doctors with domestic commitments and the role of ethics in psychiatry. The CTC led the way with its working party reports on the training of psychiatrists in Europe, and the College is now involved in setting up a European conference scheduled for 1992.

To the best of our knowledge this is the only committee in the College that takes women's issues seriously and has the subject as a standing item on the agenda. We are moving forward slowly but surely, and we ask of our colleagues – senior and junior – to support us when we are right and to correct us if we are not. The CTC cannot be a constant pain simply because the habituation response would decrease its value. An occasional irregular jolt is more likely to keep the College on its toes.

DINESH BHUGRA
AMANDA POYNTON
OLA JUNAID

Collegiate Trainees' Committee
Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG

British Neuropsychiatry Association

SIR: Dening (*Journal*, June 1990, **156**, 915), in his review of essential reading in the field of 'organic psychiatry', is kind enough to suggest that psychiatric trainees should consider joining the British Neuropsychiatry Association. We, the committee of that Association, are indeed keen to encourage all interested trainees to join. The British Neuropsychiatry Association (BNPA) was formed in 1988 in order to encourage cross-disciplinary discussion in the fields of neuropsychiatry, neurology, neuropsychology and allied basic sciences. So far, we have held meetings twice each year, each of which have concentrated on the neuropsychiatry of some particular topic, such as the frontal lobes, movement disorders, dementia and emotion. Speakers have always come from a wide range of neuropsychiatric and allied disciplines, and we encourage interesting case and video presentations, particularly by trainees. It has generally been agreed that our meetings are lively, varied and interesting.

Membership of the Association costs £15.00 per annum and attendance at our meetings is free to members. If trainees (or any other psychiatrists) are interested, then we hope that they will feel free to contact any member of the committee for further information. In particular they should contact the Honorary Secretary, Dr J. M. Bird, Consultant Neuropsychiatrist, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol BS16 1QT. (Tel: (0272) 701212 ext. 2925).

W. A. LISHMAN
J. M. BIRD
M. ROBERTSON
E. H. REYNOLDS
M. WYKE
M. A. RON

The British Neuropsychiatry Association

The Bowdlerisation of psychiatry

SIR: Lewis and his colleagues have recently published two articles in the Journal based on postal surveys of psychiatrists' responses to case vignettes. These reports show disturbing stereotyping by psychiatrists.

In the first article (Lewis & Appleby; *Journal*, July 1988, **153**, 44–49), perjorative judgements turning on the previous diagnosis of a personality disorder were used to argue that the concept of personality disorder "should be abandoned". In the recent article (Lewis *et al*; *Journal*, September 1990, **157**, 410–415) entitled "Are British psychiatrists racist?", essentially similar results, turning on the words 'white' versus 'Afro-Caribbean', lead them to suggest that the concept of racism be avoided and that of 'race thinking' be substituted. Abandoning the concept of 'black' would be more consistent but more problematic.

In the latest article (paragraphs 2 & 3, p. 415) Dr Lewis *et al* suggest that the "professional literature and training", in particular their own contribution to the former, may prevent prejudice "by highlighting the nature of this stereotype". We wonder about their understanding of the word 'highlighting'.

Tomas Bowdler, MD (1754–1825), published his *Family Shakespeare* in 1818. It was an "expurgated edition". He went on, perhaps less influentially, to remove all sexual references from Gibbon's *Decline and Fall of the Roman Empire*. Lewis and his colleagues suggest a similar semantic purification of the psychiatric literature, but their Bowdlerisations are neither consistent nor a profitable solution. To remove or tone down words is not to 'highlight' stereotypes and their dangers. Perhaps caring professionals find it as painful to acknowledge their prejudices and unconscious racism as the Victorians found it to acknowledge sexual intercourse.

Dr Lewis *et al* suggest that accusations of racism "seldom change beliefs or behaviour for the better", but neither will abandoning terms nor the use of comfortable phrases like 'race thinking'. These strategies do not expunge the obnoxious attitudes. A sample of British psychiatrists would more often expect an Afro-Caribbean patient to be violent than

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a white patient and were more likely to advocate criminal proceedings against the Afro-Caribbean patient. Lewis *et al* pose the question "Are British psychiatrists racist?" but never give the answer, clear in their own findings, "yes".

