

Burnout' (*Bulletin*, March 1984, 8, 45–46) interesting in its importation of American terms for deteriorating activity without the American attitude to the environmental factors involved. Dr Mackarness is known for his approach to food in mental illness,<sup>1</sup> but his real insight was in recognizing the illness from everyday contacts with chemicals.<sup>2</sup> The victims are not aware of the cause of their upset as they briefly feel well before weakening on coming in contact once more with the compound (anything from tobacco smoke and perfume, to 'out gassing from paint').

Psychiatrists with the skill and application to cope with psychotherapy would be able to select those patients sent to them with vague loss of energy, disturbance of activity and wellbeing who could, by altering their diet, surroundings and expectations, learn to live in a world that had begun to harm them physically. Many patients (and doctors too) will be unable to accept the possibility that their palpitations occur on scenting the propellant from a spray can, while the possibility that their upset is from food eaten every day of their life seems unreal ('masked allergy'). Elimination, diversified rotated, fungus reducing diets with 'drops' to help the severely crippled can produce remarkable improvements in the sophisticated patient, the vast bulk of psychiatric clinics will have to continue to smoke and lean on medication, living in houses that cook with gas, using 'potable' water.

Perhaps sometime, you will publish a study involving clinical ecology, allergy or the effect of failure in the immune system to cope with stress.

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#### REFERENCES

- <sup>1</sup>MACKARNES, R. (1976) *Not All in the Mind*. London: Pan.  
<sup>2</sup>— (1980) *Chemical Victims*. London: Pan.

#### *Psychiatric monitoring of Standards Committee*

DEAR SIRS

The Standards Committee was set up here in 1975 to monitor the aims and standards of provisions and care, with particular reference to the elderly, mental illness and mental handicap. It

meets monthly and has the same chairman as the Division of Psychiatry. In addition, there is a three monthly multidisciplinary meeting to provide an open forum which all members of the Department can attend.

Regularly attending members include the four consultant psychiatrists, three members of the District Health Committee, a junior psychiatrist representative, one of the rotating University MRCPsych trainees, the District Community Medical Officer of Health, the Principal Psychologist, the Director of Psychiatric/Geriatric Nursing Services, the Group Assistant Director of Nursing, the Senior Nurse Managers, the Senior Nurse Manager (Night Duty), and the Unit Administrators.

The discussions carried out are thorough and the 'work-through time' is usually less than an hour and a half, with each item numbered from month to month to facilitate cross-referencing, and the heading 'Action' used for individuals or groups to pursue relevant matters further.

The meetings have led to useful abreactive and productive discussion, acceptance of the rights and significance of attending contributors, cross-fertilization of ideas (both for improvements and prevention of avoidable difficulties and hazards) and, not least, involvement of the lay members who volunteer their appreciation and enhance insight into the practical workings and difficulties of our Department. Thereafter they are more able to represent these views when the Minutes are considered by the District Health Authority and Team and the Mental Illness Panel. This involvement with informative feedback helped regarding allocation of resources, continued integration into the District General Hospital and Group functioning, and has furthered practical and public relations. It has also been encouraging to see how the assemblies have brought out both the positive qualities and contributions of previously reticent participants, and by a 'round table' approach, the positive aspects and often warm relationships and practical results developed over the greater part of a decade of functioning. It is hoped that this information, adapted as appears appropriate, might be of help to others.

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## Obituary

**CHARLES BOOTH ROBINSON, retired, former Medical Superintendent, Purdysburn Hospital, Belfast.**

Charlie Robinson, a Foundation Fellow of the College, died on 11 March 1984. He had been Consultant Psychiatrist and Medical Superintendent at Purdysburn Hospital from 1950 to 1969. He had also been consultant to the Royal Victoria Hospital, Crumlin Road Prison, Malone Training School and the Ministry of Pensions. From 1969 to 1972 he was Senior Medical

Officer and Psychiatric Adviser to the Ministry of Health and Social Services in Northern Ireland, but had to fully retire due to ill health and with his wife made his home in the Wirral Peninsula.

Born at Newry, Co. Down on 26 April 1912, he was educated at Wesley College and Trinity College, Dublin. He was one of four brothers and a sister who qualified in medicine. Charlie Robinson was an example in many ways during his life, but