

We, as doctors and applied scientists, should have no concern with the *rights* of any group, which is best left to politicians: our concern should be with the needs of our patients and the best way of providing for them. Long clinical experience, both in hospital and in the community, has convinced me that one of the important needs which adult mentally-handicapped have is to be integrated into social groups of their peers where they can play out the multiplicity of social roles that an ordinary individual performs in his normal life. Unfortunately, the mentally-handicapped in the community are deprived of their social needs just because they live in small groups that can give only limited scope to wider social interactions. Being too distinct from the community at large, if only because of their limited abilities, they are incapable of integration with the normal people round them. Their Social Workers and Trainers frequently act as a screen making the isolation even more pronounced. The motivation of normalization theories is fundamentally a denial of handicap and a feeling that if one pretends it is not there, the handicap will go away. I cannot agree with Professor Bicknell that all good work is done in the community, and that only custodial care is obtainable in the hospitals. Good and bad work is possible in either location, and it is the hospitals, and particularly the large hospitals, that can provide a *supportive* environment which can give opportunities to the handicapped to have a much richer social interaction, to function optimally and to lead a happy existence. Also, in the past thirty years a major proportion of advances in knowledge have been made in hospitals.

Enthusiasts tend to be convinced of the correctness of their cause without feeling the need for critical evaluation and validation of their beliefs, but this should not lead to denying to others the right to pursue their own scientific and clinical interests.

However, what Professor Bicknell and I believe are but untested hypotheses, and remain so until some experimental testing of hypotheses are carried out using rigorously scientific methodology. We need a more scientific attitude, and a very considerable amount of research into the social psychiatry of the handicapped, in addition to organic research which Professor Bicknell wishes to hive off to other specialties. It is highly irresponsible to plan to abandon a well-tried form of care without previous pilot studies and stringent evaluation of the results. I am not against community care as a part of the total care needed by the handicapped, but I do feel the present tendency to denigrate hospitals and starve them of all facilities to be most unfortunate, particularly as it denies our patients specialist care and the provision of a tailor-made social environment. Morale has plummeted, and the reason why we cannot attract any young colleagues to mental handicap is just because no young psychiatrist worth his/her salt, is going to enter a dying specialty where he can expect nothing but opprobrium, and where the transfer of organic aspects

advocated by Professor Bicknell is bound to reduce clinical and research activities. This is the cause of the difficulties in recruitment, rather than Professor Bicknell's claim that it is the difference between the putative excellence of work in the community and the even more putative stagnation in hospitals.

Community care is not the universal panacea which many hoped it might prove to be. It is very worrying that present trends towards total community care will have the effect of denying the patients much needed treatment and deprive them of the major therapeutic contribution which hospitals can provide.

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(This correspondence is now closed—Ed.)

Insanity and genius

DEAR SIR

Dr Kinnell (*Bulletin*, October 1983, 7, 188) is probably right to doubt that there is no association between genius and insanity. Dryden's assertion that 'great wits are sure to madness near allied' is a sentiment that has equivalents at all times and in all places, and must reflect some sort of truth. However, I feel that the nature of that alliance is more complex than he would have us believe.

The main problem, I feel, is that we do not know what we are talking about. Much of the confusion in the literature on this subject has arisen through the loose usage of terms such as creative, original, imaginative, genius and talent. It is by no means clear that they are in any way equivalent; a psychobiography of Mozart or Proust is not the same thing as a study of high scorers on 'divergent thinking' tests.

Similarly, excellence can manifest itself in many different spheres of life (e.g. artistic, political, scientific), and since the demands and stresses of these various fields are so different, it is possible that high achievement in each is not due to any single quality.

The greatest obstacle to our understanding, however, is probably due to the fact that 'the genius' is a cultural artefact and a social role. Our modern stereotype derives largely from the nineteenth century when 'the artist' was allowed, even expected, to take a marginal stance in respect to the society in which he lived. This has had various effects: it has allied genius with other marginal groups (such as madmen and radicals) so encouraging their identification. It has made the role of genius an attractive alternative for less exalted marginals, and it has fostered bohemian norms of behaviour in creative people—artists, like everyone else, behave as they are expected to. More generally, so far as the observers of creativity are concerned, this formulation of what constitutes genius has led to the development of an aesthetic in which someone may be valued as much for his instability as for his creations—the careers of Tennessee Williams and Jackson Pollock come to mind in this context. This is not

necessarily to detract from the achievement of such people. I merely wish to make the point that, in a culture that finds some criterion of 'authenticity' in mental torment, proving an association between genius and insanity becomes a rather tautologous exercise.

