traced. Once the FPC is known it is possible to write to them and obtain the name and address of the GP the patient is registered with and to make contact through the patient's GP.

A guide to the use of the National Health Service Central Register (NHSCR) as an aid to medical research is available from the Chief Medical Statistician (Department MR), OPCS, Medical Statistics Division, St. Catherine's House, 10 Kingsway, London WC2B 6JP.

The Central Register proved to be an extremely useful aid in tracing patients in a study¹ completed recently.

HARSHA RATNASURIYA

The Maudsley Hospital London SE5 8AZ

REFERENCE

¹RATNASURIYA, R. H., EISLER, L., SZMUKLER, G. I. & RUSSELL, G. F. M. (1986) Anorexia nervosa: Outcome and prognostic factors after 20 years. (In preparation).

Psychiatry and surrealism

DEAR SIRS

I was interested to read Patrick Bracken's recent account of psychiatry and surrealism (*Bulletin*, April 1986, 10, 80–81).

The surrealists freely acknowledged the influence of some psychoanalytical concepts on their work. In fact they considered Eros to be the source of their artistic drive. Breton declared "Of Eros and the struggle against Eros", in its enigmatic form, this exclamation of Freud's obsesses me some days as only certain passages of poetry can'. The art historian Robert Short remarked that 'Eros presided over the surrealist experience of beauty in all its forms'.

They were less ready, however, to accept the influence of the death instinct, despite widespread suggestions of its presence in their work. Depersonalised faces haunt Magritte's paintings; morbid desolation pervades Delvaux's 'Call of the Night'; even Bellmer's 'Doll', in spite of its erotic intention, has a cadaverous quality. There are many more examples.

In surrealist art, eroticism and aggression, destruction and creation, life and death are inseparably intertwined. Yet its creators predominantly highlighted the role of Eros and neglected that of the death instinct. But death was not unfamiliar to them; Jacques Vache committed suicide as did Magritte's mother. Perhaps they found unpalatable 'this daemonic concept' described by Freud which 'could bring so little comfort to him or anyone else'³.

PATRICIA ABBOTT

Greaves Hall Hospital Southport, Merseyside

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BRETON, A. (1937) L'Amour Fou. Paris: Gallimard p. 50.
SHORT, R. (1980) Dada and Surrealism. London: Octopus. p. 147.
STAFFORD-CLARK, D. (1965) What Freud Really Said. London: Penguin. p. 160.

DEAR SIRS

Patrick Bracken's article on psychiatrists and surrealism opens up some interesting questions but surrealism was never as anti-psychiatric as it claimed. One leading Dadaist, Huelsenbeck, became a psychoanalyst, and Lacan was a surrealist himself, not merely a sympathiser.

The surrealists' response to their erstwhile member Antonin Artaud is significant. Artaud had maintained that 'delirium is as legitimate, as logical, as any other succession of human ideas'1. When he was later hospitalised with schizophrenia he appealed to his former colleagues to rescue him from his doctors: 'The initiates have real instruments of torture . . . and they use them from afar to mutilate me a little more every night while I am asleep'2. The surrealists (who had maintained, like the anarchists, that mental patients were political prisoners along with criminals and conscripted soldiers) failed to respond. In practice surrealism accepted the social sequestration of madness. As to the meretricious Dali, Clive Bell correctly pointed out that Freud's aesthetic sensibilities approximated to those of a housemaid; Dali was soon expelled by Breton for his reactionary tendencies.

ROLAND LITTLEWOOD

University of Birmingham All Saints Hospital Birmingham

REFERENCES

¹ARTAUD, A. (1970) Lettres aux Medicins- Chefs des Asiles de Fous.
Oeuvres Complètes. Paris: Gallimard.
²ESSLIN, M. (1976) Artaud. London: Fontana

Forthcoming Events

The British Postgraduate Medical Federation are at present holding a series of educational courses and workshops ending in March 1987. Information: Mrs Elva Macklin, Education Department, British Postgraduate Medical Federation, 33 Millman Street, London WC1N 3EJ.

The Midland Course in Group Work and Family Therapy in association with the Institute of Group Analysis (London) will be holding courses in Oxford (September 1986–May 1987) and in Northampton (October 1986–June 1987) on a weekly half-day basis. They will be of interest to doctors, social workers, psychologists, nurses or others working with small or large groups, including naturally occurring groups. Course fee is £250. Information: Mrs Ros Clarke, Course Secretary (Oxford), Chaplain's Office, Littlemore Hospital, Littlemore, Oxford OX4 4XN or to Mrs L. Bardakovic, Course Secretary, Mayfair Day Hospital, 32–34 Headlands, Kettering, Northampton. There is also the possibility, if sufficient interest is shown, for supervision sessions to be arranged for those who have been students on previous Midland Courses. Those interested should write