momentum for beneficial change..." (p. 4, paragraphs 3 & 4).

And went on to say: "... The experts suggest that the recent progress in the Leros hospital, which is attributed to visibly improved physical conditions and to the various rehabilitation projects carried out during 1991 may be regarded as a "paradigm" which should be spread over other psychiatric hospitals in Greece and elsewhere ..." (p. 5, last paragraph).

Professor Browne inexplicably ignores the positive aspects of the above reports he co-signed, and distorts the truth in saying that the decrease in the number of patients in the Leros Psychiatric Hospital "... has not happened because anyone has been moved out of the place but apparently due to the death rate which seems to be appalling". Bearing in mind that the mean age of the Leros patients is 60 years, and the mean hospitalisation period is more than 25 years, it is hardly surprising there was a high death rate.

Another of his inaccuracies was that: "The one thing we did achieve to some extent was to stop the admissions to Leros". In fact, the cessation of new admissions began with an order from the Greek Ministry of Health in 1981, long before Professor Browne was involved with Leros.

This whole issue raises the following questions.

(a) Why does an expert assigned and *paid* by the Commission for the monitoring and evaluation of the Leros programme ignore the existence and functioning of 12 hostels throughout the Greek mainland with over 110 patients from the Psychiatric Hospital of Leros?

(b) Why were the findings of the committee concealed when, after their first visit to six hostels in Greece, they stated: "... the transfer of patients to extra hospital hostels had begun and the team was impressed by the positive results already apparent in those patients who had been moved from Leros to hostels in Athens and Salonica. There seemed to have been a substantial improvement in their quality of life and there were signs of a thoughtful and innovative approach on the part of the staff..." (p. 98, last paragraph).

(c) Why does Professor Browne conceal the findings of the report, which he co-signed, of the second visit when he stated: "... the visit to the Hostel at Paralia Avlidas gave experts the opportunity to see again the successful outcome of the placement of long-term patients from Leros transferred to hostels on the mainland of Greece. The generally favourable impression of the hostels visited in April 1991 was sustained. This is a very positive development ..." (p. 2, paragraph 4).

(d) Why does Professor Browne choose to give an impression of gloom and death, and why does he conceal the fact that the termination of the attempt by the Dutch team to help 20 patients was followed by a well-structured rehabilitation programme in the Psychiatric Hospital of Leros, a programme which was followed and evaluated positively by himself as an expert appointed by the Commission?

We are astounded and perplexed at Professor Browne's inaccuracies. The conditions in the Psychiatric Hospital of Leros have improved over the past two years, as has been clearly stated in the two reports of the Commission's experts. Having said that we do not believe that conditions are yet ideal, but Leros is certainly not what it used to be and no fair-minded person would say that it is.

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Reply

DEAR SIRS

The points which Dr Nimatoudis and Dr Kandylis make are actually correct in regard to the recent, welcome developments which have taken place in Leros. Unfortunately, although it was not published until January 1992, the original taped interview I made with David Healy was recorded when I visited him in February of 1991, almost a year earlier. In fact, I had not visited Leros prior to this with the team of experts since September 1989, nor had I had any information as to what was happening there since that time. So the remarks I made in the interview were in the light of the deterioration in the situation which I had observed during that visit following the change of government in Greece and, (as I now realise), the temporary cessation of the positive developments which had been taking place prior to that.

As our Greek colleagues have pointed out, there was a visit in 1991 (22 to 24 April) of the EEC experts but I was unable to accompany them on that occasion. My next personal contact with the situation in Leros was when we visited it during 4 to 6 November 1991 but both of these visits took place following the taped interview which I had made in February 1991.

The reports we made following these two visits were, as they point out, much more positive and at that time we were very gratified to find a large number of volunteers from several countries, including other parts of Greece, who were active in the hospital and bringing about real improvements in the

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situation. I should point out, however, that even at that time there was considerable worry among those working there as to whether these efforts would be enabled to continue and I can only hope that they have done so as I have not been able to visit the hospital again since that time. We were also very pleased to see some of the hostels on the Greek mainland to which patients from Leros had been transferred but were nevertheless worried as there seemed to be some reluctance on the part of the authorities to continue with this encouraging development. We were also saddened to find that, although the official recommendation from the EC was that the old hospital should be closed and gradually phased out, several new buildings were being erected on the site.

There was one further point which was raised in the letter to you; that the embargo on new admissions to Leros was in fact introduced by the Greek government in 1981 prior to our first visit in 1983. The point I was making, however, was that I personally have no doubt that the maintenance of that embargo was largely due to the influence coming from the EC intervention. Indeed, to my knowledge there has been some slippage in this regard and a small number of new patients have in fact been admitted to Leros from surrounding areas.

I hope these remarks go some way to clear up the confusion and inaccuracies in my interview which were due to the time at which this was carried out, with the inevitable delay between then and its publication.

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(*In future the dates of interviews will be added. – eds.*)

'Family therapy in the training of general psychiatrists'

DEAR SIRS

I read with interest the article by Drs Wilkinson & van Boxel on family therapy experience in the training if general psychiatrists (*Psychiatric Bulletin*, 1992, **16**, 790–781). I agree with all they say about the importance of such experience for trainees and the specific skills which can thus be acquired.

There is also a role for systemic family therapy in adult psychiatry as a treatment modality (Bloch *et al*, 1991; Macdonald, 1992). In our own brief therapy clinic we see unselected adult referrals from general practitioners and others. The team has been established for four years and offers strategic and solution-focused therapy. Contact with us is usually brief, 12 sessions being the maximum but four the average. Clients or referring agents report satisfaction after one year in two-thirds of our cases. Junior medical staff have commented on the value of experience in this style of working. A detailed follow-up study is in progress and will be reported in due course.

This appears to be a cost effective way of providing treatment for a wide variety of disorders as well as introducing staff to the techniques of family assessment referred to by Drs Wilkinson & van Boxel.

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Cognitive therapy in literature

DEAR SIRS

In 'Cognitive therapy and Winnie-the-Pooh' (*Psychiatric Bulletin*, 1992, **16**, 758) Dr Hosty draws attention to principles of cognitive therapy in *Winnie-the-Pooh*. The work of other artists and writers also contained some of these principles, long before the development of cognitive therapy.

In *Nicholas Nickleby*, the "genius of despair and suicide" uses cognitive techniques to prevent the Baron von Schwillenhausen from committing suicide. Dickens concludes: "And my advice to all men is, that if ever they become hipped and melancholy from similar causes (as very many men do), they look at both sides of the question, applying a magnifying glass to the best one . . .).

In a letter to his brother, Theo, Vincent van Gogh writes, "My head is sometimes heavy and often it burns and my thoughts are confused, – I don't see how I shall ever get that difficult and extensive study into it – to get used to and to persevere in simple regular study after all those emotional years is not always easy. And yet I go on; if we are tired isn't it then because we have already walked a long way, and if it is true that man has his battle to fight on earth, is not then the feeling of weariness and the burning of the head a sign that we have been struggling? When we are working at a difficult task and strive after a good thing we fight a righteous battle, the direct reward of which is that we are kept from much evil."

As Freud did not discover the unconscious, Aaron Beck did not discover the principles of cognitive therapy. His great achievement was rather to recognise their importance, offer a comprehensive list of cognitive errors or faulty assumptions and describe in detail therapeutic interventions to challenge and