Incidentally, anyone who doubts the social aspects of 'genius' might like to consider the extraordinary case of women. Can the apparent paucity of female geniuses in our culture really be due to innate biological differences?

I do not think that we shall arrive at any useful understanding of this conundrum by the drawing up of rival 1st XIs of Those Who Were vs. Those Who Weren't. While it may be possible to make genetic and psychological studies of certain well-defined aspects of creativity, genius is a sociological animal and any account of it will have to be in its own terms.

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DEAR SIR

The relationship of 'insanity and genius' is a controversial issue. That it is also a very fascinating one is demonstrated by the number of your correspondents (*Bulletin*, March 1983, 7, 55; July 1983, 129–30; October 1983, 188). The advertisement having originally instigated the correspondence seems to me an example of poor taste rather than a contribution to the basic question and not worth further discussion. I did appreciate, though, one correspondent's (October 1983) apt summary of our knowledge, to which I want to add a few comments.

An outstanding example of 'allusive' (or innovative) thinking is the poet Friedrich Hölderlin. He had written some of the most beautiful and innovative poems of the German language before he suffered a mental breakdown at the age of thirty-one. Thereafter, until his death 42 years later, he lived in a condition which psychopathologists used to diagnose as chronic schizophrenia, whereas some more recent biographers, mostly non-psychiatrists, feel certain Hölderlin withdrew purposely from a world which did not conform to his ideals. Whatever the evaluation of his condi-

tion, a life span of 42 years spent distant to the world and limited in scope cannot be called sane, and nobody with any feeling for poetry could deny the writer of such unique poems the epithet of genius.

I further want to refer to Hans Prinzhorn's famous book *Die Bildneri der Geisteskranken*. As painters (or other artists) gifted with genius can become insane, so sometimes the insane can create ingenious works of art. In a recent publication (*Luckless Heads* (1982) edited by Ulli Beier, Bremen: Edition CON), pictures of high artistic quality are presented, drawn and painted more than 30 years ago by Nigerian mental patients, confined to a 'lunatic asylum', most of them never having had previous contact with paint, pencil or paper.

Could mental disease, one is tempted to speculate, sometimes release productive abilities? However, in my opinion it is no answer to call a myth what one cannot (yet?) scientifically explain, be it insanity, genius, or an apparent association between the two.

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Psychiatry by remote control?

DEAR SIR

As a residential child care officer, untrained in the workings of psychiatry, I have recently been intrigued by the behaviour of a consultant from one of London's eminent teaching hospitals, to whom we had referred one of the children in our care, a 16 year old girl.

Over the course of several months he made three visits to our establishment, always accompanied by a number of junior colleagues, and at the end of this time he arrived at both a diagnosis and a recommendation for treatment.

All very proper, of course, except that at no time did he actually see the patient herself, nor take any notice of her expressed wish to see him. I know that we are embarking upon a new age of technology, but does this necessarily entail psychiatry by remote control?

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Reception for Dr J. L. Crammer

A reception in honour of the retiring editor, DR J. L. CRAMMER, and MRS CRAMMER, was held at the College on Wednesday 17 November 1983. Guests included the President and Council; College Officers; Members and Fellows associated with the *Journal*; the printers, Mr D. Pitt and Mr R. Milbery; the advertising manager, Mr P. Mell; and the editors of the *Lancet* and the *British Medical Journal*.

Dr Crammer writes: 'We would like to thank all those who combined to give us a beautiful Chinese silk carpet decorated with clouds (for joy) and cranes (for longevity)—as well as some wine and a basket of azaleas. The carpet is an exciting permanent symbol of the kindness I have received from many people in five years as an assistant editor and over six in the editorial chair!'