

in South Africa is incorrect. At the latest count there are seven and expanding training programmes are under way. At present there are three trainees at the University of Cape Town, nine at the University of Durban and one at the new Medical University of South Africa. In this connection it must be borne in mind that the total number of Black doctors in South Africa is small and that specialization of any kind is a recent development. There is, of course, no bar to registration with the South African Medical and Dental Council, and salary and service conditions are the same for everyone. Black psychiatrists practice in whatever context they choose—private practice, university teaching hospitals, general practice, etc.

The insinuation that there is prejudice against the training of Black psychiatrists is much resented. For many years there have been active and vigorous attempts to recruit Black doctors by university departments, the Society of Psychiatrists, and the Department of Health and Welfare. In fact, substantial bursaries are regularly awarded for this purpose.

(5) There is no MRC Social Psychiatry Unit in Cape Town as he states. Perhaps he means the MRC Clinical Psychiatry Unit which is concerned with general psychiatric research and has, in fact, several projects under way dealing with the psychiatric effects of social stress.

We are greatly concerned that only negative features have been mentioned in this letter, most of which are incorrect or dated, and that none of the many earnest attempts to improve matters have been noted. By his own admission Dr Sashidharan has no personal experience of the situation and he has obviously not consulted freely available authoritative reports. It is so easy to make assumptions on misinformation, and to criticize from outside.

There are, of course, staff shortages and outmoded hospitals—and in which country are there not? Things are obviously better in university hospitals (in which the majority of patients are Black anyway) than in outlying rural areas, but do remember that we have less than 150 practising psychiatrists for a population of almost 25 million, and all our people suffer the consequences. However, great efforts are being made: for example, the 1982/1987 building programme for psychiatry amounts to more than 250 million rand, providing 5,000 beds for Black patients alone, and it is the publicly declared policy of the Department of Health and Welfare that there be no difference in the facilities or quality of care provided for persons of any race.

The insinuation is made that our psychiatrists are not concerned about underprivileged and disadvantaged people and their circumstances. We wish to make it clear that we are most sensitive to their plight, and it is a fact that in our sphere we have effected considerable changes. Good psychiatry is practised in South Africa for Blacks as well as Whites.

Ultimately however, Dr Sashidharan's criticisms are of a political nature and although he has chosen to relate them to

psychiatry, their solution calls for more than psychiatry can offer. It is moreover, misleading and simplistic to reduce all problems to politics for the issues are complex and common to many countries, for example, mass migration to cities, the stresses of industrialization, unemployment, Westernization of tribal people, etc. It should also, in all fairness, be acknowledged that earnest and unprecedented efforts are presently being made at many levels including the political, to deal with these issues.

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Innovation and tradition

DEAR SIR

I wonder if I may pursue two or three hares started in the issue of the *Bulletin* for June of this year?

Dr Launer's letter under the heading of 'The Open University and psychiatry' (6, 108) was first to catch the eye, and as one brought up in the shadow of Sir David Henderson, I found that Dr Launer's comments on 'surplus verbiage, muddled management and cross-referral' struck a very nostalgic chord and left me reflecting that perhaps I really am almost as old as I feel. But his plug for the OU (as aficionados know it) was irresistible. No-one could do justice to this uniquely astonishing institution in one letter, but it is impossible to resist the temptation to gild Dr Launer's lily just a little. By happy coincidence, much of the character of the OU must be attributable to the quality of its first Vice-Chancellor, Walter Perry (now Lord Perry), who was of course Professor of Pharmacology in the University of Edinburgh. Lord Perry's account of the Open University in his book on the history of its development makes vivid and compulsive reading for anyone with any interest in adult education, and helps a great deal to understand why it should be that among its other qualities, the OU confers instant friendship between people who happen to be fellow-students and might have little else in common. And what other institution could so command the loyalty of its officers and students that its first Chancellor (Lord Gardiner) should enrol as an undergraduate and submit to the full rigmarole of attending tutorials, submitting assignments and all the rest,

in order to find out what it was all about?

