

within statutory services—hospitals, GPs and social services—and the evident need to improve the links between them and to compensate where, for example, primary care or social services are weak. And, incidentally, why is 'the primary health care team' such an abominable cliché, and what on earth is a "Health Care" Committee' which we certainly did not mention? If Dr Crumpton really meant that the multi-disciplinary team was 'chiefly a device which allows individuals to avoid professional responsibility and reduces true professional competence', we cannot really agree with him.

If I may select just two of the many further issues raised by Dr Crumpton which require comment, he implies firstly that local authority day-care could only be justified where patients had to travel long distances to hospital. I should have thought this applied to the vast majority of out-patients throughout the country. Few are fortunate enough to have a district-based hospital service to go to. Secondly, MIND is alleged to have maintained, contrary to the evidence, that community care is less costly than institutional care. I would think myself that this is improbable, but would also point out that authorities like Dr Douglas Bennett, whose review article on community psychiatry appeared in your *Journal* (March 1978, 132, 209) at the same time as Dr Crumpton's appearance in the *Bulletin*, would probably argue that a continuum of care across a partially hospital-based and partially community-based system might be the most effective set-up, and might in fact, reduce the costs as well as increasing consumer satisfaction.

Dr Crumpton ends by saying that 'This report, in seeming to support our cause, is more destructive to the well-being of the mentally ill than former MIND publications, as by giving unfounded credence to indiscriminate community care it allows Government to continue the degradation of the hospital service.' There comes a point at which the rhetorical criticism of others is not worth answering at least without descending to an undignified level of expression. What we really have to do, whether we work in the statutory or voluntary sectors, is to be more precise about the balance of services we would like to see, more outspoken about the inequities of financing within the National Health Service and between it and local authority social services, and more united in our struggle to improve

public understanding of the needs of mental patients, their families and the staff who care for them and to get a fair share of the available resources for the mental health services. MIND is not very concerned about myths, but it certainly is concerned about the facts.

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#### JOURNAL OF THERAPEUTIC HUMOR

DEAR SIR,

Psychotherapy has established itself as an essential professional service in today's society. Along with their prominence, however, psychotherapists must face the frustration of their limitations, the occasional depression of professional isolation, and the tensions resulting from working with people in crises. As a consequence of this existential reality, most practitioners have realized that from time to time they need a damn good laugh!

The *Journal of Therapeutic Humor* has been created to offer an emotional outlet, in literary form, to mollify these frustrations, depressions and tensions. In addition, it provides an opportunity critically to assess professional practice from the unique and objective perspective of humor. Editorial policy is based on the principle that if we can laugh at ourselves, we can learn from each other.

Articles which satirize any aspect of the mental health field are currently being reviewed, and December 1978 is the anticipated publication date of the first issue. Please feel free to inform authors of humorous material which is not accepted for publication in your journal that we would welcome the opportunity to review their work.

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