services are unable to deal with this group and, traditionally, services have been provided either by units for the chronically mentally ill, or by psychogeriatricians. I agree with Dr Katona that the latter is inappropriate, and would also suggest that the care and rehabilitation of chronic schizophrenic patients does not sit easily with the care of the group I have outlined. It may well be that a unitary service for such patients is not appropriate: I have recently voiced my concern over the risks posed by behaviourally disturbed HIV patients[1] and such factors would need consideration. Nonetheless, I believe that the HIV epidemic affords a golden opportunity for the College to review services for the brain-damaged, and make its recommendations known.

Fenton[2] points out that "... by the mid-1990s psychiatry will have become a 'front-line' speciality in the management of AIDS victims.": perhaps the profession can still bring some good out of ill and, after the example of our military colleagues, apply the experience of tragedy to the advantage of our broader patient group.

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References

[1]DAVIES, D. R. (1988) Behaviourally disturbed HIV patients. *British Journal of Psychiatry*, **152,** 577–578.
[2]FENTON, T. W. (1987) AIDS-related psychiatric disorder. *British Journal of Psychiatry*, **151,** 579–588.

A Working Party of the Public Policy Committee recommended in 1983 that there should be better provision for patients with acquired brain damage, with comprehensive facilities on a Regional or sub-Regional basis. As a number of medical specialities as well as non-medical professionals are concerned with this group of patients, it was suggested that the DHSS might convene a Working Party to survey the whole field and make appropriate proposals for this priority group of patients. Countrywide enquiries by the College have shown that many health authorities recognise the problem and are preparing plans. Action is needed – and the Public Policy Committee is at present drawing up recommendations on the role of psychiatrists in this area. The HIV epidemic makes the need for action an even higher priority.

A. R. M. FREEMAN
Secretary, Public Policy Committee

Modern psychiatric services

DEAR SIRS

'Conflicts and Context in Managing the Closure of a Large Psychiatric Hospital' (*Bulletin*, August 1988, **12,** 310–319) was stimulating reading. Indeed, it points to a number of issues which are affecting some of us. I was sad to see that a number of basic issues were not included.

(a) Although the managers and clinicians work together, their roles are very different and hence the potential for conflict. Both sides will have to extend goodwill and willingness to work together for a successful provision of the services.

(b) Clinicians, being the persons at the centre of the service and having to deal with people in the clinical context, are naturally worried about changes in the model of the service that they have provided so far with varying degrees of success – it is human nature, and should not be viewed as a shortcoming.

(c) Continued clinical responsibility for clinicians is the rule, but current day short-term contracts managers, especially middle managers in the Health Service, are likely to move on, thereby leaving the implications and repercussions of the changes to the service to the clinicians.

(d) Lack of direct patient contact for managers is a shortcoming. This is especially true of post-Griffiths managers who may not have had any previous experience in dealing with a service that is entirely for people who are seriously disadvantaged, either in an acute or continuing sense. What should be a consultant psychiatrist's response to a manager whose sole concept of long-stay chronic schizophrenic in-patients is: "They lack moral fibre, don't they?"

I was pleased to see in the same issue of the *Bulletin* questions raised by Thomas Freeman commenting that "only the future will decide whether they (modern day psychiatric practices) will be for good or ill". I provide a service where this cautionary note is an inherent part.

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Open door movement – request for information

DEAR SIRS

I am researching the open door movement in mental hospitals in Great Britain – especially the period of the 1950s. The literature is scarce. Some major Reports, deservedly famous, have helped, and the trials and tribulations of about five hospitals are well-known. I require information about changes in restrictions on patients for *any* hospital from the early 1950s to the present day, confidentiality assured (if required).

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