts.

It seems to us that this has the effect of reducing the opportunities for people with family and other commitments to work as consultants in this specialty. In addition, in the instances we are aware of there seems to be little justification in putting together jobs which are based at several different centres and bear little relation to each other.

We wish to register our dismay and wonder if this has become official policy. We would like to hear the views of others.

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Also signed by: FLORENCE CHAMBERS; HELEN COONEY; ANNA MARIA DEZSERY; IRENE FAIRBAIRN; CLARE FIDLER; PETER HOLLIS; STEVEN ISAACS; PATRICIA ROBERTSON; ABIGAIL SELTZER; ADRIAN SUTTON; SIOBHAN BARRY.

Stress and allergy

DEAR SIRS

I found Dr J. K. W. Morrice's article on 'Job Stress and

Burnout' (*Bulletin*, March 1984, **8**, 45–46) interesting in its importation of American terms for deteriorating activity without the American attitude to the environmental factors involved. Dr Mackarness is known for his approach to food in mental illness,[1] but his real insight was in recognizing the illness from everyday contacts with chemicals.[2] The victims are not aware of the cause of their upset as they briefly feel well before weakening on coming in contact once more with the compound (anything from tobacco smoke and perfume, to 'out gassing from paint').

Psychiatrists with the skill and application to cope with psychotherapy would be able to select those patients sent to them with vague loss of energy, disturbance of activity and wellbeing who could, by altering their diet, surroundings and expectations, learn to live in a world that had begun to harm them physically. Many patients (and doctors too) will be unable to accept the possibility that their palpitations occur on scenting the propellant from a spray can, while the possibility that their upset is from food eaten every day of their life seems unreal ('masked allergy'). Elimination, diversified rotated, fungus reducing diets with 'drops' to help the severely crippled can produce remarkable improvements in the sophisticated patient, the vast bulk of psychiatric clinics will have to continue to smoke and lean on medication, living in houses that cook with gas, using 'potable' water.

Perhaps sometime, you will publish a study involving clinical ecology, allergy or the effect of failure in the immune system to cope with stress.

D. G. Mayne

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References

[1] Mackarness, R. (1976) *Not All in the Mind*. London: Pan.
[2] —— (1980) *Chemical Victims*. London: Pan.

Psychiatric monitoring of Standards Committee

Dear Sirs

The Standards Committee was set up here in 1975 to monitor the aims and standards of provisions and care, with particular reference to the elderly, mental illness and mental handicap. It meets monthly and has the same chairman as the Division of Psychiatry. In addition, there is a three monthly multidisciplinary meeting to provide an open forum which all members of the Department can attend.

Regularly attending members include the four consultant psychiatrists, three members of the District Health Committee, a junior psychiatrist representative, one of the rotating University MRCPsych trainees, the District Community Medical Officer of Health, the Principal Psychologist, the Director of Psychiatric/Geriatric Nursing Services, the Group Assistant Director of Nursing, the Senior Nurse Managers, the Senior Nurse Manager (Night Duty), and the Unit Administrators.

The discussions carried out are thorough and the 'work-through time' is usually less than an hour and a half, with each item numbered from month to month to facilitate cross-referencing, and the heading 'Action' used for individuals or groups to pursue relevant matters further.

The meetings have led to useful abreactive and productive discussion, acceptance of the rights and significance of attending contributors, cross-fertilization of ideas (both for improvements and prevention of avoidable difficulties and hazards) and, not least, involvement of the lay members who volunteer their appreciation and enhance insight into the practical workings and difficulties of our Department. Thereafter they are more able to represent these views when the Minutes are considered by the District Health Authority and Team and the Mental Illness Panel. This involvement with informative feedback helped regarding allocation of resources, continued integration into the District General Hospital and Group functioning, and has furthered practical and public relations. It has also been encouraging to see how the assemblies have brought out both the positive qualities and contributions of previously reticent participants, and by a 'round table' approach, the positive aspects and often warm relationships and practical results developed over the greater part of a decade of functioning. It is hoped that this information, adapted as appears appropriate, might be of help to others.

Montague Segal

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Obituary

Charles Booth Robinson, retired, former Medical Superintendent, Purdysburn Hospital, Belfast.

Charlie Robinson, a Foundation Fellow of the College, died on 11 March 1984. He had been Consultant Psychiatrist and Medical Superintendent at Purdysburn Hospital from 1950 to 1969. He had also been consultant to the Royal Victoria Hospital, Crumlin Road Prison, Malone Training School and the Ministry of Pensions. From 1969 to 1972 he was Senior Medical Officer and Psychiatric Adviser to the Ministry of Health and Social Services in Northern Ireland, but had to fully retire due to ill health and with his wife made his home in the Wirral Peninsula.

Born at Newry, Co. Down on 26 April 1912, he was educated at Wesley College and Trinity College, Dublin. He was one of four brothers and a sister who qualified in medicine. Charlie Robinson was an example in many ways during his life, but