

Yet these appear inadequate reasons for our quietism and it may be that it is the very nature of psychiatry that undermines our purpose. Collectively psychiatrists have a tendency to yawn when questions of high seriousness arise and in consequence we make poor medical politicians. We are quickly bored by pomp and pretension and remain steadfastly self-deprecating, as should be those who for a living trade on the whispered secrets, the fantasies and foibles, the sheer madness of mankind. Our knowledge of ourselves and others makes us ineffectual and lacking in authority—the uncontrollable hysterical giggle is always uncomfortably near the surface.

Perhaps then it is unfair to criticize too sharply the institutions that mould our profession. The Royal College of Psychiatrists has to encompass a far wider spectrum of opinion than any comparable body. Thus in responding to political pressure both from within psychiatry and in society at large it has appeared uneasy and vacillating, preferring to avoid controversy of any sort. Its presidents, drawn mainly from an academic background, are amiable men who give the impression of wanting to survive their three-year period of office without unpleasantness.

The College has many committees, including a Public Policy Committee, our bulwark in the recent legislative battles. A member reviewing a decade of the PPC's work² concludes rather gloomily: 'I consider that too wide a range of subjects reduces effectiveness and in its present role the PPC may have a limited future. I forecast that it will either be fragmented and absorbed into other College bodies or that it will thrive with more sharply defined, if more restricted, terms of reference.' No doubt the College in maintaining its broad church has a daunting task. But one does wish that now and again it would, like Eliot's Hippopotamus, take wing, however uncertainly, rather than remaining below the rockfast True Church, 'wraopt in the old miasmal mist'.

The Society of Clinical Psychiatrists has always shown a lively concern about major issues and its publications bring a sharp focus that is widely shared by psychiatrists

everywhere. But it is difficult for a small group to exercise the sort of influence that is needed to meet the continuous political pressure to which psychiatry has become subject.

Should psychiatrists remain in untroubled slumber, are there any reassuring signs of anxiety in other quarters? The President of the General Medical Council has warned of the baneful effect that the constant replacement of Common Law by Statute Law will have on medical practice, not in psychiatry alone. In contrast to the *Journal* and *Bulletin* of the Royal College of Psychiatrists—which exhibits all the urgency of the summer of 1939 issues of the *Tatler*—the pages of the *British Medical Journal* have in recent years shown a thoughtful concern for the important ethical problems arising from changes in the law and social attitudes. Voluntary bodies such as the National Schizophrenia Fellowship understand well the dangers of a combination of shrinking resources and repressive legislation.

Surely few would deny that our first inescapable duty is to provide the best possible care for our patients, that we have a secondary but equally important responsibility for the families of our patients and that we have a concomitant duty to educate and enlighten society about mental illness and its treatment. We have failed miserably in this third function and the measure of our failure is our inability to provide the standard of care that our patients and their families deserve. If things are not to get worse psychiatrists will need far more nerve and resolution than they have displayed in the seventies and eighties. Unless they can somewhere be found, I for one shall be tempted to join my Divinity students in the search for someone who can do the job better.

REFERENCES

- ¹SEDGWICK, P. (1983) The fate of psychiatry in the new populism. *Bulletin of the Royal College of Psychiatrists*, 7, 22–25.
- ²LEVINE, S. (1983) The Public Policy Committee—A decade on. *Bulletin of the Royal College of Psychiatrists*, 7, 33–35.

M.Sc. Course in Clinical Psychotherapy in the Faculty of Medicine, University of London

A new intake of students for this course, held at St George's Hospital Medical School, London, will start in September 1985. The course aims to encourage the academic study of psychotherapy as a discipline in its own right and approaches the subject from an eclectic base; it will be particularly relevant to senior registrars or consultants in psychiatry who either wish to become specialist psychotherapists or who want to apply psychotherapeutic principles as part of their general psychiatric practice.

The course consists of five components. Firstly, there is a series of theoretical seminars in which important psychotherapeutic concepts are critically examined. A further series of seminars comprises an academic study of applied psychotherapy looking at treatment techniques, clinical research and case histories. Students are required to pre-

pare and carry out a research project for which regular supervision is available. Practical experience is gained by students receiving supervision for their own cases from at least two tutors with different theoretical backgrounds. Cases supervised include the following: individual psychodynamic, behavioural and family and marital treatments. Finally, students participate in a sensitivity group which runs for three years.

The course lasts for three years on a one-day per week basis, and is at present limited to medical practitioners only. Further information and application forms: Mrs Hensman, Psychotherapy Section, Academic Department of Psychiatry, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE. Fees at standard University of London rate.