

What we must avoid at all costs is public squabbling, between the specialties, for cash. It only makes 'good news'. On the other hand, a press statement signed by all the College Presidents, expressing concern about current levels of funding in the whole of the NHS, was released shortly after Mr Moore's statement in the House on 20 January to the Press Association. The press ignored it completely! A sign to return to the usual channels perhaps.

J. L. T. BIRLEY

### ***One of our associations is missing!***

DEAR SIRS

Permit me space in the *Bulletin* to write briefly about the African Psychiatric Association.

In May 1985 I applied to the then Chairman to join the Association, paying the enrolment/annual fee of £12 to him.

I later received an acknowledgement of the fee paid, with the promise of further correspondence about the Association's programme for the next year. The Chairman moved on to a new post, and that was the last I heard from the African Psychiatric Association.

I have met several other people who have enrolled in the said Association, but had no further correspondence apart from the acknowledgement of the fees paid. Unfortunately it is very difficult to write back to the Association, as the 'Headquarters' tends to move with the Chairman.

If it is possible for you to publish information about the African Psychiatric Association in the *Bulletin*, it would enable many people to locate its officials and find out what has become of the fees they paid, or what the Association's current programme of activities is. It might also enable the Association to realise that many of its members have no idea where it is currently based.

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### ***Is there a role for community clinical medical officers in mental handicap?***

DEAR SIRS

The Yorkshire Regional Association of Consultant Psychiatrists in Mental Handicap has discussed the question of the co-ordination in the community of the medical care of adults suffering from mental handicaps. One solution that has been debated is the creation of a community clinical medical officer appointment in mental handicap. Opinions on the subject differ among consultants and it would be useful to have a wider sounding of views on this topic.

The programme of discharging people from hospitals to the community has gained speed. While the 'medical model' of care has been condemned there has been a failure to acknowledge the medical input, psychiatric and general, which has been available in the mental handicap hospital where patients are cared for by nursing staff able to recognise the early indications of illness and to arrange investi-

gation without delay. In most hospitals in-patients have had a complete physical examination each year. Regular dental and ophthalmic reviews and chiropody have been available. Wheelchairs and other aids have been readily available.

In the community former hospital in-patients are transferred to family doctor services to have their needs met in the same way as for normal people. Few general practitioners would claim to have experience or expertise in recognising and assessing the significance of the symptoms, signs, and changes in behaviour shown by mentally handicapped patients. A general practice with 3,000 patients could expect to have a dozen severely mentally handicapped people on its list.

The appointment of doctors to monitor and co-ordinate the medical and social care of mentally handicapped adults is one suggestion to meet this need. The appointments might be made within the Department of Community Medicine. These doctors would work closely with the Community Mental Handicap Teams and fulfil a similar role to that of the newly appointed community paediatricians. They would be able to visit mentally handicapped adults in day training centres and residential hostels and community houses.

In the community many mentally handicapped people and their families suffer because their needs are not appreciated or co-ordinated. This applies not only to those being discharged from hospitals under present policies, but also to mentally handicapped adults already living in the community. The introduction of a clinical medical officer service would be complementary to and not a replacement for the consultant psychiatrist in mental handicap. There is a serious gap becoming apparent in the community medical services for mental handicap. How it should be filled is unclear.

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and Yorkshire Regional  
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### ***Private clinic***

DEAR SIRS

The June 1987 issue of the *Bulletin* carried a note about a clinic for treatment of male impotence. It failed to mention that it is a private facility and not quite unrestricted as one is led to believe. One of my patients was greatly disappointed and I felt in some way responsible for having referred him there without informing him fully.

I wonder if the editors were aware of this fact. If not, they have unwittingly allowed a private establishment to advertise its services through the *Bulletin*.

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The editors regret that this point was not made explicit in the original notice.