relatives knew that there is not sufficient money available for the replacement of worn-out medical and surgical equipment—for example, sterilizing boxes or a rubber mattress for an operating table—their admiration of the floral display might be modified.

One must agree that the last paragraph of Dr. Philip's letter is one with which most of us are in full agreement. —I am, etc.,

Plymouth. E. F. WILSON.

Psychiatry in General Practice

SIR,—Unlike Dr. Philip Hopkins (August 20, p. 601) I found Dr. L. M. Franklin's forthright article (August 6, p. 451) a refreshing breakaway from the fantasies which bedevil this subject. Whether his belief that future advances in the management of mental illness in general practice will result from drug therapy time alone will show; but surely in pleading for a widening of postgraduate training in this subject he is entitled to point out the limitations of existing methods.

Having attended a weekly seminar for two years I have reason to be grateful for the service which Dr. M. Balint has done to general practice. It is, however, deplorable to find a sort of "sacred cow" attitude developing towards these seminars, which, while showing that there is much that we can do to help in mental illness, have at the same time revealed how limited is the scope of psychotherapy in many cases, besides being expensive in terms of time. While one welcomes the waiting-lists for the seminars as an indication of the growing concern of general practitioners with the problem, in the absence of the alternative forms of training as advocated by Dr. Franklin, they do not necessarily signify an unqualified vote of confidence in the seminar method.

To write about a subject as met with in one's own practice, far from being a cause for reproach, as Dr. Hopkins seems to suggest, is surely the best way in which a general practitioner can make an original contribution to a problem. It is for the reader to judge if the views expressed correspond with his own experience: too many articles are a rehash of the experience of others, and most of us prefer to have our teeth challenged by a juicy steak than insulted by shepherd's pie. If we in general practice are to meet the challenge with which psychiatric illness faces us to-day we have got to learn how to recognize quickly the cases which we can really help and the most efficient use of the limited time at our disposal. In my view Dr. Franklin's article is an acceptance of this challenge and a valuable pointer as to how it can be met.—I am, etc.,

Skipton, Yorkshire. J. G. OLLERENSHAW.

SIR,—I cannot agree with the view of Dr. L. M. Franklin in his article on psychiatry in general practice (August 6, p. 451) that training in psychotherapy should form only a small part of postgraduate courses for G.P.s. I have practised psychotherapy in my general practice for over 10 years, but it is only since I attended a course of instruction at the Marlborough Day Hospital that I gained sufficient insight into my own emotional problems, and orientation as to the aetiology of the various mental disorders, to enable me to take any real impression on these patients in my practice. The course continued over a period of about two years and consisted of weekly lectures and seminars, weekly case conferences, a training course for group psychotherapy, and a personal training analysis carried out by an analytically orientated psychiatrist, including abreactions under lysergic acid and methyl amphetamine. Clinical assistantships are offered to those who are interested.

The family doctor is in a strong position to be able to help his patients in the early stages of mental ill-health by early recognition of symptoms and by helping him to resolve his conflicts. The therapist must, however, have the temperament and the training. He should be able to allow the patient expressions of hostility, without himself becoming aggressive. He must be self-critical and not allow his own emotional problems to clash with those of his patients, and must therefore have insight into his own conflicts. It will be necessary to avoid being too authoritative and directive in an attempt to solve the patient's problems; therapy should aim at giving the patient sufficient insight to enable him to solve his own difficulties, and suggestions should only be made when the patient is ready, through this insight, to accept them.

These, of course, are my own subjective experiences in the handling of such patients. Many practitioners will have experienced things differently, but with all humility I should like to formulate the following rules which I have found useful in the treatment of my mentally ill patients in general practice, and hope that they may be of some help to the younger practitioner:

1. Allocate a certain number of sessions per week to these patients. I have allocated two-and-a-half-hour sessions on four afternoons per week, and limit the number of patients interviewed at each session to three, giving each patient about 45 minutes of my time.

2. A thorough physical examination is essential in the first session to ensure that the patients' symptoms are in fact mental and not physical.

3. Careful selection of patients. I find that anxiety neurosis, organic disease with anxiety overlay, certain psychosomatic symptoms such as asthma, colitis, dysmenorrhoea, gastritis, and various skin disorders, and a number of social and sexual difficulties causing symptoms, respond well to limited treatment by psychotherapy, in certain cases reinforced by hypnoanalysis. The hysterias, the compulsion neuroses, the depressions, and all the psychotic and pre-psychotic illnesses I find most unsuitable for treatment in general practice. These cases require a much deeper analysis in skilled hands using all the amenities available only to hospital practitioners, and inadequate attempts may well precipitate a frank psychosis in a pre-psychotic patient, some of which may end in suicide.

4. The therapist should avoid at all costs argument about the patient's symptoms, but should encourage him to talk about his problems, and only when he has sufficient insight should he suggest ways in which he can change his thought and action processes. The therapist should never show disapproval of the patient's behaviour and should at all times be permissive.

Finally, I would say that just as in all other branches of medicine and surgery a sound knowledge of pathology provides a solid foundation on which to build a treatment programme, so a sound knowledge of psychopathology is essential before one can hope to adequately treat the mentally ill.—I am, etc.,

Northolt, Middlesex. L. M. HENRY.

Child Psychiatry

SIR,—As another married woman doctor with a family, exhausted by doing full-time summer locums, I am in complete agreement with Dr. B. K. Attlee (September 3, p. 737) and Dr. Freda Reed (p. 738). Whilst doing these locums I have been horrified at the