skin colour in South Africa, I must conclude that he has not visited any of the psychiatric facilities in Cape Town except for the all-white wards at Groote Schuur Hospital where he works. The main facilities for black patients situated at the Valkenburg Hospital are not only inferior in comparison to provisions for the white patients but fall far short of requirements in terms of basic human needs and rights. The male admission unit is a large, locked 'cuckoos nest' ward, with insufficient medical and other staff, dealing with up to six admissions a day. The units at Groote Schuur and William Slater Hospitals for whites have an eclectic range of treatments and a higher than average staff patient ratio, and are comparable to psychiatric facilities in teaching hospitals in the UK; whereas the 'black' and 'coloured' units at Valkenburg and Athlone Treatment Centre are characterized by isolation, inability to change and emphasis on detention and mainly 'organic' therapy. The full report of the APA Committee contains criticisms of the 'grossly inferior' medical and psychiatric care and a lack of basic essentials of habitations for blacks in most of the institutions they visited. The Committee's most shocking finding is the high number of 'needless deaths' among black patients in Smith, Mitchell and Company facilities. The Past President of APA, Dr Alan Stone's comment that all of the political and human injustices of apartheid are played out in the mental hospital system was based on first-hand experience.

Dr Hemphill has also left out any mention of professional concern for the long-term psychological ill-effects of the apartheid system. The rising suicide rate among young blacks (Meer, 1976), psychosocial deprivation and stresses following the unnecessary disruption of families (Taitt, 1980), and the consequences of living in segregated, squalid single men's compounds must surely concern any psychiatrists, especially those working in Cape Town where the MRC Social Psychiatry Unit is attached.

Dr Hemphill implies that I have no right to comment on South African psychiatry because I have had no personal experience of it and am not acquainted with South African mental health legislation. He, of course, does not mention that it is difficult for psychiatrists like me to gain acceptance there—in the whole of South Africa there is only one black psychiatrist (Dommisse jr, 1981): and the experience of psychiatry for most non-whites in that country is as recipients of substandard care. Furthermore, as a member of a privileged minority which stands to lose its position of advantage if the *status quo* is threatened, his assertions are more likely to be biased and ill-informed.

Dr Levine's reply on behalf of the Special Committee on Political Abuses of Psychiatry in the same issue of the *Bulletin* must be welcomed for its fresh appraisal of the Committee's remit. The Committee's acceptance of a rigid and narrow definition of 'political abuse', based almost exclusively on the Soviet example, had, in the past, prevented it from fulfilling its functions. The fact that it has taken more than five years for the Royal College to officially recognize the allegations against South African psychiatry is an example of this failure. If, as Dr Levine suggests, the Committee is prepared to consider all forms of abuses of psychiatric standards and practices which result from contamination by political oppression, irrespective of the political ideology behind it, they must be supported. This change in emphasis will not only be seen as a reflection of the College's active but unbiased concern in such issues, but will render the Committee's efforts more meaningful.

S. P. SASHIDHARAN

Royal Edinburgh Hospital
Edinburgh

REFERENCES

DOMMISSE, J. JR (1981) The Psychiatry of Apartheid. Paper presented to WHO Conference in Brazzaville, Congo, 16-20 November.

GILLIS, L. S. (1977) Mental Health care in South Africa. *Lancet, ii,* 920.

MEER, F. (1976) *Race and Suicide in South Africa.* Routledge & Kegan Paul.

TAITT, A. L. (1980) *The Impact of Apartheid on Family Life in South Africa.* New York, UN Notes & Documents, Special Issue.

Medical abdicationism

DEAR SIR

Dr Alexander Walk in his letter to the *Bulletin* (February 1982) cites an extreme example of 'medical abdicationism'. I find myself increasingly concerned by the paralysing effects of multidisciplinary management in the Health Service. Although I personally favour the trend towards professional autonomy, it seems that this is usually interpreted as professional equality, with those who have been trained to provide leadership, and are financially rewarded commensurate with this responsibility, largely unable to function in a leadership role. The resulting management by committee leads to a tendency to maintain equilibrium as a balance of equal forces. There is little room within this system for individual initiative experimentation, vision or charismatic leadership.

An excessive preoccupation with safety and compromise reduces the risk-taking to a minimum and leads to procrastination, buck-passing and generalized mediocrity. The failure of any one discipline to allow any other jurisdiction over its professional boundaries leads to fragmentation and a failure to plan service development in its widest sense.

