

the public to avoid arousing 'too much alarm'.

Thus far the argument can be followed quite comfortably, but the next paragraph is distinctly alarming and the last positively frightening in its implication that we must all expect to be involved by officialdom in some plot to 'treat' those whose views are politically heterodox.

Let us pause before we panic. I think we may assume Neill Simpson has no solid evidence of 'official encouragement to treat non-morbid fear of nuclear war' or he would surely have provided it for us. In any event, though such a thing is not beyond the realms of possibility (what is?), it is difficult to envisage the form it would take. Am I to expect dozens of CND demonstrators deposited at my hospital by the local constabulary under Section 136? Will I be receiving a discrete phone call from our regional medical officer? Are our masters at Elephant and Castle about to circulate us with some highly confidential instructions? Not very likely, is it?

Assuming, as I think we must, that Neill Simpson's speculations are entirely groundless, why has he offered them for our consideration? I would like to offer the following tentative 'analysis'.

I think that an attempt is being made to link two separate issues. We are all of us, whatever our views about nuclear weapons, united in holding in abhorrence the idea of ourselves as psychiatrists being used to further the dubious ends of some dictatorial regime. I suspect that Simpson is attempting to harness this abhorrence and turn it to his own use. He seems to be trying to manipulate our emotions.

Such a linkage of two separate but equally emotive issues hardly sparkles as an example of honest argument. As a ploy it has long been favoured by the dreary exponents of propaganda.

Now I may be completely failing to understand the situation and gravely misjudging Simpson's motives, but if this is the case, it should be easy for him to prove—all that is required is a little evidence.

SIMON BROOKS

Barnstaple
Devon

Issues involved in rehabilitation

DEAR SIRS

In recent years there has been a marked increase in the numbers of consultant psychiatrists appointed with responsibility for rehabilitation. At the present time, no one knows exactly how many, who, or where, nor are the opportunities for training in rehabilitation known.

There is some demand for a forum where psychiatrists involved in rehabilitation can discuss matters of mutual concern, and as a first step towards this it would be helpful to identify the people concerned.

Therefore, psychiatrists with any sort of commitment to rehabilitation are invited to write to me describing briefly what their responsibilities are, how much time they give to rehabilitation and what training they provide for junior doctors and for other staff.

BRENDA MORRIS

Royal South Hants Hospital
Southampton

Psychiatric experts and expertise

DEAR SIRS

I was very pleased to read the letter by Arthur Kaufman (*Bulletin*, September 1982, 6, 662–63).

It would appear that Mr Kaufman (on behalf of properly trained clinical psychologists with experience in the diagnosis and treatment of mental disorder) is only too pleased to be asked to go into Court and comment freely on the diagnosis of early dementia and advise lawyers to challenge a medical person's competence to offer an expert opinion in some instances relating to brain function.

I am pleased to read this because I am glad that someone is willing to take it upon themselves to act as a 'punchball' in a public arena of a Court of Law, where both the game and the rules of the game are foreign to his training and experience.

It should be remembered that for all the many Ph.D.'s and learned articles that an expert may have published, when it comes to the art of debate, cross-examination and the ability to think logically on one's feet, all of us are pathetic amateurs compared with a skilful and trained barrister.

Furthermore, to go into Court as an expert witness on topics as vague as psychology, sociology or psychiatry, with no true scientific basis, little provable knowledge and to give opinions based on statistical analysis and other soft facts, in my experience is going to provide a field day for an experienced legal expert.

I have been involved in many Court cases as an expert witness. It is part of my duty to my patients. Nevertheless, I still 'quake' in anticipation of the worst and I have the greatest respect for the legal profession's ability to make mincemeat out of my so-called 'expert' status.

M. A. LAUNER

Burnley General Hospital
Burnley, Lancs.