

being less than optimal; and, to the extent that training fails to make nurses' attitudes more consistent with those of art therapists, nursing education is losing an opportunity for increasing co-operation between medical and para-medical staff.

J. T. E. RICHARDSON
G. R. GNANAPRAGASAM

*Department of Psychology,
Brunel University,
Uxbridge, Middlesex UB8 3PH*

BRITISH PSYCHIATRY'S LOVE AFFAIR

DEAR SIR,

I sympathize with Dr Macilwain's transatlantic letter (*Journal*, September 1978, 133, 282) following the critique of British psychiatry by Professor Kathleen Jones (*Journal*, April 1978, 132, 321-32), which describes psychiatry's 'love affair' with medicine at the expense of a wider conceptualization, including psychodynamic awareness. From greener pastures elsewhere, Dr Macilwain asks if he would be permitted to practise psychiatry as he would wish to over here. Since this concerns many psychiatrists in training, I feel it can be stated that there are several hopeful signs that the aims and attitudes of influential people here are changing for the better, as in the following examples.

One way of assessing the priorities of the DHSS in a time of economic stringency is to look at the number of new posts established in different specialities. Before 1975 there were no senior registrar posts in psychotherapy apart from four in London, but since then four new provincial posts have been created. At consultant level, data from the Medical Manpower Division of DHSS (in *Health Trends*, 9, 45 and 10, 61) indicates that between September 1976 and September 1977 consultant posts in psychotherapy rose from 18 to 32. This 78 per cent increase compares with a 1 per cent fall in mental handicap (although the number of posts in these specialities is much larger), while forensic psychiatry posts rose from 9 to 11 (22 per cent). The need to develop psychotherapy services in areas where they barely exist is being recognized, as shown by several new consultant posts such as the one I have been appointed to in Kent.

From its inception in 1971, the Royal College of Psychiatrists has adopted the policy that all trainees in general psychiatry should have some training in basic psychotherapeutic skills (*Journal*, 119, 555-7). This aim is seriously limited by the lack in most areas of trained psychotherapists, but is increasingly being implemented according to local opportunities (*Journal*, 132, 398-402 and *The Bulletin*, August 1978, 143-5), including Aberdeen where Dr Macilwain and I

were colleagues and here in Cambridge where psychotherapy training is given a high priority. Psychotherapists themselves are increasingly responding to the challenge to demonstrate their ability to 'deliver the goods'. Careful and sophisticated research on the effective components of psychotherapy and its long-term effects, e.g. Malan's work on brief psychotherapy, is being matched by development into new areas, e.g. Brook's frontier work on the attachment of psychotherapists to general practice surgeries (Brook and Temperley, 1976). Dr Macilwain rightly emphasized the importance of attitudes of teachers in medical schools. In Cambridge, with the encouragement of senior medical staff, we have attempted to use regular discussion groups on the subject of all aspects of doctor-patient relationships, although serious difficulties have been encountered.

Lastly, in Sir Denis Hill's lecture on 'The Qualities of a Good Psychiatrist' (*Journal*, August 1978, 133, 97-105) he freely acknowledges the essential place of psychotherapy and an awareness of psychodynamic factors. I was impressed with his description of clinical maturity which starts: 'personal and emotional maturity, which means freedom from personal neurotic nostalgia with one's own past'. The grass may well be greener in Canada or America, but the soil over here is more fertile than it may appear and needs good farmers to work in a challenging and rewarding field.

CHRISTOPHER ALLISON

*Addenbrooke's Hospital,
Lensfield Road,
Cambridge*

References

- BROOK, A. TEMPERLEY, J. (1976) The contribution of a psychotherapist to general practice. *Journal of the Royal College of General Practitioners*, 26, 86-95.

DO CHRONIC SCHIZOPHRENICS IN HOSPITAL NEED MORE THAN ONE NEUROLEPTIC DRUG?

DEAR SIR,

In psychiatric hospitals long-stay patients are commonly prescribed more than one type of neuroleptic preparation. Rationale for such practice is not clear. We wish to report here our experience in switching patients from multipharmacy to a single drug regime.

We assumed the clinical responsibility of a ward in which there were 30 female chronic schizophrenic patients. Their mean age was 60.3 ± 1.5 years and they had been in hospital for a mean period of 27 ± 2.3 years. Fifteen of these were receiving more than one type of neuroleptic preparation including