

inevitable. Are we equally unable to look beyond our awfully familiar surroundings and see the world outside? Or can we, as they so painfully did, look at ourselves and the way we feed our infants.

My diagnosis was wrong – these are the familiar mood swings of chronic political and spiritual malnutrition. I fear that whilst we feel unable to address the political and social issues that beset us, the condition will be untreatable.

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### 'Psychiatric Bulletin'

DEAR SIRS

For some years the *Bulletin* has been the orphan of the *Journal* of the Royal College of Psychiatrists. Neglected, unattractive and poorly nourished, it is not surprising that it failed to thrive. There have been occasional achievements; debates on matters such as the political abuse of psychiatry and community treatment orders were pertinent and persuasive, the correspondence columns have an occasional liveliness. Yet the criticism remains that the style of the *Bulletin* has been pedestrian and the content has rarely reflected the challenges which psychiatry now faces.

The editors must have shared some of these concerns, for the *Bulletin* has been re-vamped with a more attractive cover. But the layout and typography remain dreary, and the opportunity of re-casting the *Bulletin* as a stimulating and informative periodical has been lost. One proposal in particular should cause readers great concern.

On the first page of the October 1988 issue, Professor Freeman argues that the *Bulletin* is a scientific journal and that it will gain in status by increasing its academic content. Furthermore, articles which are accepted by the *Journal* and yet regarded as of lesser international interest may be relegated to the *Bulletin*. He vainly asserts that "this does not imply a less favourable view of their quality".

In the first place, few will share the view of Professor Freeman that the *Bulletin* is equal in status to the *Journal*, and that on past performance it is valid to regard it as a scientific publication. Papers appearing in recent issues of the *Bulletin* have been worthy commentaries and discussions on current themes, but have rarely approached the usual standards of peer-reviewed publishability.

Secondly, the proper function of the *Bulletin* may be regarded as reporting on aspects of current psychiatric practice, stimulating debate and summarising College news and views. There are many ways in

which this mix could be invigorated, such as commissioning articles from lay critics of the profession, and by cultivating a greater awareness of the relationship between psychiatry and the society it seeks to serve. An increase in the number of scientific papers is likely to have the effect of stultifying the *Bulletin*. Is this what the readership wants?

Lastly, it's debatable whether the *Bulletin* should contain any peer-reviewed articles. The natural home for papers which reach the usual standard of scientific publishability is the *British Journal of Psychiatry*. If, having reached that standard, some papers are then regarded as dealing "primarily with circumstances in the UK or Ireland" and relegated from the *Journal* to the *Bulletin*, then this is hardly likely to increase the prestige of either. (It also seems curious that a *Journal* with "British" in its title has an editorial policy which explicitly rejects some articles derived from research in this country).

These matters should concern many of those interested in the welfare and public presentation of British psychiatry. By rejecting the opportunity for radical change, the editors have decided to present the *Bulletin* in a style which can only support the views of those who argue that psychiatrists are insular, divorced from the concerns of the community, and unwilling to court critical opinions.

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### *Hospital closure – an obituary postscript*

DEAR SIRS

Retirement coinciding with closure of a large hospital is a potent brew for nostalgia. Sorting accumulated papers spanning three decades proved to be a lengthy and evocative process, recovering buried memories of brave new ventures and battles lost and won. In Warwick, one had commenced a consultant career by opening a purpose-built child guidance clinic and regrading to informal status several hundred County Mental Hospital patients, all of them compulsorily detained before the 1959 Mental Health Act was implemented. While still there, nearby Coventry celebrated the rebirth of its Cathedral in the ruins of the old with the première of Britten's War Requiem, which I attended.

After a subsequent 25 years in Kent, progressive dilapidation and demolition of its buildings and

uncertainties for the staff had made Darenth Park's closure party an occasion for mixed emotions. For those whose involvement had been comparatively recent, celebration of a massive administrative project successfully completed overshadowed the sadness felt by staff from earlier times for the passing of a now unfashionable residential community and its way of life, which had been not all bad for patients and themselves alike. When and where might old friends ever meet again, with their base gone?

The final visits to Darenth Park, after the last patients had departed, invaded the world of dreams with a surreal scenario. Entering to clear my remaining documents, I encountered unexpectedly a personable young man seated at my desk. He invited me to follow and took me down to the boiler room in the basement, well known as a refuge for missing patients in the past. Here was a scene of total devastation, the area filled with rubble. Britten's War Requiem, fortissimo, resounded through the space with poignant splendour, rolling back the years. A young woman in front of an altar repeated gestures suggesting silent despair.

One had not been asleep. The explanation was that a newly closed mental handicap hospital, as reported in the press, had suggested itself as an ideal location for filming the futility of destruction embodied in Wilfrid Owen's first World War poetry set by Benjamin Britten. Trenches and a field hospital had been recreated. Sir Laurence Olivier had played there the previous day. The Bach Choir was participating. Hospital staff were engaged as extras. Derek Jarman's film *War Requiem*, shot entirely in the buildings and grounds of Darenth Park Hospital, is due to open in the West End in January 1989, will be televised Easter weekend and become available for purchase on CDV for anyone who would like an unique memento of one of our large psychiatric hospitals.

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### *Families in an in-patient setting*

DEAR SIRs

Dr Roger Kennedy's interesting article on the treatment of child abuse in an in-patient setting (*Bulletin*, September 1988, 12, 361–366) requires modification of its introductory statement.

The Cassel Hospital was, I believe, the first hospital to admit families for observation and treatment, primarily psychotherapeutic. It is not, however, the only one. In a symposium on families in hospital, one of the articles<sup>1</sup> describes the establishment in Fife, in 1975, of a purpose-built residential unit for families. Accommodation for three families is part of the residential facilities of a department of child and family psychiatry and these are situated in the grounds of a psychiatric hospital (Stratheden Hospital, Coupar, Fife).

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Reference

<sup>1</sup>HALDANE, J. D., MCCLUSKEY, U. & PEACEY, M. (1980) Development of a residential facility for families in Scotland: prospect and retrospect. *International Journal of Family Psychiatry*, 1, 357–371.

### *SPRIG*

DEAR SIRs

In the article by Wanda Hudson re SPRIG (*Bulletin*, September 1988) reference was made to my having written to "72 Scottish Chairpersons of all political parties". Lest colleagues in the South are confused, can I point out that this should have read "72 Scottish Members of Parliament". Although politically enlightened North of the Border, we do not as yet have 72 political parties.

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