in treatment of the same; (5) using a variety of psychological methods in treatment of the same; (6) re-introducing (rehabilitating) sufferers into normal daily life. It is a waste of time and training for me to act as a careers adviser, marriage counsellor, or be friendly to people who are not ill but facing one of the hardships that crop up in every normal life from time to time. The fact that people are willing to pay me for my advice, counselling, or friendship is neither here nor there; but some other facts are more relevant.

Psychiatrists are in short supply for the amount of illness and disability that exists in the world. A given population can only produce a finite (rather small) number of trained psychiatrists, because only a limited number of people have the requisite abilities, and some of them must become engineers, scientists, lawyers, administrators, etc. and not doctors, let alone psychiatrists (and student vacancies for the long training are limited also). However, the population may also produce professional and voluntary counsellors of various sorts, some requiring only very short training, and tapping to some extent a different range of abilities.

In Britain (even before the National Health Service began) general practitioners guided patients to the appropriate specialist, and the specialist psychiatrist sees only patients selected by GPs, and then works with the GPs in treating them. This seems to me a more efficient use of the specialist and a better service to the patient than the Canadian open door, where each doctor works independently and the patient can shop around as he fancies and can afford. This also involves the old debate: does psychiatry touch all aspects of life, or is its function limited? Which kind of work do you most enjoy doing?

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Competition in mental health care

DEAR SIRS

In the *Bulletin* of October 1986 (**10**, 262–265) you published an article by Dr M. Peet, entitled 'Network Community Mental Health Care in North-West Derbyshire'. I would like to compare the experience in The Netherlands with the network system as described by Peet.

Although the network system in the Netherlands was already operating in the thirties, it was composed of small institutions working separately from each other, offering services for different patient populations—adult psychiatric patients, alcohol and drug addicts, patients with psychosomatic disorders, the demented elderly and psychiatrically ill children.

In this system there were also small institutions offering different services for the same populations for instance, crisis intervention, rehabilitation services, psychotherapy and marital counselling.

Since January 1982 these services have been integrated into one institution per health care region for a population of ±200,000. These services are founded by means of a population-wide social security law. At the same time two mental health case registers were in operation, one in the North and one in South of The Netherlands.

With these instruments it will be possible to enter census data for a geographically defined area and compare different areas. Our experience from these data is that the total amount of mental health care consumption does not differ much between regions but that the difference between regions is primarily made up by a difference in services offered and used. In our opinion, this indicates that it is quite possible to use alternatives in mental health care services, as Peet indicates.

In The Netherlands the effect on hospital admission is not as striking as mentioned in Peet's article. This is mainly because in The Netherlands the two broad conceptual models of community care, 'the hive system' (representing the hospital as the centre of activities) and the 'network system' (emphasising the development of a network of community services), are working separately from each other in each health care region. This provokes competition in keeping patients: a part of the patients referred from the 'network system' into the 'hive system' do not return to the network system, and this was found in the Northern region as well as the Southern region. The net loss of the network system in a year is 75 patients.

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REFERENCES

[1]TEN HORN, G. H. M. M., GIEL, R., CUMMBLINATT, W. H. & HENDERSON, J. H. (eds) (1986) *Psychiatric Case Registers 1960–1985*. Amsterdam: Elsevier.

[2]HAMERS, H. J. F. R., ROMME, M. A. J. & DEVRIES, M. W. (1986) Resistance, privacy and technology: comments on the negotiations of the case register in Maastricht. In *Psychiatric Case Registers 1960–1985* (eds Ten Horn, G. H. M. M., Giel, R., Cummblinatt, W. H. and Henderson, J. H.) Amsterdam: Elsevier.

Human beings and knowledge

DEAR SIRS

I wonder if any of your readers would be interested in ancient Eastern comments on the relationship between human beings and knowledge. The following are quotations from Chuang Tsu, a follower of Lao Tsu the founder of Taoism, who lived in the fourth century B.C.

