

CORRESPONDENCE

THE PRESIDENT'S REPLY TO DR MEZEY

DEAR SIR,

Dr Mezey's letter (August, p 147) raises a number of issues, on two of which I should like to make a comment. The *Bulletin* will be publishing two documents on the staffing of Teaching Hospital Departments of Psychiatry which I think will go some way to explain the staffing requirements of these special units; how many of them, far from being over-privileged, are in fact seriously undermanned for the functions they have to perform.

The possible imbalance between teaching and non-teaching hospital staff on the various committees of the College is a second and quite different matter. We all have sympathy for the overworked consultant based on an inconveniently placed hospital, but if he does not stand for committees it does not help if academics do not do so either. In fact University staff would seem to be under-represented on College committees and they are not always as active in College affairs as they might be.

Senior Lecturers and Professors have many medical school and University committees to attend in connection with teaching, examining and administration. Their research time is frequently eroded by these and by their service commitments. College affairs may seem to be simply yet another committee chore not serving the ends which interest them. The College needs the support of all types of staff in psychiatry, both academic and NHS.

I am very glad Dr Mezey has raised these issues, as it is much better to have them discussed openly rather than allow them to produce serious misunderstandings.

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CONSULTANT POSTS IN MENTAL HANDICAP

DEAR SIR,

The continual difficulty of filling Senior Registrar and Consultant posts in mental handicap impairs the service for the patient, causes frustration to those in this specialty and restricts development.

Expanded educational, social and psychological provision for the mentally handicapped, welcome as these are, have not solved all their problems; the basic biological problems associated with mental

handicap remain. Whether mentally handicapped people live at home, in hostels or hospitals they frequently present difficulties for which psychiatric help is sought, and such cases form the bulk of referrals to consultants in this work. The move towards keeping the mentally handicapped in the community results in psychiatric abnormalities among this group being less readily tolerated and it is possible that their living with the intellectually more able may create more psychiatric disturbances. It has become clear that the role of psychiatry in the care of the mentally handicapped needs to be re-emphasized, re-asserted and re-defined so that these patients, their families and their general practitioners have the benefit of the psychiatric advice which is their right.

In our opinion it is not only the training posts that are unattractive, but also the consultant posts. The specialist in mental handicap, often ploughing his own lonely furrow, is too often only for bed-booking and other administrative duties, without the authority and consequent job satisfaction of the former medical superintendent. To be attractive to doctors, posts in mental handicap need to show a greater content of medicine and psychiatry so that the work is recognized as a medical rather than an administrative specialty.

The medical ramifications of mental handicap are enormous, including psychiatric disorders, neurological conditions, genetic and metabolic anomalies, neurophysiology, molecular biology, the development of behaviour as well as the interplay between environment and the individual. 'Normalization' of the life-style of the mentally handicapped is a laudable aim, but the severely mentally retarded are much more likely to be made 'normal' by biological than by social means.

It is a matter of great regret to us that the first report of the Development Team for the Mentally Handicapped (HMSO, London) entirely omits discussion of the biological aspects of the problem. The basic training of the medical profession is in the biological sciences, and it is therefore likely that doctors will be most attracted to posts involving some aspects of medicine built on their basic training. It would also seem sensible to use medical man power in such a way that doctors use the subjects in which they were trained. To support the suggestion there is scope for two types of consultant appointment in mental handicap. Firstly, the joint appointment in which mental handicap is combined with general psychiatry, child psychiatry and where possible an