

Sir Roy remarks that "there is nothing so outdated as to provide today's solution to today's problem". What would be the fallback position if Sir Roy's solution for today did not work? Perhaps Griffiths managers could be given a salary bonus for recognising, as many do already, that inadequacies in community provision can be effectively remedied by action initiated by the health service. Such action falls squarely within the remit of the NHS, which is also a social service. It would, however, require 'ring-fencing' the whole of the NHS psychiatry and physical disability budget, not only the small community care fraction that Sir Roy recommends otherwise it will risk further depletion as savings from ward closures, etc., are diverted to reducing District overdrafts. Another solution would be to give responsibility for the community care budget to a joint board drawn from both health and local authorities, as the Audit Commission suggested.

The Commons Social Services Committee said it would be a generation before the health and social services could be brought together again. Surely that is an unduly pessimistic judgment. Tomorrow's solution might be worth trying earlier than that.

J. K. WING

Director
MRC Social Psychiatry Unit
Institute of Psychiatry
London SE5

The College's comments on Sir Roy Griffiths' report will appear in the September issue of the *Bulletin*.

Current Opinion in Psychiatry. Vol. 1, No. 1, Jan/Feb 1988. London: Gower Academic Journals and Royal College of Psychiatrists.

In youth as medical student, as resident and even as psychiatric trainee one is sharp-witted, retentive of memory, and one has time. Then for the next 30 years in the rush of practice and responsibilities there is no time, memory weakens, new perceptions come rarely, one uses the knowledge of youth and relies on reiterated experiences to solve ones daily problems. Up till about 1938 that was good enough, but not since.

Year by year now we are exposed to a flood of new drugs with new risks, new diagnostic aids, even new diseases, and on top of all that new concepts which propose new aims or reorganise our knowledge with new implications. We are compelled to try to keep up with it, some of it will become essential in daily practice. Some of it, but which bits? A river of weekly, monthly and quarterly specialist journals pours down on us, drug company promotions shower over

us, all pushing more and more information at us. Some of it is mistaken from the word go, more of it is dubious because the studies on which it is based are seriously flawed, and some of the rest seems right today but will be withdrawn next year after further enquiry.

And then there is relevance. Some news is only for the research specialist other news can affect the doctor in the clinic. A few things may change everybody's outlook, but there is a mass of material of uncertain relevance which will soon get lost, or occasionally later blaze out with influence. You and I with our limited time and mental energy will never read and absorb all the papers in each month's *Journal*, let alone half a dozen other important journals in the field. We will probably not even read all the summaries. We rely on pilots to guide us through the muddy torrents: occasionally the odd textbook or major review article, more often advertisements or abstracts. We want pilots who are clear-sighted and sail straight for the point, or advise us not to start the voyage. They must select and explain to us the significance of the news, and be brief about it; so they must be wise and expert judges, and we shall sometimes like second and third opinions if views differ.

'*Current Opinion in Psychiatry*' is such a bimonthly pilot, on very promising new lines. Each issue covers two topics – No. 4 will be 'child and adolescent psychiatry' and 'psychogeriatrics', while this first one is 'psychoses' and 'neurosciences'. Each topic has a couple of pages as overview and then several short reviews of three or four pages each, followed by an annotated reference list of useful further reading. Each review has a standard format, with good short introduction and informative summary. The brevity and the organisation make for easy assimilation. Each overview allows the topic editor to state his opinion on the situation today and where it is heading, to give us the right mental set for the reviews following. These in turn are carefully chosen for subject importance and relevance and author reliability. We readers are going to swallow whole what they say, so it had better be good.

Not a bad start, this first issue. Deakin gives a good overview of 'neuroscience', but Hanson and Kroll waste their space detailing editorial plans and good wishes instead of filling us out on the position of the 'psychoses' in psychiatry today. Some of the reviews could do with sharper editing. We do not want to waste time on poor stuff. What is the use of telling us about supposed differences in symptoms between schizophrenic in-patients in Malta and in Libya when differences in admission policies, chronicity, drug treatments, etc., between the two hospitals might account for the difference?

If we want to form our own judgement we can read the original paper. Otherwise '*Current Opinion in*

Psychiatry' will give us reasonably valid ready-made judgements, clear and short. That will be a first-class service.

JOHN CRAMMER

*Emeritus Reader in Biological
Psychiatry (University of London)
Maudsley Hospital, London SE5*

schizophrenia and gives an unhelpful introduction to the very real issues of the disorder.

Production: Northumberland Health Authority.

Distribution: Newcastle upon Tyne Polytechnic, Ellison Building, Ellison Place, Newcastle upon Tyne NE1 8ST.

Price: £55, including postage and packing.

*Director C. P. SEAGER
National Health Service
Health Advisory Service
Sutton, Surrey*

Videotapes

Schizophrenia: What Does It Mean? (UK, 1987, 40 mins)

This videotape is a well produced review of the features of schizophrenia with emphasis on a particular individual. Included in the cast are Jimmy Savile, Richard Baker and Anthony Clare, all TV personalities.

The patient is an Oxford graduate who developed schizophrenia during his period as a student and attributes the fact that he got a second class degree instead of a first to the onset of the condition. The picture built up is of an isolated, lonely individual whose feelings are highlighted by two sequences representing the perceptual and emotional distortion and the empty landscape of the schizophrenic relationship.

Extensive, somewhat textbook descriptions of the condition are offered, together with a brief outline of theories of causation and treatment.

The videotape is a good one, spoilt only by the extensive introduction putting forward the view that one should look on schizophrenia as an illness comparable with paraplegia (both long and frightening words) and both requiring help from sympathetic onlookers. The seven minute emphasis on physical illness is out of proportion to the time allocated to

Other videotapes available:

Healthy City Video: This has been commissioned by the Mersey Health Promotion Unit and provides a comprehensive introduction to the Healthy Cities Project, an initiative by the World Health Organisation European Office in support of the renaissance of public health in urban areas. It is available in VHS, price £15, including VAT. Cheques should be made payable to MRHA. Orders should be marked for the attention of Mr Howard Seymour, Regional Health Promotion Officer, Mersey Regional Health Authority, Hamilton House, 24 Pall Mall, Liverpool L3 6AL (telephone 051 236 4620).

Stress: Videotapes of the series of six programmes which were broadcast on HTV Wales during February and March and on all regions of ITV during April and May are available in VHS at £14.95 per programme or £60 for all six programmes. Prices include VAT and postage and packing. Cheques should be made payable to HTV Enterprises. Orders should be sent to: HTV, PO Box 2000, Cardiff CF5 6XJ. An information pack is available from the same address on receipt of an 8" x 12" stamped addressed envelope with 40 p in stamps.