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## TEACHING AND CONSULTATION

DEAR SIR,

I wonder if it is not opportune, with so many changes imminent, for us to reconsider the use we make of our colleagues at home and abroad for teaching and consultation. No one who visits the U.S.A. can fail to be impressed by the enthusiasm given to postgraduate education. Funds seem readily available, and eminent psychiatrists, psychologists, sociologists and so on travel willingly across the U.S.A. to spend a day or a week at psychiatric hospitals, clinics and university centres in order to share their special knowledge and enthusiasms.

In Britain we tend to invite colleagues, generally at their own expense, to give papers and attend conferences. Little emphasis is given to consultation in the sense of having an expert sit in and advise on a treatment programme. Despite the tightness of our little island we remain more isolated from one another's work than is wise. Surely we must stop crying poverty and instead face our responsibilities? If we invite people we should find moneys to reward them for the time and energy they give in travelling, speaking and advising us. After all, it may do more good for our patients and our own morale and cost a great deal less than a century of formal conferences and a sea of White and Green Papers.

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## PSYCHIATRIC EDUCATION

DEAR SIR,

In their article on psychiatric education (*Journal*, November, 1968, p. 1414), Professor Carstairs and his colleagues state that it is their impression that Guy's Hospital and Dundee are the only schools that have child psychiatry beds in the teaching hospital. This is not correct. In Birmingham, for example, we have had 8 beds for child psychiatric patients in the Children's Hospital (one of the Birmingham

Teaching Hospitals) for three years now. These are under the care of a consultant child psychiatrist who is also a part-time lecturer in child psychiatry in the University Department. In addition to this we also have a full-time lecturer in child psychiatry and mental subnormality who takes part in the teaching programme, together with his part-time colleagues.

As I regard the teaching of child psychiatry as an important development in the undergraduate curriculum, I thought that, for the record, I should write and give you this information.

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DEAR SIR,

The interesting paper (*Journal*, November, 1968, p. 1414) entitled: "Survey of Undergraduate Psychiatric Teaching in the United Kingdom", by G. M. Carstairs *et al.*, contained details of the teaching of the behavioural sciences in the pre-clinical years in various medical schools in this country.

We should like to point out that no mention was made of the course in psychology at Liverpool University Medical School, although this began in Autumn, 1961, and is still in operation. This is a 90-hour course given in the third year, details of which were reported to the British Association in August, 1966, and published in the *British J. med. Educ.*, 1968, 2, 41-44.

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DEAR SIR,

I shall be grateful if you will permit me to comment on the surveys of undergraduate teaching and postgraduate training in psychiatry contained in your issue of November, 1968. I should like in particular to fill out the information given about the teaching programmes at this Medical School and in the Newcastle region.

I am concerned to do so, not because the information provided is in any way incorrect, but because the picture given of provision at this School and in this region is incomplete and inadequate.

## 1. Undergraduate Teaching

Only seven of the special teaching sessions organized for small groups of students under the direction of a tutor appear to have qualified for mention under the heading of "Seminars". It may be held that the

insistence on "continuity of tutor" made for a somewhat arbitrary definition of this form of teaching. If this special criterion is considered inessential to the central purpose of the seminar, a number of other teaching sessions deserve mention. These would include the case demonstrations, specially planned ward rounds and out-patient sessions organized for fourth year undergraduate students, all of which are so structured as to make them an effective means of teaching small groups of three to four students about the practical and theoretical aspects of clinical psychiatry. There is in addition a weekly seminar held for students by a succession of senior tutors. Each student therefore receives, in the fourth year of our training programme, 21 seminars over and above those mentioned in the paper by Carstairs, Walton, Smythies and Crisp, and approximately 35 hours are devoted to this form of teaching.

At the present stage there is perhaps something to be said for descriptions of educational activities to be couched in broad terms. The alternative is to conform to dictionary definitions. In the *Shorter Oxford English Dictionary* "seminar" is defined as follows: "In German Universities (hence in certain British and American Universities) a select group of advanced students associated for advanced study and original research under the guidance of a Professor." Insistence on this would be pedantic, although it would make for consistency in usage. It would also exclude most of the teaching sessions described as seminars in the report.

#### 2. Postgraduate Education

In addition to the course for the D.P.M. mentioned in the Memorandum on the Regional Organization of Postgraduate Education in Psychiatry, there are a considerable number of activities open to those training in psychiatry and to general practitioners in this Region. Weekly clinical conferences are held in rotation between the Royal Victoria Infirmary, the Newcastle General Hospital and St. Nicholas Hospital. Weekly conferences are also held in the separate hospitals and in the Nuffield Child Psychiatry Unit. A recent development is a special postgraduate conference at St. Nicholas Hospital, linked with the teaching programme of the University Department, with a varying format of seminars, clinical conferences or lectures. In term time there is a Journal Club on most Fridays at which eminent speakers from other centres or local speakers present papers that usually deal with the results of recent scientific inquiries or innovations in clinical practice. In addition teaching ward rounds are conducted by Consultants at the Newcastle General Hospital.

The surveys in the November issue would doubtless

be regarded as an authoritative record of the contribution of Psychiatric Departments to undergraduate and postgraduate medical education and it is in order to set the records straight, and to provide more detailed and precise information for those who might be engaged in the process of selecting a centre that suits their particular needs, that I have written this letter. As far as undergraduate medical education is concerned I should perhaps add that Newcastle has, since 1962, enjoyed the advantages of a modern curriculum in which considerable integration of the pre-clinical and clinical teaching and of the different clinical disciplines, including psychiatry, has been achieved.

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DEAR SIR,

In the very informative R.M.P.A. Memorandum on Regional Organization of Postgraduate Education in Psychiatry there are one or two factual errors with regard to the S. W. Metropolitan Region. The report says that trainees from this Region have looked and still look to the Maudsley Hospital and Institute of Psychiatry for training in psychiatry, psychology, neuro-anatomy, etc. In psychology at least this is not so. The present writer ran a course in psychology for the D.P.M. from 1946 to 1959 at Belmont, and since 1948 Dr. J. P. S. Robertson has done so at Netherne Hospital. In 1960, the Regional Committee of Senior Psychologists of the S.W. Metropolitan Region (now Heads of Psychology Departments Committee) organized a D.P.M. Psychology Course, and this was accepted as a Regional Course by the R.H.B. Two courses per year have been organized since then until Clinical Tutors for the Epsom Region were appointed two years ago. Since then the H.O.D. has co-operated with the tutors for D.P.M. Part I. Most psychiatric trainees for the last twenty years have attended these courses. This is not to minimize the contributions of the Maudsley Hospital and the Institute of Psychiatry at a national level as well as to our Region; however, psychologists in the Region and many psychiatrists feel that the S.W. Metropolitan Region does make its special contribution to both teaching theory and practice. This has been the case in psychology for the D.P.M. and is certainly so for Clinical Psychology.

Incidentally, the Chairman of the Heads of