"Life has a limit, but knowledge is without limit. For the limited to pursue the unlimited is futile".[1]

"Great knowledge is all encompassing; small knowledge is limited. Great words are inspiring; small words are chatter. When we are asleep, we are in touch with our souls. When we are awake, our senses open. We get involved with our activities and our minds are distracted. Sometimes we are hesistant, sometimes underhanded, and sometimes secretive. Little fears cause anxiety, and great fears cause panic. Our words fly off like arrows, as though

we knew what was right and wrong. We cling to our point of view, as though everything depended on it. And yet our opinions have no permanence: like autumn and winter, they gradually pass away..."[2]

"Perfect is the man who knows what comes from heaven (spiritual knowledge/wisdom) and what comes from man (wordly knowledge/science). Knowing what comes from heaven, he is in tune with heaven. Knowing what comes from man, he uses his knowledge of the known to develop his knowledge of the unknown and enjoys the fullness of life until his natural death. This is the perfection of knowledge. However, there is one difficulty. Knowledge must be based upon something, but one is not certain what this may be. How, indeed, do I know what I call heaven is not actually man, and that what I call man is not actually heaven? First, there must be a true man; then there can be true knowledge".[3]

These perspectives can perhaps be reconciled in the words a psychoanalyst supervisor once spoke to me, "Analysts may not be scientists in the strictest sense of that word; but they are certainly to be found among the lovers of science. For themselves and their patients, what they seek is the truth."

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REFERENCES

[1]CHUANG TSU *Inner Chapters* Trans. (1974) Gia-Fu Feng & Jane English. London: Wildwood House. Chapter Three 'The Secret of Growth'.

[2]Ibid Chapter Two 'The Equality of All Things'.

[3]Ibid Chapter Six 'The Great Master'.

Meeting potential colleagues

DEAR SIRS

There appears to be some confusion over the protocol for meeting with potential colleagues when applying for a new post. One such applicant for a consultant post was severely criticised for failing to see such colleagues, although it later transpired that he had been advised that this would be seen as canvassing. Under these circumstances it might seem sensible to lay down what should be acceptable practice in this situation to help steer candidates between the risk of appearing to canvas or alternatively appearing apathetic.

As some posts may receive up to 60 applications it would be futile for all such applicants to attempt to meet all their potential colleagues. On the other hand they should certainly make sufficient enquiries to be sure the post is one they wish to pursue and it would also be sensible to meet with one of those responsible for short listing. Once the short list has been drawn up the candidate would be well advised to make himself available to meet all such colleagues as would wish to avail themselves of the opportunity. The candidate should not have attempted to meet with those on the interviewing panel who could be seen as outside assessors.

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Discharges by Mental Health Review Tribunals

DEAR SIRS

It will be interesting to learn whether Dr Bermingham's promised further investigation (*Bulletin*, March 1987, 11, 96–97) into discharges by Mental Health Review Tribunals has included an examination of the extent to which Section 2 is used when Section 3 would be more appropriate. It is understandable that, when put in the position of needing to use the Mental Health Act 1983, those involved would prefer to exercise what is seen at that point as the minimum duration of detention. Nevertheless, Section 2 relates to the need for assessment, or, put another way, that the diagnosis is not initially sufficiently clear for definitive treatment to be offered without a period of clinical fact-finding. Yet, to judge by the thickness of the case-notes of the greater majority of patients admitted under Section 2, the diagnosis is already known, and the patient's treatment and management predictable.

There is no more difficulty in discharging a patient from Section 3 than from Section 2; Section 3 permits whatever time is necessary to arrange for after-care; the patient can even be sent on leave if lapse or relapse is thought likely, and the distasteful phenomenon of repeated use of Section 2 is avoided. The multidisciplinary hassle and aggravation of potentially harmful haste induced by application to the Tribunal by a patient under Section 2 does not occur.

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The legal aspects of psychiatry

DEAR SIRS

Few psychiatrists with many years in practice will have not sought medico-legal advice at some time. As the service changes more issues with legal implications arise. Existing sources of medico-legal advice may be well able to assist psychiatrists with relatively uncomplicated queries. For the more complex matters psychiatrists may be left with the impression that their advisers are sometimes not completely *au fait* with the difficulties and problems which are more specific to psychiatric work in general and in its subspecialties.

For example, questions not infrequently arise about the ownership of, the copying of, and the availability to others, of psychiatric case files, including computer records, confidentiality, and responsibilities of multi-disciplinary team arrangements. The transfer of patients from mental hospitals to care in the community is exposing uncertainties about the legal responsibilities of hospital authorities, consultants, the rights of patients and the obligations of relatives.

Among the various interests which the Royal College of Psychiatrists pursues, the legal aspects of psychiatry do not appear to be represented by any distinct department or sub-