

weapons produces a variety of unpleasant emotions in many healthy Britons: fear, anger and despair are prominent. The intensity of emotion rises at first with knowledge of the subject and it is sometimes claimed that informing the public about the health risks is harmful and unethical. The BBC postponed the documentary 'A Guide to Armageddon' because it was deemed too alarming to show during the Falklands War.

We should be aware that the public pressure generated by non-morbid emotion is the mainspring of politics. If we are persuaded that our function is to reassure patients by encouraging delusions of safety then there are political consequences. We should not be complacent that psychiatric treatment of political heterodoxy cannot happen in Britain.

I would be grateful if colleagues would notify me of any examples of official encouragement to treat non-morbid fear of nuclear war.

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DEAR SIRs

I was interested in Dr Holmes' 'case study' of 'The Psychology of Nuclear Disarmament' (*Bulletin*, August 1982, 6, 136–38). Like him, I also believed that it would be irrelevant or arrogant for psychiatrists to apply their individual expertise to sociological and international matters. Yet (as he demonstrates) the nuclear arms issue seems remarkably open to psychological analysis. The leading speakers in the present debate for nuclear disarmament (e.g. Dr Helen Caldicott) also liberally use the language of personal and interpersonal affairs to describe the international dynamics of nuclear arms. Although other factors are important—notably the economic empire built on the armament business—personal concepts allow the ordinary citizen (including the psychiatrist) more chance to understand and grapple with a problem which ultimately has to do with the personal matter of individual annihilation.

Dr Holmes emphasized the point that military and psychodynamic terminology have a lot in common. In an article on how Freudian terminology changed its use and meaning in the translation from Freud's ordinary German language to the specialized (and often reified) English vocabulary, Lewis Brandt (1961) demonstrated how Freud used well-known military analogies and terms which have different and more dynamic implications than have their translations—e.g. 'defence', 'cathexis', 'repression'.

So using psychodynamic terminology to understand military problems brings the wheel full circle.

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#### REFERENCE

- BRANDT, L. W. (1961) Some notes on English Freudian terminology. *The Journal of the American Psychoanalytic Association*, 9, 331–39.

#### *Videotapes on psychiatric subjects*

DEAR SIRs

Sheffield University Television Service has produced a number of videotapes on psychiatric subjects made in conjunction with the Department of Psychiatry. These are available for purchase (£50 + VAT) on either U-matic or VHS formats. Information may be obtained from Mrs Roslyn Hancock, Television Service, The University of Sheffield, Sheffield S10 2TN; telephone (0742) 78555, extn. 6063.

The following tapes are available:

*I've Sprained My Knee Doctor* (Colour, 22 mins): Two versions of a patient visiting her family doctor because of a sprained knee. A calm relaxed friendly doctor proves just as efficient and more acceptable than a brusque irritable one. The attitude of the doctor spreads to his receptionist.

*Psychiatric Interview* (Colour, 26 mins): The format of the psychiatric interview is demonstrated, emphasizing the need for a relaxed, empathic approach offering emotional support.

*Parasuicide* (Colour, 26 mins): An interview with a patient who has taken a small dose of tranquillizers and alcohol in response to a row with her boyfriend. After exclusion of a specific psychiatric disorder, alternative help is offered.

*Giving ECT* (Colour, 13 mins): A demonstration of the whole process of giving ECT including pre-treatment assessment, putting the patient at ease and allowing ample time for recovery.

*Compulsive Gambling* (Colour, 23 mins): An account of the way the wife of a compulsive gambler learns of the extent of his problems and the opportunities open for help.

*Violence in Hospital* (Colour, 26 mins): A case study—a patient in a surgical ward develops post-operative paranoid psychosis and attacks one of the nursing staff. The management of such problems in a general surgical ward is discussed by the nurses and doctor.

Accompanying notes are available with some of these tapes.

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The survey on the use of electroconvulsive therapy by Pippard and Ellam has shown that there is a great need for a training videotape which would enable young psychiatrists responsible for giving ECT to learn how the treatment is given. The Department of Psychiatry at the University of