mother, father, other family members and, on occasion, other caretakers. The process of 'observation' itself also constitutes a learning experience, the acquiring of an ability to observe without intervention, crucial in the development of clinical skills. The accompanying weekly seminars address both the meaning of the child's experience and the observer's; and support the trainee in his/her performance of a potentially emotionally-overwhelming task.

I believe that infant observation may have a valuable role to play in the training of child psychiatrists. I hope to be able to present the views of other trainees on the subject in the near future. In the meanwhile I encourage others to consider undertaking infant observation as part of their preparation to become consultant child psychiatrists.

ANNE MCFADYEN

The Tavistock Clinic
Belsize Lane, London NW3

References

MILLER, L. (1989) Introduction. In *Closely Observed Infants* (eds. L. Miller *et al.*). London: Gerald Duckworth.

RUSTIN, M. (1989) Encountering primitive anxieties. In *Closely Observed Infants*. Ibid.

WADDELL, M. (1988) Infantile development: Kleinian and Post-Kleinian theory, infant observational practice. *British Journal of Psychotherapy*, **4**, 313–329.

WORRALL, A. E. (1990) Child observation during attachment to a child psychiatry unit: a registrar's experience. *Psychiatric Bulletin*, **134**, 28–29.

Psychiatric services in Australia

DEAR SIRS

As a College member and a practitioner in rural Queensland I would like to add to the debate raised by Dr J. S. B. Lindsay (*Psychiatric Bulletin*, December 1989, **13**, 703–704).

I am the only qualified psychiatrist in the Mackay region, which contains approximately 100,000 people. Support services of any sort are limited to a similar degree. I feel safe in stating that no other Western democracy provides so poorly for its populace by way of psychiatric services.

Under the Australian constitution it is the State Government's responsibility to provide health care. The virtual absence of proper services in rural Queensland is inescapably the responsibliity of the responsible State officials. Some might consider such a dereliction of duty to be negligent.

The tendency for specialists to accrete in major centres seems a universal problem and has been addressed in the UK but not in Australia.

Thus far you might think that I am in agreement with Dr Lindsay; however his analogies are opaque and contain a hidden agenda.

The psychiatric unit of which he was the *de facto* head has been seriously criticised by a variety of responsible professional people – not just a handful of political malcontents with an axe to grind as he seems to insinuate. Indeed attempts have been made to bring both civil and criminal charges concerning his Unit and individual members of it. The entire Hospital Board has been sacked for failing to meet its responsibilities. Indeed in his report (23 October 1989, page 47) M. R. Stubbins (the Chairman of the Health Complaints Unit appointed by the Minister of Health to investigate this matter) stated that "... by the year 1985 it had deteriorated in its level of patient care and treatment to become to my mind absolutely unsatisfactory".

Bulletin readers now have a more complete picture of events upon which to evaluate Dr Lindsay's opaque analogies. They may therefore agree that it is regrettable that our *Bulletin* has served as a forum for snide innuendoes about other unspecified "players", some of whom we must presume to be other doctors.

Responsibility and accountability are the central issues and must be dealt with straightforwardly and unemotionally. Firstly Dr Lindsay's Unit is responsible for discharging its duties properly even if understaffed. The arguments put forward in his letter are quite specious in this regard.

Secondly, there is the more distant but even more serious responsibility regarding the constitutionally defined duty of the State Executive to provide adequate health services. Legal precedent in Australia appears to indicate that the people do not have recourse, as they do in America, to obtain a judicial enforcement of such duties. Accordingly, I suggest it is the duty of the appropriate Royal Colleges to inform both the Government and the public, clearly and unequivocally, if the level of provision of services falls below an acceptable standard.

P. K. GILLMAN

P. K. Gillman (Medical) Pty Ltd
PO Box 183
Mount Pleasant
Mackay 4740, Australia

Psychiatry and the private sector

DEAR SIRS

It is a common belief among fellow psychiatrists that the private sector caters largely for affluent, neurotic individuals and that it is unable or unwilling to provide adequate resources for the treatment of the acutely ill and psychotic patients and those requiring continuing care (*Psychiatric Bulletin*, May 1989, **13**, 249). This has not been my experience.

To substantiate my own observations I recently surveyed the admissions under the emergency service at The Priory Hospital and compared them with

https://doi.org/10.1192/pb.14.6.370-a Published online by Cambridge University Press

TABLE I

ICD-9	*Diagnosis*		*Priory Emergency Service (Private)*	*Charing Cross Emergency Service (NHS)*
296.1, 3, 300.4	Depression	Endogenous Reactive	23%	23%
296.0	Mania		11.8%	2%
295	Schizophrenia		15.7%	14%
300, 300.2	Anxiety-phobic states		9.8%	11%
303, 304	Alcohol/drug dependency		25%	30%
301	Personality disorders		2%	21%
293	Acute confusional state		6%	0.5%
307.1	Anorexia nervosa		6%	—
	Total =		100%	100%

those at Charing Cross Hospital. The emergency service at The Priory provides a 24-hour assessment service, domiciliary visits, advice for general practitioners in dealing with psychiatric emergencies and urgent admissions. We saw 53 new cases in a three-month period. The diagnostic categories compared with those of the Charing Cross patients during the same period are shown in Table I.

It may surprise some to see the similarities between the private and public sectors, especially in relation to the major psychoses, neurotic disorders and alcohol and drug dependency. The higher proportion of patients with personality disorders seen at Charing Cross is of particular interest.

I cannot, of course, speak for the whole of the private psychiatric sector, but The Priory Hospital at least is prepared and able to meet the needs of a representative sample of psychiatric patients.

I hope the two hospitals can now collaborate on a follow-up study of their patients.

SAEED ISLAM

The Priory Hospital
Roehampton SW15 5JJ

A great mystery of psychotherapy practice

DEAR SIRS

For some time I have been concerned about an interesting phenomenon of psychotherapy practice and the other day a patient came to see me for a consultation and what unfolded captured the issue fairly well.

The patient, in this case a woman, comes to see me as consultant psychotherapist at an acute psychiatric unit. She starts by saying that she saw this psychiatrist (who referred her) and all he wanted to do was ask her lots of questions, and tell her what to do, and get her to take drugs – he was not interested at all in her feelings and did not seem to have time to listen to her. I commiserate, indicate that there is time now and ask her gently to tell me about it.

"Oh but doctor couldn't you ask me some questions? I need to know what to do about my husband. Perhaps there is something I could take that could make me feel better?"

A colleague of mine once put the problem another way by pointing out that when the patient sees the psychiatrist and says "I want psychotherapy" the psychiatrist says "No, you don't"; then when the patient sees the psychotherapist and he says "You want psychotherapy", the patient says "Oh no, I don't".

I contend that this is a great unsolved mystery worthy of detailed research!

PETER AMIES

Seymour Clinic
Kingshill Road
Swindon SN1 4LY

Continuity of care

DEAR SIRS

We were interested to read the account by Shah & Lynch (*Psychiatric Bulletin,* March 1990, **14,** 153–154) describing their study of cases attending a registrar's follow-up clinic. We recognise that it is dangerous to draw firm conclusions from such a small sample but we are surprised that they did not comment further on the fact that 87% of the patients had a diagnosis of schizophrenia or manic-depressive illness. Both of these groups represent a vulnerable population who need long-term support and therapy. As a general principle such individuals need maximum continuity of care and expert input and these cannot be found in a registrar clinic where the doctor usually changes at least every six months. We believe

https://doi.org/10.1192/pb.14.6.370-a Published online by Cambridge University Press