

The present guidelines take into consideration the fact that the Preliminary Test (Part I) is largely, if not exclusively, non-clinical. In the future a more clinically orientated Part I may enable a closer examination of clinically relevant behavioural science in both parts of the examination.

Any changes will be reflected in future guidelines produced by the AOTP.

The Association represents those academic departments providing undergraduate and postgraduate education in psychiatry, and as such is an interdisciplinary group providing a forum for the discussion and dissemination of knowledge relating to such teaching.

I hope that psychologists, social workers, sociologists and other non-medical specialists active in medical teaching will join the Association and play an important part in its deliberations. At present each academic department sends three representatives to the Standing Committee which meets regularly to formulate Association policy and exchange information.

Anyone who is not a member of the Standing Committee may, through their local representative or by writing to the Secretary (Professor A. C. P. Sims, Leeds), communicate their views to the committee. A newsletter (Editor: Dr J. Connolly, Westminster) will publish letters or articles on teaching and related matters.

If anyone does wish to give us advice on the relationship between the basic sciences and their application, on the guidelines generally or, indeed, on any other matter, I or the other officers of the Association would be pleased to hear from them.

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### ***Collaboration between psychiatrists and geriatricians***

DEAR SIRS

Your correspondents, Drs Langley and Wilson (*Bulletin*, April 1983, 7, 73), draw attention to possible areas of concern for psychiatrists and geriatricians in their endeavours to work together.

To combat these difficulties, the geriatricians and psychogeriatricians of the Medway Health Authority jointly formed a Department for the Care of the Elderly which has admirably overcome the difficulties they itemize by the solutions they propose.

Such a department engenders a sense of team work based upon mutual trust and respect, and directed towards a common goal. Problems previously seen as only affecting one 'side' and not necessarily the other, are now shared, and

from the understanding of each other's difficulties (particularly the limited resources) arises the spirit of shared adversity and a common determination to work together towards the common end—the service to the elderly.

Mistrust and suspicion can all too readily arise if each specialty sees the other as a rival rather than a partner (as can occur between the Health and Social Services).

Such a department with a comprehensive oversight of the total service needs, can collect relevant statistics, monitor its performance and argue with added strength for better resources against other bids.

At a clinical level the geriatrician and psychogeriatrician hold a monthly out-patient clinic to which each can refer patients for joint discussion on treatment and management. There is in addition a twelve-place Day Assessment Unit available to each consultant which allows a full social, psychological, domestic and physical assessment of patients, to be undertaken without the use of an in-patient bed. Obviously having the Geriatric and Psychiatric Units on the one campus of a District General Hospital greatly facilitates clinical and administrative co-operation, yet ultimately a good working relationship and the efficiency of the service for the elderly must depend upon mutual goodwill at all levels. It needs the sense of purpose, belonging and direction between all members of the consultants' teams, and in our view, this cohesion and drive can only be obtained within an administrative and clinical framework which unites the two disciplines in a common task.

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### ***Insanity and genius***

DEAR SIRS

I share Little *et al's* concern about the Lundbeck Limited method of advertising 'Depixol' in the context of art and psychosis (*Bulletin*, March 1983, 7, 55).

The question of creativity, whether in the arts or sciences, is a complex issue, recognized by most, questioned by some and explained by few. Amongst the few, the late Arthur Koestler's 'Act of Creation' is perhaps the most illuminating attempt at characterizing this basic human quality. To juxtapose men of great creative abilities alongside psychotropics belittles the achievement of both, or in Koestler's words, it would dismiss 'The Ghost in the Machine'.

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