

the local agencies working with children and families. We hope, by these means, to make better use of limited resources and to formulate clearer policies about the effective practice of child psychiatry.

References

- (1) DES/DHSS (1974) Child Guidance. Circular 3/74 (Department of Education and Science); HSC(1S)9 (Department of Health and Social Security); WHSC(1S)5 (Welsh Office).
- (2) Child Psychiatry Specialist Section, Royal College of

Psychiatrists (1977) The Role, Responsibilities and Work of the Child and Adolescent Psychiatrist. *Bulletin*, July 1978, pp 127-31.

- (3) ROWBOTTOM, R. & BROMLEY, G. (1976) *Future Organisation in Child Guidance and Allied Work*. Institute of Organisation and Social Studies, Brunel University, Uxbridge, Middx.
- (4) Royal College of Psychiatrists (1977) The Responsibilities of Consultants in Psychiatry within the National Health Service. *Bulletin*, Sept. 1977, pp 4-7.

CORRESPONDENCE

MYTHS AND 'MIND'

DEAR SIR,

Mr Smyth disregards my thesis, attacking both me and my accuracy. The two main points made by me (*Bulletin*, March, p 41) and totally ignored by Mr Smyth (*Bulletin*, June, p 118) were that, firstly, groups such as 'MIND', by their support of, in my view, false panaceas, arm Governments and Administrations with the political weapon of 'resources spreading' that is, giving everyone involved a little to keep them quiet and no one enough to do any real good.

The second point is that the major expertise in Mental Health is housed in the psychiatric hospital, and therefore this institution and staff should be central in all activities involved in Mental Health.

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PROVIDING FOR SPECIAL INTERESTS IN A DISTRICT PSYCHIATRIC SERVICE

DEAR SIR,

As one who was a member of the Sub-Committee which published the Tunbridge Report (1), I write to endorse strongly the letter from Dr Ekdawi

(*Bulletin*, March 1978, page 47). On the basis of the Report I organized a purpose-built rehabilitation complex in our psychiatric unit in this Group of general hospitals which approximates as far as possible to the recommendations included in that Report. A designated Consultant in Psychiatric Rehabilitation was appointed, and the rehabilitation complex comprises three sections—an industrial therapy unit, a day hospital and an occupational therapy department. Each section accommodates approximately 60 patients. In my view the whole complex has contributed enormously to the ability of a general-hospital-centred psychiatric service (2 and 3) to cope with the total case-load involved. I would therefore add to the plea that the College should include Rehabilitation as a special interest for appropriate future consultants.

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References

- (1) Rehabilitation: Report of a Subcommittee of the Standing Medical Advisory Committee (1972). HMSO, London.
- (2) SILVERMAN, M. (1968) *British Journal of Psychiatry*, 114, 493.
- (3) — (1971) *British Medical Journal*, 3, 99-101.