temple of Pergamon, during the Hellenistic period (1000–300 BC), the mentally ill were placed in a tunnel where they could listen to running water as they walked through it (Gokay, 1969). It was believed that this soothing experience would help diminish the evil caused by wicked spirits. In another hospital – the Darushshifa of Edirne, the capital of the Ottoman Empire up to 1453 – the therapeutic powers of music and its ability to afford relief were well-recognised (Ozturk, 1990).

Following the foundation of the Republic in 1923 Turkey has undergone rapid developments in science and technology similar to Western industrialised nations. These revolutionary changes have resulted in a social life often at variance with centuries-long tradition. This has led to profound changes in the beliefs and value systems of the community. Such cultural upheaval can have an effect on psychological well-being at both an individual and a national level creating demands and challenges not previously encountered. The emphasis on biological aspects in psychiatric training is commendable. However, it would be a shame if this meant that the equally important psychological and social facets of training were to be neglected as expertise in these areas will also contribute to the health of the Republic.

Although psychiatry in modern Turkey is built on the fertile soil where psychological treatments were exclusively used and appreciated, unfortunately there is little if no provision for psychotherapy training in the formal training schemes. Very few trainees are fortunate enough to get supervision and theoretical lectures from trainers experienced in psychotherapy. Most of the therapists sufficiently qualified to supervise case work and teach are working independently of the university medical schools. Consequently, extra funding, time and effort are required by trainees to purchase what is offered by the available experts. Besides, there are always problems of lack of communication, standardisation and inconsistency with such extra-curricular pursuits.

As socio-cultural changes emerge in Turkish society, previous thoughts about psychotherapy being a luxury for a developing country are being reconsidered and psychotherapy is increasingly requested by both patients and trainees. Review of psychiatric training schemes and in-patient and out-patient services along with encouragement to establish university-affiliated psychotherapy associations may help to answer these demands. These changes will take some time unless Turkey produces mental health legislation that once again recognises the necessity of psychological treatments for her people and psychotherapy training for her future psychiatrists.

GOKAY, F.K. (1969) Ruh hekimligi sahasinda Turklerin calismalari. *Tip Dunyasi*, **42**, 526

OZTURK, O. (1990) *Ruh Sagligi ve Bozuklugu* (3rd edition). Istanbul: Evrim Basim-Yayim-Dagitim. P. 6.

Y. BERRAK CIGEROGLU, *Cerrahpasa Medical School, Department of Psychiatry, University of Istanbul, Turkey* and *DECLAN M. MCLOUGHLIN, *Institute of Psychiatry, Denmark Hill, London SE5 8AF*

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General practice training for psychiatrists

Sir: As someone who undertook vocational training in general practice before beginning a career in psychiatry, I found the article 'General practice training for psychiatrists' by Burns, Silver, Freeling & Crisp (*Psychiatric Bulletin*, May 1994, **18**, 286–288) fascinating. Although there were minor problems, it suggests that it would be possible for many trainees in psychiatry to have experience of general practice for six months. I do appreciate the value of such a placement, and there is presently an excess of GP trainers over GP trainees.

The desirability of this is another matter. General professional training in psychiatry takes around three years: usually six six-month placements. Given that three will be in general adult/old age psychiatry, this leaves only three placements in which to gain experience in the other specialities/subspecialities. Surely the time to recognise the value of wider experience is when appointing people to the rotational training schemes in the first place.

Are the authors really suggesting that trainee psychiatrists would find six months in general practice more valuable than, say, six months in child psychiatry?

It is an interesting idea. Has anyone put it to the Professor of Child Psychiatry at St George's yet?

GARY SULLIVAN, *Princess of Wales Hospital, Bridgend, Mid Glamorgan, CF31 1RQ*

Sir: Dr Sullivan's point is well taken. Trainee psychiatrists do have to make choices. More importantly, the relative importance of different training experiences may change over time and may indeed be different in different settings.

The Royal College of Psychiatrists already recognises the relevance of general practice experience to psychiatric training by allowing for up to one year of time in general practice to be counted towards membership experience. The purpose of our study was not to suggest that psychiatrists should be obliged to have general experience but to explore one method of possibly providing it for

those who see the merits. It was also to underline the merits to those who might not readily see them.

The composition of general professional training in psychiatry deserves continuing debate. It may no longer be appropriate just to think in terms of a range of apparently equivalent posts in specialities. Psychiatrists need, we suggest, to learn about the context in which they practise (e.g. general practice placements and community psychiatry posts). They also need to experience how psychiatry is applied across the life-span and appreciate the impact of age-related change (e.g. child and adolescent and old age psychiatry). They may also need to develop skills within specific posts (e.g. psychotherapy and substance abuse).

Dr Sullivan asks if six months in general practice is more valuable than, say, six months in child psychiatry. He asks if anyone has put it to the Professor of Child Psychiatry at St George's. TB did put it to PH. His reply was "I think that all psychiatrists should have at least six months experience in child and adolescent psychiatry. I actually think it is more important than general practice experience!". But then he would, wouldn't he?

TOM BURNS and PETER D. HILL, *St George's Hospital Medical School, Jenner Wing, Cranmer Terrace, London SW17 0RE*

A variant of Capgras syndrome

Sir: We would like to describe a variant of Capgras syndrome which is slowly permeating the Royal College of Psychiatrists. This causes persons with the forename Greg, and triple syllable surnames ending in -son, to be viewed by the College as one person. One of us should have recognised the onset when, as a jobbing child psychiatrist, with a short letter published in *World Medicine*, he kept being congratulated on his considerable publications. Within five years the President's office was affected, communications confusing one with the other, and then one being introduced to the President's spouse as the other. Sadly the affliction seems now to have reached one of our home divisions, for in the report of the North East and Midlands Division debate (Tyrer & Wallis, 1994) "Professor Greg Wilkinson cited . . .". The Greg who was there was Greg Richardson and we do not believe we speak for each other. Is it aetiologically significant that one of the authors of the report on the above debate is a monozygotic twin of a Professor of Psychiatry in London, or does the College just like all its Gregs in one basket? Suggestions for management of this condition will be gratefully received.

TYRER, S. & WALLIS, G. (1994) Cost benefit in psychiatry – a debate. *Psychiatric Bulletin*, **18**, 298–299.

GREG WILKINSON, *Professor of Psychiatry, London*,and GREG RICHARDSON, *Child and Adolescent Psychiatrist, York.*

Sir: I take full responsibility for this error and apologise unreservedly. The psychopathology, however, should be attributed not to Joseph Capgras but Sigmund Freud (1914), the similarities of names and hovering monozygosis having induced "a disturbance of the attention through a strange obtruding thought".

FREUD, S. (1914) *Psychopathology of Everyday Life.* Harmondworth: Penguin (1940 reprint).

GEOFFREY WALLIS, *Stockton Hall Hospital, York YO3 9VN*

Association of Bangladeshi Psychiatrists

Sir: This organisation will be set up to provide a forum for the exchange of information and ideas and to bring together the views and experiences of colleagues working in psychiatry in the U.K.

The professional and educational remit of the organisation will be to examine the possibility of providing final year students' elective placements, participation in the Overseas Doctors Training Scheme and help in such areas as preparation of curriculum vitae and examination techniques.

A membership drive is being launched. Enquiries to:

DR N. AHMED, *Association of Bangladeshi Psychiatrists, 17 Farndale Avenue, Southbents, Sunderland, Tyne and Wear SR6 8BH (telephone 091 5292123).*