In his article, Dr Bridges fails to mention the fate of hospitals or training schemes receiving 'U' status; perhaps they sink slowly into oblivion or does the College still believe that their decisions will stimulate drastic changes in regional planning and finance policy?

I feel that the award of a 'U' category puts a hospital in a 'Catch 22' situation; without Approval they lose the training posts and the standard of junior staff falls, but without a training scheme they cannot regain Approval from the College.

Finally, while criticism of schemes is often directed at consultant and teaching staff, let us remember that those most affected by the decision are the junior staff, whose careers are suddenly jeopardized through no fault of their own, and the patients, who are perhaps most likely to suffer in the long run. Surely, it must be better for all if the College makes constructive criticism taking into account local difficulties and offers to help hospitals to fulfil the College's requirements and to get back to the important task of training future psychiatrists.

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Falklands aftermath: psychological casualties

DEAR SIRS

During routine clinical work in the University Department of Psychiatry at the Western General Hospital in Edinburgh we observed that during the Falklands Crisis the presentation of several patients with psychiatric disorders was influenced to varying extents by this distant conflict.

Two of our patients were depressed; one having made a suicide attempt because of worry about the loss of so many young lives in the Falklands and another became so concerned about this war, that it dominated her depressive thoughts. Yet a third had been referred because of a head tremor present for 30 years since the Korean War. This patient told us that the Falklands Crisis brought back memories of his own traumatic war experiences and that the present loss of life was now particularly abhorrent because war had never formally been declared. It seemed possible that the additional anxiety that had caused this referral was related to his worry about the Falklands conflict itself. A further patient suffered from an anxiety neurosis associated with a belief that an intense catastrophe was imminent (catastrophobia); his most recent preoccupation being the conflict in the Falkland Islands. A fifth patient had a more lengthy psychiatric history than the others and had the belief that Britain was now ruled by Argentina.

Initially it surprised us that this limited and distant conflict should nevertheless have had this influence on our patients. We thought this might be explained by the remoteness of the conflict itself and the consequent helplessness of many in influencing its course. It also seemed likely that for some it reawakened painful memories of previous wars and some unresolved grief. We wondered whether our experience in Edinburgh was unusual or was shared by other psychiatrists working elsewhere, and more especially by psychiatrists with longer memories of earlier wars?

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Psychology of nuclear disarmament

DEAR SIRS

I believe there is a considerable number of College members who are concerned about psychiatric problems related to nuclear war.

These would include aspects related to the effects of nuclear war, i.e. psychiatric casualties, the planning of services to deal with them, and issues related to the psychological stress of living under the threat of nuclear war. Also included is the question of whether psychiatrists have any expertise to contribute (or any responsibility to do so) to the difficult area of prevention.

Can I suggest that the College sets up a working party to study and report on this most important topic. It could benefit by being a joint one with the British Psychological Society as many of the issues are intricately linked with broader psychological ones.

I hope that any members who are interested will write to me so that I can use their support when raising the matter with the College.

JOHN GLEISNER
Secretary
Medical Campaign Against Nuclear Weapons

37 Alan Road,
Manchester

DEAR SIRS

The distinction between healthy fear of nuclear war and the marked preoccupation of doom in mental illness was well made by Jeremy Holmes (*Bulletin*, August 1982, **6**, 136–38). The fact that fear is appropriate and can provide a motivation for seeking safety is the psychological basis of the strategy of defence-by-threat that is called deterrence. Because people habituate to fear, the strategists have progressively increased the threat by increasing the risks. Assuming that the population of Britain is not intended as the principal victims of this fear, the psychology seems as naive as the belief of an addict that increasing his dose can perpetually postpone withdrawal symptoms.

Whatever the intention, a defence policy based on nuclear

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