Disgusted with myself, I gave up my office, wore polo-necked sweaters, and asked the 'consumers' to call me Vic. I felt compelled to beat myself with leather thongs every time I thought of the 'medical model'. Every night I chanted passages either from the Draft Code of Practice or our latest HAS report. I so much wanted to be liked by everyone, I was willing to give up everything.

But Marge, how can I escape? I am desperately unhappy. All they want me for now is to write prescriptions, and be on-call at night. They despise me. Can you please consult your multidisciplinary team, and ask the key worker to send me an individual care plan—soon!

Dr (sorry) VIC HARRIS

Birch Hill Hospital
Rochdale

P.S. I've just remembered. I do hope I'm in *your* sector.

Part-time training in psychiatry

DEAR SIRS

I was interested to read a brief guide to the options available, prepared by a working party of the Collegiate Trainees' Committee, (*Bulletin*, April 1987, **11**, 137).

All my training in psychiatry has been carried out on a part-time basis, initially as a part-time supernumerary Registrar funded by the Welsh Office, and more recently as a Senior Registrar working part time in an established full-time post.

I am writing to draw your attention, and that of your readers, to this option which was described as available in Scotland but was not so described for England and Wales, that is the option of applying for a full-time post and then of requesting at interview to work on a part-time basis. I did this with the support of the Clinical Tutor at these hospitals and the support of the Consultant for whose post I was applying. I am now in post (part-time).

This seems a logical way of achieving part-time training. The Joint Committee for Higher Psychiatric Training holds the view that Senior Registrar training positions should not be used for routine provision of services. It seems appropriate therefore that such posts should be offered to the most suitable candidate even if this person is only able to work part-time.

MOLLY MCGREGOR

Mental Impairment Evaluation and Treatment Service
Bethlem Royal Hospital,
Beckenham, Kent

Asylum of Leros

DEAR SIRS

Lawrence Durrell's description of Leros as a gloomy, shut-in sort of place, with fjords full of lustreless water as cold as a polar bear's kiss[1] did this pretty Greek island an injustice. Some of these remarks, however, aptly describe the asylum of Leros, which for many years (and perhaps for centuries) has served as a depository for undesirable social misfits including convicts, political dissidents and, now, incurable psychiatric patients from the whole of Greece. The current asylum population of 1350 includes about 300 'children'. Many are mentally handicapped and some have multiple disabilities. Over 90% are poor and illiterate. They are looked after by one psychiatrist, one social worker, a few nurses and several hundred unqualified persons known as guards; there are no psychologists, no occupational therapists, physiotherapists, speech therapists, or teachers. The general policy is one of containment; the patients are fed, cleaned and kept quiet, and physical restraint is used. The classic features of institutionalism are evident throughout, and the patients exist in a socially impoverished, restricted environment, with no stimulation, occupation or other remedial activity. They seldom have any personal possessions and hardly any links with their areas of origin or with the outside island community.

In 1984, a project team headed by Professor Ivor Browne was appointed by the EEC. The team's report[2] made clear urgent recommendations for the assessment of the asylum's population, the initiation of programmes for training and rehabilitation, the transfer of some patients to hospitals near their families and the resettlement of others in suitable community accommodation, as well as for the development of trained staff teams. The report also stressed the importance of combining these programmes with plans for alternative economic developments for the islanders who are dependent on the asylum for their livelihood. During the last three years, there was very little uptake of the allocated EEC funds, and nothing has changed since the report's publication. There are powerful and complex political, cultural and economic reasons for this inactivity, and, meanwhile, hundreds of disabled people continue to live within "the most serious example of human misery and suffering in the Greek psychiatric problems".[2]

At the recent First European Meeting on De-institutionalisation and Vocational Rehabilitation held in Leros, professional workers from Greece and from other EEC member countries joined in pressing for immediate changes. The awareness of this situation by British psychiatrists, and their support (perhaps by writing to the Greek Minister of Health) may well assist in achieving results.

M. Y. EKDAWI

Netherne Hospital
Coulsdon, Surrey

REFERENCES

[1]DURRELL, L. (1978) *The Greek Islands*. London: Faber & Faber.
[2]COMMISSION OF THE EUROPEAN COMMUNITIES (1984) *Reform of Public Mental Health Care in Greece*. Brussels.

