

is only adequate when dealing with the educational functions of the College. But what proportion of members of the Council and its key committees has no academic appointment or University affiliation? If only a minute percentage, is there not a danger that the needs of, and problems experienced by, the majority of psychiatrists may be overlooked? It is not a question of good will: this is not in question. By the nature of things, each section sees its own situation in sharper focus than that of its neighbour. It is also likely that regional consultants may be better informed about, and have more direct experience of, some of the problems the College has to consider. Elections are of course open and democratic, but over-worked regional consultants, unable to delegate their responsibilities, are not keen to stand and take on additional medico-political work. The College should address itself to this problem and find a solution to it. Less disparity between staffing ratios may lead to a more representative College structure. The RMPA was considered by some to be a 'Super-intendents' club'. We must avoid the emergence of an updated version of this cynical description.

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CORPORAL PUNISHMENT IN SCHOOLS

DEAR SIR,

Our memorandum on corporal punishment in schools (*Bulletin*, April, pp 62-4) illustrates once again the hazards of straying out of one's field of expertise. Our learned representatives rightly note that any comments must be based on 'informed professional opinion' as there are few special studies on the subject, but then venture the conclusion that 'there is nothing to support the continuance of corporal punishment in schools!' As there is no evidence for or against, why should we recommend abolition?

Some conspicuous absurdities in the memorandum perhaps result from a failure to consult psychiatrists who have taught in schools (there are a few such). For example, 'many children are themselves horrified by the idea that teachers should inflict physical punishment on a child' is unbelievably naive, unless we are speaking solely of neurotic children and special schools. It is more difficult to excuse the failure of logical thought behind the repeated comment that 'the same names appear over and over again in the punishment book'. By this argument the Maudsley, too, should be abolished, since the same names

appear over and over again in our admissions book.

I deeply regret that our representatives have tendered a memorandum without considering the practical realities involved. These include:

- (i) a society which continues to force its children to attend school by law, regardless of interests or desires, up to an ever-increasing age limit;
- (ii) an educational process which includes compulsory mathematics, history and religion, subjects which have little appeal to a substantial and vociferous minority of children;
- (iii) social mores requiring teachers to suppress various natural activities of children while in school, including homosexual and heterosexual drives;
- (iv) a political system demanding that teachers cope simultaneously with groups of 35-40 children, often of varying abilities and interests.

In these circumstances, as in an army, there must regrettably be means of coercion. The College has misread its brief in attempting to recommend whether punishment itself is desirable: the problem is *which* punishment?

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Dr Carr's letter was forwarded to Dr J. H. Kahn, who was the Chairman of the Committee which produced the Memorandum on Corporal Punishment, and the following is his reply:

DEAR SIR,

Dr Carr points unerringly to the confusion which arises when two opposing principles are followed simultaneously to their logical conclusion. In this case the principles are the freedom to choose one's behaviour whatever the consequences, as against the enforcement of what is thought to be good together with prohibition of what is thought to be bad. A balance is achieved by the acceptance of changes in what is tolerable within a particular community at a particular time.

The use of corporal punishment in schools is no longer as generally acceptable as it was in the past. Views amongst the general public and amongst psychiatrists are not uniform, and those initially responsible for the College Report on Corporal Punishment in Schools did not expect the unanimous agreement of their colleagues.

Dr Carr's criticisms can themselves be challenged. I take it that his suggestion that the Maudsley 'should be abolished' was not meant seriously, but if treatment

in psychiatric hospitals consisted of whipping the patients, one would hope that those who wished to retain it might be influenced by the discovery that the procedure was not effective in its purpose.

I am much more puzzled by Dr. Carr's list of 'practical realities'. Where does Dr Carr stand—in favour of compulsory attendance or not; curriculum teaching or not? The suppression of homosexual and heterosexual drives or not? And does he subscribe or not to the political system in which the educational services are organised?

It rather seems that he is on the side of 'freedom' at a level which is beyond that which many people would consider desirable. If, however, there is to be no compulsion on these matters there would be little left where coercion would have to apply.

Compulsion is, in fact, inextricably bound up with the law concerning education; but at times the nature of the application of that compulsion is too high a price to pay for some questionable benefits. The Report presents the view that corporal punishment is such an instance.

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THE PSYCHIATRIST'S RESPONSIBILITIES IN MENTAL HANDICAP

DEAR SIR,

Dr Day draws attention to some special aspects of the practice of psychiatry with the mentally handicapped and concludes that these give rise to a 'serious misconception' about clinical responsibilities in this field compared to general psychiatry (*Bulletin*, December 1977). His argument is based on the number of mentally handicapped persons whose primary needs are for social or educational measures, a proportion of whom are in hospitals.

Whilst broadly agreeing with this, I would point out that the services for the mentally ill are also involved with an increasing diversity of patients presenting as social and other 'non-medical' problems. One essential difference is the way in which our general psychiatric colleagues have applied themselves over the years with greater energy and in much larger numbers to expanding the boundaries within which legitimate psychiatric contributions can be made.

Dr Way (*Bulletin*, March 1978) indicates some of the largely unexplored and exciting territory in mental handicap which it seems to me we could investigate more effectively if we did not have to devote so much time to the multidisciplinary

doctrine, rather than its practice. Dr Clark (*Journal*, 131, 553) reminds us of the rise and relative fall of the 'therapeutic community'; in a decade hence we could be reading a similar account of the fate of the multidisciplinary.

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DR SEMYON GLUZMAN

DEAR SIR,

On 11 May Dr Leila Harvey arranged a meeting in Manchester to promote International Gluzman Day, 12 May, when Dr Semyon Gluzman had been in captivity for six years; he will have one more year to serve in a Soviet forced labour camp plus three years Siberian exile. The meeting, attended by professors, consultants, G.P.s, interested members of the public, and addressed by three psychiatrists, expressed strong concern that pressure and publicity should be maintained on Dr Gluzman's behalf, one of the bravest members of our profession. Almost alone among doctors inside the Soviet Union he exposed his country's abuse of psychiatry for the purpose of political repression. A telegram bearing 34 signatures was dispatched from the meeting to President Brezhnev appealing for Dr Gluzman's release.

In order to ensure that the Soviet authorities are kept aware of continued concern by doctors in the West it is planned that a constant flow of letters to Dr Gluzman be maintained using a method which makes it certain that at least some reach their destination. Details of the method, and also further information on Dr Gluzman may be obtained from Dr S. Bloch, Warneford Hospital, Oxford OX3 73X or Dr Leila Harvey, 5 Firs Avenue, Firwood, Manchester M16 0EP. Tel: 061-881 6851.

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LEAFLET FOR PARENTS OF STILLBORN CHILDREN

DEAR SIR,

I was very interested to read about this leaflet (*Bulletin*, April, p 69) and would agree with most of