occurs at the time of impact, whereas in most countries road deaths are recorded if the individual dies from injuries received at the time within 30 days of the accident. Human factors, we read, are solely responsible for at least two-thirds of accidents. Children are particularly at risk, and reference is made to their problems, 'in learning to adapt to the road system'. The possibility that the system might be adapted to the needs and safety of children gets relatively little consideration. However, it is in the field of prevention that failure is most apparent. For example, some countries have spent large sums of money with little in the way of benefits in terms of reduced accidents and casualties, yet the member states seem unable to reach agreement on the compulsory wearing of sash and lap seatbelts, which are inexpensive and save many lives. Sometimes purely chance events have improved road safety far more effectively than planned measures. The strike of workers in the liquor industry in Sweden, for example, was singularly effective in reducing road casualties while it lasted, but unless total prohibition is to be introduced into all countries events of this kind can have only a temporary effect.

The greater part of this Report consists of resolutions and recommendations which, in the light of past experience, have little prospect of being put into effect. As the Report says, acceptance of specific road safety measures is sometimes influenced more by political and other factors than by economic considerations. Anyone who has tried to persuade the elected representatives of the people to introduce random testing of drivers for their alcohol content will appreciate the point of that remark.

Of some interest to psychiatrists and psychologists is the recommendation that techniques for identifying high-risk individuals—particularly drivers—should be developed and that psychometric techniques might be employed to detect drinking drivers. In fact, past work has indicated all too clearly who is most at risk without the need for complex psychological procedures. The aggressive psychopath at the wheel—drunk or sober—is a regrettably familiar phenomenon, but no authority is willing to introduce legislation to keep him off the road or to prevent him driving again once his dangerous behaviour has come all too disastrously to official attention.

Judging by past experience, attempts to control the human factors contributing to road crashes have been singularly unsuccessful. Perhaps it is time to stop doing further research in the area and ask the engineers to provide well thought out schemes in terms of vehicle design, speed controls, urban planning and other measures to separate vehicles from pedestrians and vehicles from each other. Their implementation will probably be expensive, but they might save far more lives than our continued attempts to 'crack down' on drinking drivers of whom only about 1 in 2,000 is detected each year. However, by the time the engineering solutions are put into effect we may well have run out of fuel anyway. In the meantime, perhaps we could hardly do better than heed the paraphrased advice of Pubilius Syrus—'Every day we should drive as if it were to be our last.'

F. A. WHITLOCK

CORRESPONDENCE

PROVIDING FOR SPECIAL INTERESTS IN A DISTRICT PSYCHIATRIC SERVICE

DEAR SIR,

Dr Ekdawi argues eloquently in the *Bulletin* (March 1978) for inclusion of Rehabilitation as a special interest for future consultants in a District Psychiatric Service.

Bennett (1967) pointed out that schizophrenics 'occupy one-sixth of all hospital beds in England and Wales'. (The number of beds may have decreased since then but the number of schizophrenics certainly has not.) This makes schizophrenia far and away the biggest unsolved problem whose sufferers require lifelong medical care. Rehabilitation is the appropriate form of that care, but it and chronic schizophrenia do not appeal to most psychiatrists.

At a recent appointment committee for a consultant post with a special interest in rehabilitation there were two candidates. Each had the M.R.C.Psych. and was well versed in general psychiatry. Neither knew anything about rehabilitation (my opinion, confirmed by the Professor of Psychiatry). Somebody had to be appointed and one was. Hard luck on his chronic patients.

This episode reflects badly on standards of training, of examination and of care. The only evident explanation is that doctoring schizophrenics attracts no prestige within the profession. Patients and their

relatives suffer unnecessarily as a result. Doctors will eventually be faced with attempts to oust them from their place in psychiatric rehabilitation unless they show more concern than this for their chronic patients. Something ought to be done about it. If the College were to make Rehabilitation a recognized special interest it would be a good start.

ROGER MORGAN

St Wulstan's Hospital,
Malvern,
Worcs. WR14 4JS

Reference

BENNETT, D. H. (1967) 'The Management of schizophrenia' in *Contemporary Psychiatry* (ed. Silverstone and Barraclough). BJP Special Publication no. 9. Ashford: Headley Bros. 1975.

MYTHS AND 'MIND'

DEAR SIR,

No one aware of the pressures on mental hospitals staff would blame Dr Norman E. Crumpton for venting his general frustration and annoyance in an attack on MIND and on a nine-page duplicated document issued from its Leeds Office in an attempt to expose defects in community services within his Region.

What I do find odd is the Editor's decision to print the article (*'Myths and "MIND"'*, March 1978) without checking its accuracy and without warning the subject of the attack so that our response could appear within a reasonable period of time.*

The report in question *Community Mental Health Provision in Yorkshire, Humberside and the East Midlands* presented the results of a survey on residential care, day care and social clubs. It compared some of the actual provision made by local authorities with national guidelines, gave a broad picture of voluntary provision and in very non-controversial terms repeated the case for rehabilitation services and after-care in the community. Noting that in Yorkshire alone it had been agreed by the professional staff concerned that 1,133 long-stay patients could be discharged if accommodation and after-care were available and that local authorities provided only 298 places in hostels and homes, it concluded that more could be done through joint planning and funding. 'With political will and imagination, it is possible for local authorities to improve their facilities for mentally ill people above the present depressingly low level. It remains true that in 1977 someone discharged from hospital in many parts of the Yorkshire and Trent Regions will receive little or no community support.'

To return to Dr Crumpton, he uses a technique which is becoming all too common. Recently at a public meeting a psychiatrist from Friern Hospital, London, produced impressive statistics and slides to show what would happen if his hospital were closed overnight. No one had suggested it should be, although many of us think it ought to be replaced as quickly as possible by decent district-based services. Dr Crumpton, too, erects myths only to knock them down. For example, although Enoch Powell and many politicians and professionals since have proposed the closure of obsolescent and isolated psychiatric hospitals, no one, to the best of my knowledge, has suggested that they should simply be replaced by non-medical local authority services. Neither can I imagine anyone disagreeing with Dr Crumpton that institutional neurosis can occur whether the institution is run by the National Health Service or by a local authority.

Once immersed in an irrelevant argument, Dr Crumpton, whether intentionally or not, sets about misquoting the MIND Report. Compare his misquotation MIND states 'Hospital staff work hard to rehabilitate patients to continue to *live in hospital*': with what we actually said: 'No hospital in the two Regions runs a really good in-hospital rehabilitation programme. Hospital staff, however, can lose their initial enthusiasm if it is seen that patients are merely being "rehabilitated to continue to live in hospital", as there is no suitable outside accommodation'. Our prose may have not been masterly, but the meaning was not so difficult to grasp.

Again, compare Dr Crumpton's quote: 'Unless Social Services are involved, the discharged patient may be completely out of touch with support network' [*sic*] with 'The general practitioner may, or more often may not, have specialised in mental health. If not, and if the area social services are not involved, then the discharged patient may be completely out of touch with any support network.'

I am sorry to bore your readers with such details which certainly don't in themselves add much to the important debate we should be having about the nature and quality of psychiatric services, but misquoting which puts an organization's views in a false light is inexcusable.

Throughout his article Dr Crumpton chooses to interpret MIND's position as inimical to hospital services as such, when what we actually said tried to reflect the importance of the three elements

* As indicated at the foot of Dr Crumpton's article, the views expressed were those of the author. Every effort has been made to publish Mr Smythe's reply rapidly, and a preliminary note appeared in the April issue to the effect that this would be forthcoming.—*Ed.*