ANNUAL MEETINGS RECALLED

Dear Sir,

I am sure that many others besides those who belong to the 'Geriatric Group', as I do, will join me in their appreciation of these articles and in hoping that they will be continued.

I have a special, perhaps parochial, interest in the 1877 Annual Meeting, recalled in the October issue. The President in that year, George Fielding Blandford was Lecturer in Psychological Medicine at St George's Hospital Medical School for 37 years, from 1865 to 1902, and the President-Elect, James Crichton-Browne was Lord Chancellor's Visitor for 47 years, from 1875 to 1922. So they were both predecessors of mine.

Dr Blandford elaborated his lectures to students into a best-selling textbook, and readers may be interested in the 'vocational guidance' which he there gave to those who came of what he called 'tainted insane stock'. He strongly recommended that they should take 'a government post' because 'the hours are light, the responsibility not formidable, the holidays long'—in contrast to the hard work and responsibility involved in medicine and the law.

Since Dr Walk's articles recall Silver Jubilees as well as centenaries I look forward, should we both survive, to his account of the somewhat turbulent Annual Meeting of 1964, when, as the last event of my Presidency, the decision was taken to form a Royal College.

Desmond Curran
31 Cottesmore Court
Stanford Road
London W8

THE PSYCHIATRIST'S RESPONSIBILITIES

Dear Sir,

May I draw attention to a serious misconception which underlies the current debate on clinical responsibility and multi-disciplinary teams—namely the tendency to regard the situations in mental handicap and general psychiatry as identical and to extrapolate from the one to the other.

In fact they are quite different. The essential problem in mental handicap is the recent recognition that the present service model is no longer appropriate, and many of the present trends in the organization and running of services, particularly of mental handicap hospitals, are interim strategies—ways of trying to provide an improved service within an outdated system. Admittedly this has given rise to problems of roles and relationships between the involved professions, but these are more logically solved by changing the system of care than by attempting an expedient redefinition of roles.

To be more specific, the consultant in mental handicap finds himself responsible for a large number of individuals whose primary needs are social and educational rather than medical, and must of necessity acknowledge his own limitations in the contribution he can make to their care, whilst at the same time accepting his traditional responsibilities for those who are still officially his patients. Once more appropriate facilities have been developed for these people there can be no confusion about the doctor's role, for he will retain responsibility only for those presenting primarily with medical or psychiatric problems.

The conflict in general psychiatry is much more a genuine power struggle between the professions involved in the care of the mentally ill, and in this I stand firmly with my psychiatrist colleagues in the support of the primacy of the doctor. Until the two issues are clearly separated productive debate will be impossible and arguments will continue to be advanced from false premises. It is no more legitimate for the doctor to claim clinical authority over all residents in mental handicap hospitals on the basis of sound arguments in favour of medical primacy in general psychiatry than it is for psychologists and others to use the unique situation of mental handicap to further their claims in general psychiatry.

K. A. Day
Northgate Hospital,
Morpeth,
Northumberland NE61 3BP

Dear Sir,

The formulation of College policy (Bulletin, September 1977) will surely remain of great value for a long time in the study of this area, which is often so difficult to define. However, in paragraph 10 (p 4) of The Responsibilities of Consultants in Psychiatry within the National Health Service, there is an exaggeration of the power and the responsibility which we have. The statement "Thus he decides whether the patient should receive in-patient, out-patient or day care
and will admit or discharge patients as appropriate',
should surely read 'Thus he decides, in the case of
informal patients, whether they be offered in-patient'
out-patient or day care and will offer admission or
decide on discharge'.

PETER BRUGGEN

Adolescent Unit,
Hill End Hospital,
St Albans,
Herts, AL4 0RB

THE WARLINGHAM PARK INQUIRY

DEAR SIR,

Dr Glaister's attempt to demonstrate that all is
for the best in the best of all possible worlds at
Warlingham Park (Bulletin, August 1977) is weakened
by a strange misunderstanding of statistical argument.
He says that 'any post-hoc selection of periods to
compare runs the risk of arbitrariness'. Agreed, but
this selection also vitiates the logic of his null hypo-
thesis. Since he chooses those years in which there
have been few suicides to compare against the
periods before and after, \( \chi^2 \) of course shows that this
distribution could not arise by chance, but the
calculation is redundant, since he has selected his
distribution and *ipso facto* it is non-random.

If instead one works on the null hypothesis that
there is no difference in the rate over time, and divides
the period 1961 to 1975 into three-year blocks (to
allow expected cells of sufficient size \( \geq 5 \)) the expected
number of suicides for each block can be calculated
from the total number and the population at risk for
each year.

Even using the most generous assumption that
suicide rate is more likely to be related to the admis-
sion rate than the total hospital population, the
differences between the three-year blocks from 1961
to 1972 could arise by chance alone (\( P > 0.05 \)). If
years 1972–75 are included, the probability of the
increase being a chance variation is less than 0.001.
Only if there were criteria other than the suicide rate
to determine Dr Glaister's division of these years into
three periods would his analysis and inferences be
valid.

ANTHONY J. COSTELLO

Head Start Child Development Center,
Pittsburgh, Pennsylvania 15213

NEWS ITEMS

A PSYCHIATRIC CHARITABLE TRUST

Just over five years ago the first psychiatric
charity to be formed since the inception of the
National Health Service was created at Toft Hall,
Knutsford, Cheshire, under the heading of The
Society for the Investigation of Human Values. This
Charitable Trust was established to fulfil two main
purposes; the first was to carry out psychotherapy on
a personal and individual basis; the second an
educational one, providing regular seminars, lectures
and courses on all aspects of human behaviour and
human relationships. The Society is under the
directorship of Dr W. V. Wadsworth who, until the
founding of the Society by himself and his wife, was
for the previous twenty years Superintendent of
Cheadle Royal Hospital.

The Society has now been able to effect the
purchase of the freehold of Toft Hall. Although the
great advantage of treating as many people as
possible on an out-patient basis has throughout been
recognized, it has become clear that the provision of
a small number of beds would be desirable, and Toft
Hall has now been registered as a Private Nursing
Home capable of admitting up to fourteen residential
patients.

One of the special features of the Centre is the
psychotherapeutic facilities for married couples
suffering from emotional disorders, arising from
relational and communicational difficulties. The
Centre also treats patients suffering from all types of
psychoneurotic anxiety and depressive states, phobic
and compulsive disorders, and patients with alco-
holic problems not likely to suffer from withdrawal
symptoms.