CORRESPONDENCE

Correspondents are asked to be brief

All Change

SIR,—May I be allowed to sketch a face of our National Health Service—one oddly enough, that has nothing at all to do with money?

In 1948 I was appointed a consultant psychiatrist. I had at that time two burning enthusiasms. One was for the N.H.S. itself; the other was to extend psychiatry into the general hospitals. But which? The deciding factor was, I learnt to my cost, the catchment area of the parent mental hospital.

In the original allocation of catchment areas Horton Hospital, Epsom, my parent hospital, was allocated that part of the metropolis in which St. Stephen's Hospital, Fulham, was located. I was instructed to start a clinic at that hospital and in 1948 I did so, gleefully and enthusiastically. Some months later we were informed that our catchment areas had been changed and that Horton was to take over, inter alia, the Hampstead area and part of Merton. Believing as I did then in the omniscience of bureaucrats and their divine right to order these things, I respectively touched my forelock, packed up at St. Stephen's and in 1949 began to plough my lonely furrow at New End Hospital, Hampstead, and the Nelson Hospital, Wimbledon. In 1960 the chaps with the maps decided that the Royal London Homoeopathic Hospital should be linked with Horton Hospital and it was suggested that I attend there on an "as required" basis. Obediently I did so, but not for long. The same chaps had had a second think and had decided that the Homoeopathic be linked with another hospital. I was asked to cease to attend.

However, the New End and Nelson clinics flourished, particularly the former, where facilities existed for expansion. Before not too long the services of two additional consultant colleagues were necessary in order to cope with the work. Together we offered a service to the hospital itself, to our colleagues in other medical disciplines, and to the general practitioners in the district. In 1970 Horton's catchment area was changed again. Virtually overnight the service that had been built up over a period of two decades at New End collapsed. There were protests from colleagues at the hospital, from the G.P.s, and from the patients themselves, but all to no avail.

The bureaucrats now decided in their strange, arbitrary way that Horton must take over the psychiatric needs of part of the Borough of Richmond. This time I was detailed to start up at St. Mary's Hospital, Hampton. With perhaps less glee and less enthusiasm I did so. It is easy to demonstrate that there is always an untapped need for psychiatric services in any community; the clinic itself and the domiciliary service grew and I began to enjoy working with my new patients and colleagues.

It is hard to believe that one can have the ground cut from beneath one's feet for a fourth time in a single career but, lo and behold, the bureaucrats decided that it was imperative that catchment areas must be realigned. The same protests from the same sources that had been made at New End were echoed, but the decision was final and at the end of September this year I ceased to attend St. Mary's.

The picture I have drawn is, I think you will agree, unattractive and unacceptable. The wart which disfigures it most, in my opinion, is the assumption by the powers that be that hospitals in the N.H.S. can be treated like shops in a multiple chain-store organization. They seem to have forgotten, if they ever knew, that the practice of medicine, and that of psychiatry in particular, has to do with people and that it has to do with patient-doctor relationships, some of which have had to be built up over a period of years. Doctors and their patients, may I remind them, are not packets of soap-flakes that can be moved from one shelf to the next shelf or from one shop to the next shop with impunity.

Do I sound disenchanted, disillusioned, or even a trifle paranoid? I am. I bloody well am.—I am, etc.,

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Psychiatry in the Soviet Union

SIR,—Professor G. Morozov's letter (6 July, p. 40) discussing Western criticisms of the misuse of forensic psychiatry for the purpose of persecution of political dissenters is most timely. He deals particularly with the critical remarks of Professor J. K. Wing (9 March, p. 433), and refers in the third paragraph of his letter to German, Swiss, Austrian, and French schools of psychiatry whose views, according to him, are closer to the Soviet school than are those of Professor Wing. As a considerable part of my work has been concerned with problems of forensic psychiatry (including the problem of responsibility in cases of mentally ill litigants who, even in the West, can be regarded as a kind of dissenting group) I would like to discuss the points raised by Professor Morozov.

(1) The psychiatric assessment of dissenters in the Soviet Union is not limited to a diagnosis of schizophrenia, where the criteria are admittedly ill-defined. Thus in the case of the psychiatric detention of General Grigorenko, who was recently released, schizophrenia was not regarded as the disorder for which compulsory psychiatric treatment was carried out over many years. I quote from the diagnostic summary of the psychiatric report[1] of which Professor Morozov was a cosignatory: "Grigorenko is suffering from a mental illness in the form of a pathological (paranoid) development of the personality, with the presence of reformist ideas that have appeared in his personality, and with psychopathic features of the character and the first signs of cerebral arteriosclerosis" (p. 70). It can be seen that in the Soviet Union the psychiatric assessment of responsibility and