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*

### References

KARLOWSKI, T. R., CHALMERS, T. C., FRENKEL, L. D. *et al* (1975) Ascorbic acid for the common cold. *Journal of the American Medical Association*, **231**, 1038–1042.

KRAMER, M. S. & SHAPIRO, S. H. (1984) Scientific challenges in the application of randomised trials. *Journal of the American Medical Association*, **252**, 2739–2745.

OXTOBY, A., JONES, A. & ROBINSON, M. (1989) Is your 'double-blind' design truly double-blind? *British Journal of Psychiatry*, **155**, 700–701.

## 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*

### Reference

EDITORIAL (1990) The Lomax affair. *Lancet*, *i*, 264–265.

## 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

doctors with domestic commitments and the role of ethics in psychiatry. The CTC led the way with its working party reports on the training of psychiatrists in Europe, and the College is now involved in setting up a European conference scheduled for 1992.

To the best of our knowledge this is the only committee in the College that takes women's issues seriously and has the subject as a standing item on the agenda. We are moving forward slowly but surely, and we ask of our colleagues – senior and junior – to support us when we are right and to correct us if we are not. The CTC cannot be a constant pain simply because the habituation response would decrease its value. An occasional irregular jolt is more likely to keep the College on its toes.

DINESH BHUGRA
AMANDA POYNTON
OLA JUNAID

*Collegiate Trainees' Committee*
*Royal College of Psychiatrists*
*17 Belgrave Square*
*London SW1X 8PG*

**British Neuropsychiatry Association**

SIR: Dening (*Journal*, June 1990, **156**, 915), in his review of essential reading in the field of 'organic psychiatry', is kind enough to suggest that psychiatric trainees should consider joining the British Neuropsychiatry Association. We, the committee of that Association, are indeed keen to encourage all interested trainees to join. The British Neuropsychiatry Association (BNPA) was formed in 1988 in order to encourage cross-disciplinary discussion in the fields of neuropsychiatry, neurology, neuropsychology and allied basic sciences. So far, we have held meetings twice each year, each of which have concentrated on the neuropsychiatry of some particular topic, such as the frontal lobes, movement disorders, dementia and emotion. Speakers have always come from a wide range of neuropsychiatric and allied disciplines, and we encourage interesting case and video presentations, particularly by trainees. It has generally been agreed that our meetings are lively, varied and interesting.

Membership of the Association costs £15.00 per annum and attendance at our meetings is free to members. If trainees (or any other psychiatrists) are interested, then we hope that they will feel free to contact any member of the committee for further information. In particular they should contact the Honorary Secretary, Dr J. M. Bird, Consultant Neuropsychiatrist, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol BS16 1QT. (Tel: (0272) 701212 ext. 2925).

W. A. LISHMAN
J. M. BIRD
M. ROBERTSON
E. H. REYNOLDS
M. WYKE
M. A. RON

*The British Neuropsychiatry Association*

**The Bowdlerisation of psychiatry**

SIR: Lewis and his colleagues have recently published two articles in the Journal based on postal surveys of psychiatrists' responses to case vignettes. These reports show disturbing stereotyping by psychiatrists.

In the first article (Lewis & Appleby; *Journal*, July 1988, **153**, 44–49), perjorative judgements turning on the previous diagnosis of a personality disorder were used to argue that the concept of personality disorder "should be abandoned". In the recent article (Lewis *et al*; *Journal*, September 1990, **157**, 410–415) entitled "Are British psychiatrists racist?", essentially similar results, turning on the words 'white' versus 'Afro-Caribbean', lead them to suggest that the concept of racism be avoided and that of 'race thinking' be substituted. Abandoning the concept of 'black' would be more consistent but more problematic.

In the latest article (paragraphs 2 & 3, p. 415) Dr Lewis *et al* suggest that the "professional literature and training", in particular their own contribution to the former, may prevent prejudice "by highlighting the nature of this stereotype". We wonder about their understanding of the word 'highlighting'.

Tomas Bowdler, MD (1754–1825), published his *Family Shakespeare* in 1818. It was an "expurgated edition". He went on, perhaps less influentially, to remove all sexual references from Gibbon's *Decline and Fall of the Roman Empire*. Lewis and his colleagues suggest a similar semantic purification of the psychiatric literature, but their Bowdlerisations are neither consistent nor a profitable solution. To remove or tone down words is not to 'highlight' stereotypes and their dangers. Perhaps caring professionals find it as painful to acknowledge their prejudices and unconscious racism as the Victorians found it to acknowledge sexual intercourse.

Dr Lewis *et al* suggest that accusations of racism "seldom change beliefs or behaviour for the better", but neither will abandoning terms nor the use of comfortable phrases like 'race thinking'. These strategies do not expunge the obnoxious attitudes. A sample of British psychiatrists would more often expect an Afro-Caribbean patient to be violent than