help the investigators with interviews.

4. It is rather disingenuous of the Special Committee to rely on the observations of Dr Sidney Bloch while on a holiday in South Africa. Doubts about Dr Bloch's visit have been expressed previously, not least by South African psychiatrists (*Bulletin*, March 1982, **6**, 44–45); if the Special Committee wishes to base its conclusions on this 'investigation', we should know more about the circumstances of the visit.
5. The Special Committee's report fudges the issue of the psychological impact of apartheid. The arbitrary division of certain issues as purely social/political or medical/psychiatric is by itself a political gesture and the Special Committee shows its bias in failing to recognize it as such. If the Committee or the College are to pursue this position to its logical conclusion then they should find it impossible to consider many of the issues relevant to social and epidemiological psychiatry, such as unemployment, migration, alcoholism, etc. The report pleads for more research in this area. I provided the Committee with at least 20 papers from both within and outside South Africa, all of which clearly demonstrated the cost of apartheid in terms of psychological suffering, illness and human lives.
6. The report, while admitting that deliberate racial discrimination is at the heart of psychiatric practice in South Africa, comes to the disturbing conclusion that this issue lies outside the Committee's remit. This illogical position that if governmental policies are behind the unethical and unacceptable nature of the health care system then such policies and practices are beyond criticism stems from the Committee's rather rigid and arbitrary definition of what constitutes political abuse of psychiatry. In 1978, when the Council of the College endorsed a recommendation to set up a special committee, its brief, although never made explicit, was to investigate reports of abuses of psychiatry for political ends wherever they occurred. The definition of what constituted such abuses was a *post hoc* one and arrived at by the Committee's exclusive preoccupation at that time, namely Soviet abuses.
7. The report does not take into consideration recent allegations from South Africa that political detainees are being transferred to psychiatric hospitals following police torture and that in most cases psychiatrists allow such individuals to be transferred back to police custody after compulsory 'treatment'.
8. The Committee did not at any time set up a full inquiry into this matter by calling for evidence from interested parties, meeting individuals who had first-hand experience of South African psychiatry, or even considering all the documentary evidence available to it.

The College has in the past shown commendable concern and a genuine commitment to dealing with various allegations of unethical practice in the field of mental health, especially from Eastern Europe. After the publication of the report on South Africa, however, it must be a matter of serious doubt if such a commitment shows sufficient breadth and impartiality to allow the College to consider abuses of psychiatric standards and practices irrespective of where they occur and what political ideology lies behind them.

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Consultant psychiatrists in mental handicap

DEAR SIRS

The contrast between the concern expressed by Dr Singh (*Bulletin*, June 1983, **7**, 110) for the future of the psychiatrist specializing in mental handicap and Professor Bicknell's optimism about the effects of recent trends (*Bulletin*, September 1983, **7**, 168) should not go without comment.

The number of unfilled consultant posts in this field rose by 400 per cent between 1972 and 1980 (*Bulletin*, February 1982, **6**, 20) and there were 41 posts vacant (25 per cent of the total) in England and Wales in September 1982 (*British Medical Journal*, **286**, 651). Of these, 50 per cent were not being advertised, half of them being occupied by locums with varying qualifications. A personal survey in March 1983 revealed that the posts without substantive occupants had risen to 49 in England alone; it is now suggested that specialist consultant services in this field be abolished altogether in some Districts.

The uneven distribution of consultant effort in the UK is shown in the College document 'Mental Handicap Services—The Future' (*Bulletin*, July 1983, **7**, 134). Those Regions that have concentrated on less radical changes appear to have done better on the whole.

It does not seem, therefore, that the more drastic movements generated and sustained by the many enquiries and campaigns of the past 10 to 15 years in this field have been favourable to recruitment from within psychiatry, at least not in England and Wales. Others, notably social workers and community nurses, may feel that they have more to offer in, for example, reducing stress to abnormal life styles and in giving family support, and it is significant that the new mental handicap nursing syllabus makes little reference to the need for any psychiatric skills.

It would, I suggest, be of the most practical help if the increasing number of consultants with academic links in mental handicap could get together and produce an agreed syllabus for postgraduate training of psychiatrists in this field, and also give articulate guidance on the reform of undergraduate exposure. Otherwise, in accord with Farber's Law, we shall all continue going down the same road in different directions!

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