Dr Keddie's article on the Montrose bicentenary and your news item on the Sunnyside Museum (6, 98–102; 104) made a happy conjunction, and as a former member of staff at Montrose (under John Colquhoun Anderson) these features of the *Bulletin* also induced a profound nostalgia and happiest memories of the College's Spring Quarterly Meeting of last year on the occasion of the Sunnyside bicentenary. The history of Sunnyside has already been very ably documented, but as with the Open University, no one hand could do justice to this astonishing institution. Present members of the staff at Montrose will I hope bear with me if I indulge my own memory to the extent of recalling that even in the days when there was only one consultant, no psychologists at all, no social worker and no pharmacist, the hospital provided a quality of care which I have never seen bettered, and rarely equalled: what is more, even during the short span of my own period at Sunnyside I was aware of four members of the junior medical staff who went on to become consultants in psychiatry, and one of them a professor—and this at a time when we had no registrars at all.

And this provides a neat transition passage to the last of the juicy morsels from your issue of June of this year—surely a journalistic coup of rare quality: I mean of course the engaging account of 'Conversations with Sir Denis Hill' (6, 74–77; 94–97) which revealed so well the refreshing candour and originality of his approach. Speaking as a retired general psychiatrist brought up in the traditions of a generation ago and long removed from contacts with academic centres, I was fascinated by the forthright declaration of Sir Denis Hill on the antithesis between academic ability and therapeutic skill. Which provides for a quick ritornello to the subject of Sunnyside Royal, and a little coda in conclusion: among the last of my duties in Montrose was to help with the transcription of case notes from the old bound volume format into the modern loose-leaf version (I think it is not unfair to say that John Anderson, on the brink of retirement, was aware that the image of psychiatry was changing rapidly), and the perusal and sifting of the old bound volumes lent a heavy emphasis to the impression that at Sunnyside there had been for many generations a persisting tradition of humane care which would bear comparison with any in the world, quite detached from the formal paraphernalia of quasi-neuro-psychiatric minutiae of which Dr Launer writes so eloquently.

Finally, a note on the crisis of identity among psychiatrists which seems to surface from time to time in your columns; on this topic, I believe your news item on the opening of the Sunnyside museum reflects credit on the contributions which psychiatric hospitals have made to medical and nursing practice in hospitals throughout the Kingdom: how many hospitals of any kind are prepared to throw open their gates to the public as Sunnyside now does? But then, where did the practice of unrestricted visiting for patients begin, or for that matter the free availability of medical and nursing staff for

consultation with relatives, or imaginative decor of wards and the use of wall paintings and informal furnishing to create a domestic atmosphere in what was once a meagre provision for paupers from public funds? I believe that in psychiatric traditions we have a great deal in which we can take some modest pride in having pioneered unostentatious reforms many of which are still percolating through to our more technologically-minded colleagues.

I have perhaps been at once too diffuse and too effusive, but I hope that at least you will be in no doubt that the *College Bulletin* continues to provide refreshment and stimulation for eager readers.

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Training in psychotherapy

DEAR SIR

I found Professor Brandon's paper (*Bulletin*, July 1982, 6, 120) really excellent in its consistent relevance, realism and economy.

My difference in view is about his apparent wish to perpetuate the split between general psychiatry and psychotherapy. Surely the training of general psychiatrists must include acquiring psychotherapeutic skills and insights—yet he writes as though these latter are forever to be found in taking yet further training, etc, extra to 'normal' training.

I would like to assert that there is now an eclectic body of knowledge called psychotherapy. It only obliges those of religious temperament to claim it belongs exclusively to ritualized, elitist, social groups. Thus we can reject much of Freud's meta-psychology. We would be foolish to reject his brilliant clinical insights and his descriptions of mental mechanisms, transference phenomena etc.

Also, there is the challenge of the body-mind problem. As we find more and more clever pills for patients it will be surely more and more exciting to see how they 'define' as it were, different aspects of mental functioning (leaving, I suspect, always something beyond a mere organic story).

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DEAR SIR

I am writing to correct a misunderstanding in the report on the Southern Division trainees day (*Bulletin*, August 1982, 6, 146–47), and should be grateful for space to make my views properly represented. I was quoted as saying 'that Balint groups were an appropriate way of providing psychoanalytic training'. This of course is nonsense.