

As more community based teams are developed, then the demands made on the hospital will change. This will enable the psychiatrist to cast off his custodial role, with the inappropriate task of maintaining abnormally medically orientated lifestyles, and taking responsibility for people with mental handicap who are mentally healthy.

This leads to my third point regarding the use of punishment in hospitals, schools and care establishments for people with mental handicap. To my mind, to knowingly cause suffering to a child or adult in any situation is unacceptable. Our task is to create a supportive and stimulating environment aimed at the relief of suffering and providing compensations for physical, mental, educational and social deficits. Qualities such as kindness, consideration, sympathy, understanding and forgiveness should be to the fore.

However, if punishment is used, a standing ethical committee with power of veto should be set up to review any behavioural programme which contains any aversive or depriving element, such as solitary confinement, electric shock, deprivation of food and water. For the ethical committee to have any credibility as an impartial body, a Justice of the Peace, a clergyman, a member of a voluntary organization such as MENCAP and an educationalist should be among the committee members. Only specified staff should administer such a programme, and it must be fully documented so that if it does not work, it can promptly be stopped. It should only be considered if conventional methods have failed, and should be combined in any case with a programme aimed at positively reinforcing desirable skills and behaviours.

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### ***Psychiatry at the Careers Fair***

DEAR SIRs

Further to the account (*Bulletin*, December 1983, 7, 222) by Professor Goldberg of the participation of the University of Manchester Department of Psychiatry in a Careers Fair last year, I thought it might be of interest to some readers to report that a colleague of mine, Dr John Hurst, and I have for the last two years been offered a stand for Mental Handicap at the Careers Fair at the Queen Elizabeth Postgraduate Medical Centre, Birmingham. Both fairs have been held in November and have been organized by the BMA. Last year arrangements were made to spread the attendance more evenly throughout the day, and included an additional evening session mainly for postgraduates.

I wish we had had the benefit of the video-tape which had been prepared by Professor Bicknell, but we had some visual aids which we hope were eye-catching. We also had hand-out copies of an article written by Sally Burningham originally published in *BMA News Review*, August 1982, and which was one of their 'Student Scene' series.

Organizing and manning a stall at a Careers Fair, even on modest lines, requires a good deal of thought and time. From the quantity of enquiries one wonders whether it is a balanced equation, but the quality of the enquiries settled our minds that it was, indeed, well worthwhile. We did not expect a flood of interest in our specialty, but we were encouraged by what we received, and are sure there is a need to make information freely available to those contemplating their future career, particularly in psychiatry or paediatrics.

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### ***Split consultant posts—psychiatry of mental handicap/any other branch of psychiatry***

DEAR SIRs

I would like to enlist the help of readers of the *Bulletin* to identify changing trends in appointing psychiatrists to joint appointments in two different branches of psychiatry. My interest is in whether or not such joint appointments are satisfactory, and how the current holders view their posts. New job descriptions still in the planning stage would also be of interest to me.

To assist readers my questions are these: (i) How many such posts do you know of? Please name the present holder, or, if vacant, when the post was last advertised. (ii) How many sessions are spent in mental handicap, and how many in the other branch of psychiatry? (Please specify the branch.) (iii) Please comment on the success or otherwise of these posts, outlining areas of difficulty and advantage as briefly as possible.

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### ***Facing up to new challenges***

DEAR SIRs

Dr Flowerdew (*Bulletin*, January 1984, 8, 26–27) has expressed the gut feelings of psychiatrists practising today under the new Mental Health Act. What he applied to detained patients can equally be applied to informal patients, who are often *detained* within the doctor-patient relationship. Our defences—ECTs, leucotomy, neuroleptics, even psychotherapy—are crumbling. We are left with our naked anxiety and a new type of psychotherapy, i.e. coming down to earth and coming to terms with the patient, even the psychotic patient, and a multidisciplinary approach involving social manipulation.

Will psychiatrists rise up to this new and uncomfortable challenge? Should not the Membership Examination and the visits by the Accreditation Teams reflect this challenge and help the future psychiatrist to face it, even at the expense of academic achievements?

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