

medical reports stating a patient no longer suffers from a mental disorder warranting detention in hospital for medical treatment discharge a patient without regard to dangerousness because, strictly speaking, he is no longer detainable under the Act, or is it envisaged that some other form of detention will be available.

At present under Part IV of the Mental Health Act it is possible to detain persons with psychopathic disorder or subnormality indefinitely by providing a periodic dangerousness certificate regardless of the degree of the disorder or treatability, although an Order under Section 26 of the Mental Health Act cannot be initiated if the patient is over 21 years.

In whatever way they work, the revisions of the Mental Health Act will probably be both expensive and time consuming, and it is to be hoped that they will at least provide some rationalization of the system.

Any opinions are, of course, my own and do not necessarily represent those of Moss Side Hospital or the Department of Health and Social Security.

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'What should psychiatrists do?'

DEAR SIR

I enjoyed Dr Snaith's letter in praise of psychotherapy (*Bulletin*, September 1981), though it is a pity that he should have been inspired to write only, it appears, by indignation over my effusion on 'What should psychiatrists do?'

I wrote mainly about the problems raised for psychiatrists by the plight of chronic psychotics, by our inability to effectively treat most patients with personality disorders and alcoholism and by the lack of sufficient knowledge about most other conditions, especially depression, to allow us to treat them on anything better than a trial and error basis. It seems unlikely that Dr Snaith would claim that psychotherapy can at present contribute much to the solution of any of these problems. A further difficulty is that psychiatrists see only a small proportion of people with the neuroses that might respond to psychotherapy, and of course no-one, however enthusiastic, can directly cure patients whom he does not treat.

I think that consideration of these problems should be of overriding importance to us when we are thinking about our professional future. In the meantime, by all means let us wholeheartedly apply whatever techniques are available, including psychotherapy, to patients whom we can help.

Dr Snaith also claims that I think research undertaken by individual psychiatrists is of no value. This is not true. What I did write about was the desirability of individuals co-ordinating their research efforts, whether they work in large institutions or on their own. To give an example from the current issue of the *Journal (British Journal of Psychiatry)*, 139, 242-44), a couple of researchers showed that

Guatemalan secretaries experienced exhibitionism about as often as those in the United States. As it stands, this finding may be of some interest to Guatemalan ladies and of slight comfort to American ones. For several reasons, it does not allow any firm conclusions to be drawn about the nature of exhibitionism. If, however, similar studies had been undertaken by individual researchers in a variety of different countries, on a range of occupational groups of women, perhaps also gathering data about the prevalence of trouser wearing, the efficiency of zips, the availability of women to unmarried men, etc., information allowing a deeper understanding of this disorder might have been gathered.

Of course useful ideas and interesting observations start with an individual. Unfortunately, as things are, they often end there, too. It is doubtful whether Dr Snaith is really so against us trying to organize ourselves so that the efforts of individual researchers bear fruit earlier and are wasted less often.

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'Nazareth was a small town too!'

DEAR SIR

I so enjoyed reading 'In Conversation with Eliot Slater' (*Bulletin*, September, pp. 158-61; October, pp. 178-81) that I hesitate to offer criticism; and I suppose, by this time, we Scots should be accustomed to Londoners who believe that civilization stops just north of St Albans. But it still offends, even when the comment arises almost unrecognized and at an unconscious level. 'Why did he do that—an extraordinary thing to leave London?' exclaims Brian Barraclough, as if Willi Mayer-Gross must have taken leave of his senses to come and work in this northern peninsula of Britain, so far from the true centre of things!

There can be no doubt that Dr Mayer-Gross gave up professional advantages by leaving London for Dumfries. But, as one of the many young psychiatrists who came under his influence at Crichton Royal—at that time, in the immediate post-war period, an outstanding and innovative treatment centre—I am glad he did. My guess is that he was glad too.

In Britain nowadays, where there seems to be an expectation of grey and mediocre uniformity and where excellence is viewed as perverse or élitist, it is a pleasure to recall the little eccentricities, the humanity, the learning and the keen clinical acumen of Dr Mayer-Gross. In Scotland it may be that he enjoyed the space and time to cultivate these qualities. They had a considerable impact on Scottish psychiatry then and since and, I fancy, have been an influence for good the world over. Nazareth was a small town too!

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