

or aversion to an arranged marriage with an older man are among the most common of these.

The most common method of suicide is by burning, the girl pouring kerosene or petrol over her clothes and setting herself alight. The choice of this horrible way of dying is difficult to explain, especially when one takes into account the great disparity between it and the apparent triviality of the reason for the act. It is possible that the operation of circumcision may engender in the girl phantasies of mutilation which are satisfied by burning; in my experience, the very few men who have committed suicide in this way had been circumcised at puberty. The Koran frequently threatens hell-fire in after-life for those who disobey God, but a sub-conscious desire either to avoid this by having already suffered it in this world or to "suffer hell" is not discernible. There is, of course, a relative lack of other means of suicide in the Sudan. Sleeping pills are not usually available; gas is not there to use. Kerosene is sometimes drunk, and does not kill, except by causing pneumonia; it is often used in this way by the girl who wants to mould her environment in her favour. Drowning in the River Nile has been committed by some, and drowning in wells by a few who live in remote parts of the Sudan away from the Nile.

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HEALTH EDUCATION AND PSYCHIATRY

DEAR SIR,

My review of Dr. Gatherer's "Public Attitudes and Mental Health Education" (1) refers to the immensity of public ignorance on this question and the overwhelming need to provide information, particularly if community care is to mean anything.

One might have thought that some awareness of these matters would have penetrated to official levels. But the National Health Education Council—recently constituted after prolonged delays—contains not a single member with any specialized knowledge of psychiatry or mental health problems. Furthermore, the Ministry of Health has indicated clearly that it does not intend to consider any alterations in the composition of the Council.

This is bad enough in itself, but it is yet another indication of that ignorance and contempt for psychiatry amongst the medical Establishment to which I have drawn attention elsewhere (2). The fault presumably lies in the professional advice which the Ministry receives. Are we, as a speciality, going to accept this situation indefinitely, or will it require a sit-in at the Elephant and Castle before the

Ministry recognizes the place of psychiatry in a modern health service?

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REFERENCES

1. *Brit. J. Psychiat.* (1968), **114**, 795.
2. *Lancet* (1965), *i*, 589.

UNILATERAL E.C.T.

DEAR SIR,

My attention has been drawn to an important omission in my paper on "The Clinical Evaluation of Unilateral Electroconvulsive Therapy" (*Journal*, April, 1968, 459-463). The paper stated that laterality was determined by means of dominance test battery, and that only right-handed patients were included. It was implied that the unilateral group all received E.C.T. to the non-dominant, i.e. the right hemisphere, although this was not explicitly set down.

I should like to take the opportunity of making it clear that in the unilateral group the electrodes were invariably applied to the right side of the head.

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COMMUNITY AS DOCTOR: HENDERSON HOSPITAL

DEAR SIR,

On reading Dr. Morrice's review of *Community as Doctor* (*Journal*, June, 1968, p. 792) I had the feeling that he was consigning the work to the archives, and a little prematurely, and I would like to make some comment.

It is true that "the Unit studied by Rapoport and his colleagues no longer exists" *as such*, but this is largely due to the second point made by Dr. Morrice, that the country's social structure and climate have also altered significantly.

The fact that the Unit has also changed in the 10-15 years since the study was initiated is some evidence of its continued viability. From its inception the Unit has shown an ability to respond to changing social needs, and the period from the war years up to the Rapoport period probably was the period of most significant change both in the Unit and in the external social climate.

The ability for self-examination, evaluation and change without collapse is what the therapeutic