Culture-bound disorders

DEAR SIRS

It was interesting to read the letter on multiple personality disorder (MPD) by Ray Aldridge-Morris in the May *Bulletin*. In my opinion, multiple personality disorder is an

iatrogenic American culture-bound disorder (!) introduced by suggestion into a willing subject, rather like 'post-traumatic stress disorder'. Tongue in cheek but serious in mind.

EDWARD L. MARGETTS

University of British Columbia
Vancouver, Canada

Medical diplomas

DEAR SIRS

I read with interest the comments made by Malcolm P. I. Weller in his letter (*Bulletin*, March 1987, **11**, 103) but I think that he may be knocking his head against a brick wall. Although our College is one of the youngest, it already presents with psychomotor retardation of the elderly.

A few years ago, I was annoyed to find that the Royal College of Obstetricians and Gynaecologists was introducing a Diploma in Psychosexual Medicine. My annoyance was mainly because one of the requirements was that the applicants had to have two years gynaecological experience and although I have been running Sexual Dysfunction Clinics for over 15 years, I could not sit the examination for this Diploma. I felt that since the majority of sexual dysfunctions are caused by psychological or psychiatric factors our College should have been introducing such a Diploma.

Gynaecologists exclusively see female patients and although no-one can stop the Royal College of Obstetricians and Gynaecologists from introducing any Diploma they wish, our College should have also introduced a Diploma in Psychosexual Medicine, or least should have asked the Royal College of Obstetricians and Gynaecologists to do away with the requirement for two years gynaecological experience. After all why not have two years experience in urinary surgery—at least urinary surgeons can claim acquaintance with genitals of both sexes. My letter was answered over a year later and the reply by the Registrar was irrelevant to the comments I was making.

The expertise of other branches of medicine can be practised only by the relevant medical practitioners but for psychiatric patients all sorts of experts are available. Every Tom, Dick and Harry can set up shop and claim to be Hypnotherapists, Psychoanalysts, Hypnoanalysts, Counsellors, Therapists, Sexual Therapists, Acupuncturists, Herbalist, Homeopathic Therapists, Acupressure Therapists, Aroma Therapists and so on. They can advertise themselves in the local press and attract clients who by the nature of their illnes are already vulnerable.

Only the Royal College of Psychiatrists is equipped because of its expertise to organise research on these forms of therapies to prove their effectiveness or ineffectiveness, and if some of the therapies are effective, to introduce its own relevant Medical Diplomas, for example, Diploma in Medical Acupuncture, Dipolma in Medical Hypnotherapy, Diploma in Medical Psychosexual Counselling, etc.

B. P. MARAGAKIS

Billinge Hospital
Billinge, near Wigan

DEAR SIRS

We have investigated the diploma that Dr Maragakis reported. However, we found that he was misinformed. The diploma was not being introduced by the Royal College of Obstetricians and Gynaecologists, nor by any of our sister Colleges, but by an independent academic body. Thus, although we have some sympathy with Dr Maragakis' concern, we could not intervene in the situation.

R. G. PRIEST
Registrar

MIND Book of the Year 1987
The Allen Lane Award

MIND, the leading mental health charity, awards a £1,000 prize each year to the book which makes the greatest contribution to public understanding of mental illness or mental handicap. Nominations are particularly invited for works of fiction or non-fiction which describe the prevention, causes, treatment or experience of mental illness or mental handicap in an easy to read, non-technical style.

This special award was inaugurated in 1981 in memory of Allen Lane and is supported by the Allen Lane Foundation. Past winners include *The Art of Starvation* by Sheila MacLeod, *Depression—The Way Out of Your Prison* by Dorothy Rowe, *A Woman in Custody* by Audrey Peckham and *Talking To A Stranger—A Consumer's Guide to Therapy* by Lindsay Knight.

The closing date for nominations is 5 October 1987. The winning entry will be announced at MIND's Annual Conference on 23 November 1987.

Nomination details and forms available from Christine Shaw, Assistant Director, MIND, 22 Harley Street, London W1N 2ED (telephone: 01 637 0741).

Biosocial Society Conference

A conference on sexuality and attraction—how our choice of sexual partner is determined, and the means by which deviant choices may be modified—will be held in Oxford from 10.00 a.m.–5.00 p.m. on 11 September 1987. Admission by ticket (including lunch) £20; £15 for members of the Biosocial Society and reduced rates for students on request. Cheques to be made out to Dr Macbeth (Conference). Applications: Dr Helen Macbeth, Secretary of Biosocial Society, Department of Social Studies, Oxford Polytechnic, Gipsy Lane, Headington, Oxford OX3 0BP.