In the absence of a coherent lead from above, staff within sub-units of the system bury themselves in the minutiae of their units not having been given the degree of autonomy necessary to institute their own salvation (and that of their patients!).

The paradox is surely that it is only through strong leadership that true autonomy, respect and mutual tolerance

can arise. It is akin to expecting an orchestra to make good music without a conductor—clearly an impossibility.

There seems to me to have been a conspicuous lack of debate in the British psychiatric press about management issues. Surely there is room for experimentation and research into the efficacy of different approaches.

Perhaps Dr Walk's letter will initiate a productive exchange of views in your columns.

I. F. MACILWAIN

Netherne Hospital
Coulsdon, Surrey

Is the College hiding behind a smokescreen?

DEAR SIR

The Presidents of eight of the medical Royal Colleges were among ten eminent medical men who signed a letter to the Minister of Sport about the sponsorship of sport by tobacco companies (*BMJ*, 6 February 1982). Unhappily, the President of the Royal College of Psychiatrists was not one of the eight. It is hard to believe that the President would not have supported his fellow Presidents if requested, so we are forced to conclude that he was overlooked. If this is true then the College have only themselves to blame.

Psychiatrists as a profession have had little to say on the subject of smoking, despite the internationally famous research being carried out at the Addiction Research Unit of the Institute of Psychiatry. In psychiatric hospitals patients are positively encouraged to smoke on the vast majority of wards. Psychiatrists could be accused of callously ignoring their patients' physical health in this regard, as well as taking no account of those non-smoking in-patients who are forced to stay in a polluted atmosphere.

At least 50,000 premature deaths and 50 million days off work a year can be related to cigarette smoking. It is high time that our College took a more active role in combating this major health problem.

JOHN COBB

St George's Hospital
London SW17

[I was approached and I did in fact sign the letter to the Minister of Sport referred to in Dr Cobb's letter. For reasons I do not understand my name was not among the signatories when the letter was published—K. RAWNSLEY.]

Personal psychotherapy in a psychiatrist's training

DEAR SIR,

Perhaps the irony of it all prompted this, my first letter to your *Bulletin*. I had just enrolled for the M.Phil. degree at the Institute of Psychiatry, finished a demanding day at the Camberwell Child Guidance Unit, climbed off the Couch, returned home to read the Membership Examination results (passed) in your *Bulletin*, and turned a few pages to see Professor Marks's warnings of the dangers in intensive personal psychotherapy with its 'serious drawbacks for training' (*Bulletin*, March 1982, **6**, 39). If ever a claim rests on 'doctrine rather than evidence', this may be the one.

Unless my personal experience is statistically insignificant, may I try to validate my claim. Quite contrary to my personal psychotherapy being a serious drawback in my training, I find it an essential contribution to my aspirations of practising clinical psychiatry at a high standard. Furthermore, in many ways it has contributed to ideas that I hope will fulfil the requirements of the M.Phil. degree. Thus it has stimulated growth rather than fostered 'inhibitions during training'. Finally, I have *not* become hostile to alternative approaches of therapy, but continue to respect the competent practitioners of behavioural, family and group approaches and retain the awareness of the efficacy of psychoactive drugs when wisely used.

I am aware of the dangers in generalizing from the individual to the group, but equally there is the phenomenon of individual differences within groups. While personal psychotherapy may not be essential in the training of all psychiatrists, some individuals within the group called 'training psychiatrists' may derive great benefits from the experience, contributing to professional as well as self-growth . . . and tolerance!

GEORGE HALASZ

Maudsley Hospital
London SE5

DEAR SIR,

I read with interest the various points of view offered on the role of personal psychotherapy in the training of a psychiatrist (*Bulletin*, March 1982, **6**, 38–42).

As a trainee who has not undergone personal psychotherapy, I find Dr Steiner's reference to 'projective identification', and the consequent potential damage to both the untrained therapist and the patient, quite dramatic.

While an undergraduate, I was impressed by the statistics which showed that psychiatrists had a high risk for suicide. If Dr Steiner could show that psychiatrists who have had personal psychotherapy commit suicide significantly less than their more eclectic colleagues, then his point would be well made.

MICHAEL HUGH O'ROURKE

3 Glenville Drive
Dublin