through opening up channels of communication between doctors, social workers and others, where each professional becomes aware of his role and that of his colleagues.

The 'Forum' not only enables faces and personalities to be attached to voices at the end of a telephone but also leads to fruitful debate and an improved basis for understanding each other's needs in the practice and enactment of the 1983 Mental Health Act.

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ADRIAN YONACE
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Reference

[1] *Mental Health Act 1983*. London: HMSO.

'Child psychiatry, white elephant, Scotch mist or medicine?'

DEAR SIRS

I write to support Professor Taylor's case for a doctor to act like doctor in the child psychiatric team (*Bulletin*, June 1988).

Seventeen years ago, my son, who had passed the 11 Plus Examination and had started at a grammar school, lagged seriously behind the rest of his class and became over-active and aggressive at home. He was impulsive, unpredictable and kept running away.

Our general practitioner, who had a strong bias towards a psychodynamic approach to such problems, referred us to the family therapy department of a famous Institute. There, undeniable tension between his parents was uncovered, and it was also noted that, being of average intelligence, he could have difficulties in coping with a grammar school, despite or because of parental ambitions. He was labelled maladjusted and arrangements were in hand for him to attend an appropriate boarding school for the maladjusted.

One weekend, a psychiatrist friend of the family visited, and noticed that our son was quite different from his normal self. The change was qualitative rather than quantitative. Consequently he was seen by a neurologist and EEG confirmed the diagnosis of temporal lobe epilepsy. The behaviour disorder responded rapidly to treatment with phenytoin and carbamazepine, complemented by chlorprozamine, and having lost a term from school he was able to go back to school (though not the original grammar school) the next term. For the past few years he has been off all medication and free from further seizures.

I am not disputing the dynamic contribution to our son's problems, but the key disorder was cerebral and responded to appropriate therapy. No physical examination was made by the GP or the specialist team to which our son was referred, and we as guilt-ridden parents did not press for one until our friend spotted the true nature of the disorder. Had that diagnosis not been made the subsequent course of the disorder might have been very different.

PROFESSOR OF PSYCHIATRY
(name and address supplied)

DEAR SIRS

I welcome the spirit of Professor David Taylor's reaffirmation of the need for physicianly skills in the child psychiatrist's repertoire, but I think he does not go far enough. Child psychiatry is by its very nature a multidisciplinary craft, and the psychiatrist is the one whose duty it is to keep the whole process in view. The path of a patient, from 'complaint' and 'referral' to 'discharge' and 'follow up', via 'allocation', 'consultation', 'assessment', 'treatment' and/or 'recommendation', is a long one with many choices and turnings on the way. What Professor Taylor describes as 'the pursuit of the medical model in its more general sense' is, in my opinion, *the reviewing of this route in every case* which includes, but is broader than, working 'through possibilities in genetics, obstetrics, neonatology, paediatrics and child development' which he describes. Others in the clinical team may take equal or greater interest in such reviews, from their own professional standpoint. What I am saying is that the psychiatrist is the one who is obliged to do so.

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Return of abused children to their parents

DEAR SIRS

Dr Dunn's letter (*Bulletin*, July 1988, **12**, 290) poses an interesting question about the relevant skills to be acquired by psychiatrists.

One view might be that our profession only needs to know about scientifically-corroborated diagnoses of formal mental illness and that this should be the main focus of training. Such a psychiatrist would, indeed, have little to offer courts, social workers, paediatricians and families trying to resolve problems of child abuse.

Another view is that psychiatrists should be knowledgeable about nuances of personality and relationships and conflicts which influence their development.