

Our Committee has so far not received evidence that the South African Government has used psychiatry as a specific weapon for the suppression of dissent, as occurs in the Soviet Union, and it is for this reason that I suggested that the discriminatory practices are not 'primarily political'. However, if an abuse of ethical standards in the practice of psychiatry is occurring as a result of a Government's policies, then it could be cogently argued that our Committee's interpretation of political abuse has been hitherto semantically restrictive and that there is justification in reviewing our remit to consider our response to the information we receive about the practice of psychiatry in some South African hospitals.

The continuing review will occur through the receipt of information from interested sources, and Dr Hemphill can be reassured that unsubstantiated allegations would be insufficient. He must also appreciate that unsubstantiated denials are equally unacceptable. He can be further reassured that the College would not restrict its sources of information to our membership in South Africa, although it seems logical for us to sound their views.

Dr Hemphill has requested helpful or constructive suggestions and I suspect that these will be forthcoming from the *Bulletin's* readership. Might I suggest that our continuing good relationship with our South African colleagues would be strengthened if we entered into a constructive dialogue about the problem of discriminatory provision of psychiatric services based on race.

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### **Community psychiatry**

DEAR SIR

While generally welcoming Dr Greenwood's communication on community psychiatry in the January issue (*Bulletin*, 1982, 6, 6-8), I feel that there are several points which require comment.

As a psychiatrist with 15 years' experience of varying types of general practice and with some familiarity in the use of the General Health Questionnaire (Corser and Philip—*British Journal of Psychiatry*, 1978, 132, 172-76), one of the tools used by Professor Goldberg and his colleagues, I must voice my view that his claim that 250 per 1,000 of the general population show frank psychiatric disorder is rather exaggerated. There must be some doubt that what is being measured is a normal range of emotional response to life events rather than actual psychiatric illness.

In her description of the variety and scope of her work, I do not think that Dr Greenwood stresses enough the role of the Primary Care Team, and the fact that all general practi-

tioners in the area where she works do not support the practice of self-referral would give me cause for concern. I feel, too, that, in her summing up of new services needed in the area where she works, she has tended to exceed the role most psychiatrists would now think appropriate, and her own ambivalence is revealed by a statement that the medical and psychiatric training of the psychiatrist is possibly no more appropriate for such work than a social science qualification.

It is disappointing that neither Dr Greenwood nor, apparently, the Working Party on Community Psychiatry has chosen to look at the Livingston experiment (Corser and Ryce—*British Medical Journal*, 1977, ii, 936-38) which, despite its imperfections, at least has attempted to look at and improve the relationship between psychiatrists and general practitioners, and to show that psychiatric nurses do not have to confine themselves to caring for the ex-psychotic hospital population.

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### **The College's first decade**

DEAR SIR

I have been reading with great interest the personal impressions of the College's first decade contributed by the first three Presidents which appeared in December (*Bulletin* (1981), 3, 218-24), and should like to congratulate them on what they have achieved.

I am only sorry that no mention was made of the important part played by Dr Ian Skottowe in the translation of the old RMPA into the present College during the prolonged negotiations with the Privy Council.

I had the honour of being the President of the old RMPA at the annual meeting held at Basingstoke in 1964 when the decision was taken to approach the Privy Council for the formation of a new Royal College. The majority in favour—if my memory serves me right which it now often does not—was about two to one. At this meeting Ian Skottowe was inaugurated as my successor. So he had to start bearing the burden and did so manfully.

Looking back, a curious amount of feeling was shown at this meeting before the vote was taken. It seemed to be held by some that the formation of a new Royal College would be violently opposed by the Royal College of Physicians. To put the record straight, this is quite incorrect. I happened at the time to be a member of the Council of the RCP, as I had been elected as representative of the RCP in the General Medical Council, and so was well placed to know.

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