to move rapidly towards an integrated, centrally funded, community based service before even beginning to offer the sort of care needed by a developing nation reeling from years of injustice and conflict.

It is simply not good enough for the SPSA to mouth good intentions. A starting point could be an urgent and thorough review of the psychiatric training programme. Trainees should be discouraged from commencing private practice the day after completing their MMed(Psych). A further period of training, perhaps equivalent to the British senior registrar level, should be introduced. During this time, trainees should commit themselves to a period of academically supervised community based service. This would make post-apartheid South African psychiatrists not only more aware of the needs of the population, but also, safer doctors.

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## *Mental handicap – by any other name*

DEAR SIRS

The problem nowadays referred to as 'mental handicap' must be in a strong position to claim the distinction of being the human condition which has had the most names applied to it.

During the 20th century there has been a continuing search for more acceptable expressions which are free from stigma and do not devalue the affected individual, and may seek to inspire new hope and enlightenment. The result so far is some 30 and more different terms which have been used at various times.

*Old 'archaic' terms:* oligophrenia, hypophrenia, amentia – 'simple primary amentia'.

*Mental Deficiency Act 1913:* mental defective – idiot, imbecile, feeble-minded or moron.

*Mental Health Act 1959:* subnormality, subnormal (severe)

*Mental Health Act 1983:* mental impairment

*International Classification of Diseases:* mental retardation – borderline (ICD-8), mild, moderate, severe, profound (ICD-9).

*Education:* educational subnormal (ESN), learning difficulty (severe LD), under-achiever.

*Children:* exceptional, unusual, different, special.

*Others:* mental handicap (Royal Society for Mentally Handicapped Children and Adults, 1955, Mr R. H. S. Crossman, Health Minister 1970). More recently – mental handicaps. Developmental handicap, developmental disability, developmental impairment, developmental psychiatry, defectology, retardology, high grade or low grade defect, 'one in a hundred', 'strangers in their own country', under-intellectualisation, intellectual insufficiency, intellectual disability, diminished people (Bernstein), cognitive impairment.

A reaction to the quest for new nomenclature is the 'no name' school of thought which argues that any name is a label which, by branding people as 'handicapped', perpetuates their treatment as handicapped.

The older terms which conveyed the disgust, fear, intolerance and impatience that mental deficiency formerly evoked have given way to euphemisms, some so obvious that they draw the attention they strive to escape. Some expressions may reflect 'out of sight, out of mind' defence mechanisms. They try to avoid the reality that mental handicap is a fact of life by being neutral or general, and hope to solve the problem of mental handicap by pretending that it does not exist.

A range of titles is found to describe services, for example, mental handicap services, mental handicap division or unit, services for people with mental handicap(s) or for learning difficulty(ies). Also seen have been 'howler' expressions such as 'mentally handicapped nurses', and 'mentally handicapped hospitals', and a few years ago a medical journal published an advertisement for a 'Consultant Psychiatrist (Mentally Handicapped)'.

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## *Teaching in mental handicap*

DEAR SIRS

Many registrars feel less than satisfied with their teaching experience in mental handicap. Why is this? The mental handicap hospital still expects the doctor to visit all the villas (wards) daily, and to have 24-hour on call, with instant access to the doctor (medical model). The registrars get frustrated by seeming to have to do more GP work than "real psychiatry".

Our own attitude should focus on psychiatry, and we need to explain by day to day contact with patients and case conferences the links between physical symptoms, mental illness and behaviour. Mentally handicapped people often somatise their problems. Someone who cannot talk, cannot talk about their delusions/hallucinations but a change in behaviour can reveal them. It takes time to learn how to communicate with some mentally handicapped