psychiatry. I also feel that the College should consider ways and means of those non-training grades with their memberships being able to get further appropriate training (higher training), if necessary, without losing their seniority to be eligible to apply for consultant posts.

KURRI REDDI

Purdysburn Hospital,
Belfast

Stigma: A common sense view

DEAR SIRS

Dr Turner's admirable attempt (*Bulletin*, January, 1986, **10,** 8–9) to identify the reasons for persistent or even increasing stigma towards psychiatry and psychiatric patients misses a fundamental point. Psychiatric illness to the layman is not necessarily equated with violence or fear but is either 'not real illness' (i.e. malingering) or 'weird' irrationality. I think the point is one of unpredictability. If someone has once lost his reason in a psychotic breakdown, to what extent can his friends or colleagues really ever be completely sure of him again? Even if well on lithium or depot neuroleptics will he always take his medication? Will the drugs always be effective? Can such patients be entirely trusted in responsible jobs—in the police or armed forces, as airline pilots, as doctors or nurses?

Like epilepsy it is not necessarily lack of compassion that leads to stigma: more the question of uncertainty. I doubt if attempts to change attitudes can ever alter the reality of the disorders we psychiatrists try to treat.

D. J. KING

Holywell Hospital
Antrim BT41 2RJ

The need for communication

DEAR SIRS

I write in acclamation of the two articles 'The Psychopathology of Nuclear War' and 'Whatever Happened to Stigma' (*Bulletin*, January 1986, **10,** 2–5 and 8–9). The first because it is the least politically biased statement of its kind I have ever read, and the second as a reminder that the battle against deep-rooted prejudice in the minds of the public and their media mentors is one which must be understood and accepted as inevitably never ending.

That said, two points seem worthy of mention. While unreservedly endorsing the final paragraph and concluding quotation in the first article, there still remains an inescapable reality to be accepted: that for the total 'release of healthy emotion in the service of survival', to succeed, one obstacle must be tackled by both superpowers: the communication barrier.

The recent Summit Meeting provided a ray of hope. But while the population of the USSR are bound to remember the 20 million killed in the Great Patriotic War, they are equally conditioned to forget not only the Nazi Soviet Non-Aggression Pact in 1939, which released the final assault upon Europe and later themselves, but also to remain passive about the reality, if not actually unaware of the fact, that their own psychiatrists are still likely to be imprisoned as dissidents if they ally themselves openly with the eminently sane and reasonable conclusions of Dr Jim Dyer.

The second point arises from the Stigma article, and comes in two parts; I cannot agree that responsible psychiatrists in teaching hospitals are 'camouflaging themselves as humdrum hospital doctors'. The verb and adjective in that phrase are in my personal opinion not only inaccurate but negatively provocative. We must set the right example if we expect to earn and deserve the respect and confidence of our colleagues and fellow teachers in other fields of medicine and surgery. On the 'clients/patients' issue, I am certain that medical terminology is not only right but *essential*. A patient is a person who needs medical help: a client, a person whose health is unimpaired but who seeks professional social advice: whether it be legal, financial, domestic, or architectural, for example.

Thank you Drs Dyer and Turner for two admirable expressions of lucid and vital opinion: and please regard these comments as constructive rather than contentious.

DAVID STAFFORD-CLARK

Consultant Emeritus,
Guy's Hospital, London SE1

Psychiatry and the peace movement

DEAR SIRS

It will be fairly common knowledge that International Physicians for Prevention of Nuclear War (IPPNW) are shortly to receive the Nobel Peace Prize, and this is no small encouragement. The outcome of the recent discussions between President Reagan and Mr Gorbachev likewise are not without genuine promise. Human nature being what it is, we are tempted to believe that we can now address our minds more fully to the often pressing matters at work and at home. Indeed the dangers are decreased only by a mere fraction and the risk is that armaments may stealthily increase behind a screen of wishful thinking on the public's part and that the world will awake one day to discover that it is already well past the eleventh hour.

Can psychiatrists help in the follow-up to this? Manifestly we need a change of ideas, a reversal of some of our feelings. Consider the following:

(1) Ever since 1914—which is as far back as I can go in any memory of warring nations—we have harboured the illusion that whoever the 'enemy' is (Germany and Austria then, Russia now) is evil and unworthy; and that the way to ward off disaster is a show of military strength. But are those people different from ourselves or are their governments more greedy and grasping than our own?

(2) We have shelved much of our responsibility for poverty in the Third World and this includes (as the recent IPPNW conference in Hungary made clear) our duty in respect of preventive medicine among children. Professor Velasco-Suarez, Mexico, said, 'We shall never have peace and justice till we have a different economic order etc in the world. A fraction of what is