

Cameron (1941) who looked at the wandering confusion allegedly shown at night by 'senile' patients. He showed that the same disorganised behaviour could be created during the daytime by placing the patient in a darkened room. Building on this he speculated that confused behaviour occurred because the 'senile' patient could not maintain a spatial image or representation of the surroundings in the absence of repeated visual stimulation.

The claimed 'sundown' effect could therefore possibly relate to a real phenomenon which involves changes in the level of background illumination rather than the time of 'sundown' *per se*. Since patients are typically studied in residential units which are likely to have adequate artificial lighting, the association of the actual loss of illumination with sundown has been lost. It may be that confused wandering is more likely to occur in patients with dementia when background illumination is poor.

E. MILLER

*Department of Clinical Psychology
University of Leicester
Leicester LE1 7RH*

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Predictions of the demise of psychiatry

DEAR SIRS

At a recent meeting of the Royal College of General Practitioners, Professor Anthony Clare said that, given certain conditions, he anticipated that "... psychiatry might well disappear within 30 years". Reviewing the 'threat' that psychiatry is thought to be under, Cawley (1990) wrote: "The crucial question is this: what do psychiatrists do that others cannot do – individually or collectively?"

I have a few 'questions and answers' of my own, in response.

Will there still be people suffering from mental illnesses in 30 years time? We have no reason at present to believe that these disorders will disappear in the near future.

Do we anticipate that the mentally ill will be looked after in the same facilities as the physically ill? Experience has demonstrated that psychiatric and non-psychiatric patients cannot be managed in the same facilities, in hospital or in the community.

Do we expect that in-patient facilities will remain part of the future provision for the care of the mentally ill? Undoubtedly so, 'community care' notwithstanding, there will always be illnesses of such severity that they cannot be managed other than on an in-patient basis.

Do we expect that doctors will have a role in the diagnosis and treatment of mental illness in the future? If so, which doctors will provide this service? It takes medical expertise to identify the underlying condition. Besides, assessment of psychopathology of the individual patient requires more training in psychiatry than GPs, or other physicians receive during their training. So there will need to be doctors who specialise in the care of the mentally ill.

If neurochemical and neurophysiological research should discover that mental disorders all have an organic basis, what difference would that make to the manifestations and management of these disorders? None. So psychiatry is not under threat at all.

Clare (personal communication, 1992) stated: "The psychiatrist is fast becoming in certain instances a sort of administrative supervisor, shuttling patients from one location to another (e.g. from the mental hospital to community facilities), more of a managerial expert than a true physician. Whether psychiatry should continue as a specialty or not I left open. Indeed I am myself of two minds. If I was confident that, for example, my colleagues in general medicine, general practice, geriatrics and allied fields really took the psychological aspects of medicine seriously, then I suppose I would not regret the passing of psychiatry as a specialty."

The concern about the role of psychiatry, and the responsibilities of psychiatrists, is genuine but is the conclusion valid?

Predictions of the demise of psychiatry as a medical specialty in advance of the disappearance of mental illness make us think about what we are doing, why, how and to what effect we are doing it. Nevertheless, in my view psychiatry will disappear when, and only when, there is no longer a requirement for psychiatrists; that is, when mental illness no longer occurs.

IKECHUKWU O. AZUONYE

*Grovelands Priory Hospital
The Bourne, Southgate
London N14 6RA*

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A 'dementia helpline' – care for the carers?

DEAR SIRS

Carers of demented elderly people report a larger number of problems and greater strain than other