B. DOLAN
C. EVANS

Section of Forensic Psychiatry
St Georges Hospital Medical School
Tooting
London SW17 0RE

Social order/mental disorder

SIR: While I was pleased to see a review (*Journal*, March 1990, **156**, 454–455) of my most recent book, *Social Order/Mental Disorder* (1989), I found much in the review itself with which I would wish to quarrel. I shall not dwell on matters of taste and interpretation, since these are, as Henry Rollin acknowledges, matters on which dispute can be endless. Besides, criticisms of this sort are perfectly legitimate matters for a reviewer to raise. But I do object to having my position misrepresented and caricatured in order to provide the reviewer with a straw man to assault.

I must first take issue with the peculiar notion that it is the historian's duty to preserve the reputation of the "folk heroes of British psychiatry" intact, heedless of what the historical record may show; and without belabouring the point, I think that most people outside the ranks of organised psychiatry would raise an eyebrow or two at the notion that psychiatrists themselves (and psychiatrists alone?) qualify as "historians whose impartiality is unimpeachable". But, more particularly, I must protest at the absurd claim that I argue that the proliferation of 19th century asylums "was engineered by unscrupulous doctors" – and at the still stranger notion that I am "a staunch advocate of community care" and view the late 18th-century as "the Golden Age for the mentally disordered".

Lunacy reform in the Victorian age was a long and complicated process, in which medical men played a significant but clearly subordinate role. The great importance of other historical factors and actors (including the "redoubtable Earl of Shaftesbury") is scarcely news to me, since I have published a lengthy monograph on the subject (Skull, 1979). No careful or "impartial" reader of either that extended analysis, or of the necessarily more fragmentary discussions of the subject in *Social Order/Mental Disorder*, would, I submit, recognise Dr Rollin's caricature as a fair representation of my position.

As for "community care", there is something more than slightly ironic about the claim that I am one of its cheerleaders. My *Decarceration* (Skull, 1977) was one of the first sustained critiques of deinstitutionalisation. In *Social Order/Mental Disorder*, I return repeatedly to "the appalling deficiencies of yet another generation of 'mental health reforms' "; I refer to the "castastrophic failures masquerading under the official guise of a 'revolution' in psychiatric care"; criticise "the odd mixture of zealots and penny-pinching politicians who continue to call malign neglect 'community care' "; document that "community care is simply a sham"; and analyse why such an approach nonetheless continues to dominate mental health policies on both sides of the Atlantic. So far from romanticising the 18th century, I specifically compare the contemporary board and care industry in the United States, which has battened upon the legions of discharged mental patients, with the horrors of the late 18th-century English madhouses or "trade in lunacy". I call attention to "our collective reluctance to make a serious and sustained effort to provide a humane and caring environment for those manifesting grave and persistent mental disturbance"; and, dare I say it, I protest "the retreat even of organised psychiatry from any attempt to deal with their problems".

Dr Rollin's bee in his bonnet about sociologists who work on the history of psychiatry has evidently precluded him from reading what I actually have to say. We have plenty of real issues to debate, for I am far from being a complacent or uncritical observer of the psychiatric scene, past or present. But it would help if we could argue about matters of substance, rather than engaging in disciplinary demonology.

ANDREW SKULL

Department of Sociology
University of California
La Jolla, California 92093

References

SKULL, A. (1977) *Decarceration* (2nd edn.). Englewood Cliffs, New Jersey: Prentice-Hall/Oxford: Polity Press.
—— (1979) *Museums of Madness*. London: Allen Lane.
—— (1989) *Social Order/Mental Disorder*. London: Routledge.

Treatment of depression with pumpkin seeds

SIR: I suspect that many colleagues may have shared my experience of patients who were previously maintained on L-tryptophan but have suffered partial or complete relapse since its withdrawal from the market earlier this year. I report on one such case and his successful treatment with pumpkin seeds.

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