

scope for controversy of interpretation will always be particularly wide in psychiatry.

R. G. NEWCOMBE

*Department of Medical Computing and Statistics
University of Wales College of Medicine
Heath Park
Cardiff CF4 4XN*

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The Lomax affair

SIR: Budden (*Journal*, August 1990, **157**, 301–302) is concerned that my account of the Lomax affair (*Journal*, February 1990, **156**, 180–187) gives the impression that asylums were “places of brutality and inhumanity in general”. He believes that the unusual conditions prevailing at the end of the first world war were responsible among other things for the high death rate among patients. Lomax was well aware that the shortages because of the war created great difficulties for asylum management. However, his indictment of asylum administration went much further than accounts of brutality, malnutrition and a high mortality rate. He believed that the English asylum system had become a closed-off world, with ineffective outside control, which existed “merely to confine the insane”. Senior and presumably well informed civil servants in the Ministry of Health did not believe that the war was a sufficient explanation for the appalling conditions: Mr (later Sir Percy) Barter wrote, in a confidential minute to the Health Minister on Lomax’s criticism, “. . . allowing for irregularities due to war conditions, the indictment is I believe in the main well founded”.

My reason for unearthing the Lomax affair was not to open a debate about how good or bad conditions in English asylums were over 70 years ago. Rather, I was interested in how changes in mental health services are brought about and the role of an outsider who chose to challenge the psychiatric establishment. By 1924, all observers agreed that major reforms were necessary.

The editorialist in the *Lancet* commenting on my paper justifies reviving the Lomax affair thus: “. . .

injustice is always wrong, and it is better to put it right seventy years later than to let it persist”. She or he comments further that in the face of the current neglect and ill treatment of mentally ill people in the community, “Britain may need another Montagu Lomax in the 1990s, with a wider remit” (Editorial, 1990).

T. W. HARDING

*Institut Universitaire de Médecine Légale
9, Avenue de Champel
1211 Genève 4
Switzerland*

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Education for the 21st century

SIR: Cawley (*Journal*, August 1990, **157**, 174–181) is correct in drawing our attention to the education of the psychiatrist of the 21st century. His remarks on the role of the Collegiate Trainees Committee (CTC) are thought-provoking. Indeed, in the past 11 years of its existence the CTC has put forward many new ideas of which some have been accepted by the College rather quickly, and others abandoned quietly. The acceptance or the rejection has not depended on the goodness of the idea but the ‘goodness of fit’. This goodness of fit is what we would call ‘fitting in with the system’. However, this process of ‘fitness’ depends upon not only the activity of the trainees but also the receptivity of the College. Unfortunately, the CTC does not have enough power in its own right to put through changes. Also, the inexperience of trainees in the political arena means that even though they may put forward fresh thinking and ideas in an enthusiastic manner, their naivety and lack of political clout and often lack of support among senior colleagues may cost them dearly. From local experience, it is apparent that trainees often are scared to put their names on paper in favour of anything that may be perceived controversial and thence prejudicial to their careers.

Certainly over the last few years, the CTC has led the way on many issues. Public image of psychiatry was discussed even before the Public Education Officer was appointed by the College. The role of training in community care settings was put forward by the CTC. Of the seven points that Professor Cawley has raised, the CTC has specifically looked at the practice of psychiatry in primary care, the role of management and audit in training, part-time training for