

usurpations of superstition and brutality, and rescued the victims of cerebro-mental disease from the exorcist and the gaoler . . . The physician is now the responsible guardian of the lunatic, and must ever remain so, unless by some calamitous reverse the progress of the world in civilization should be arrested and turned back in the direction of barbarism. New responsibilities and new duties now devolve on those who devote themselves to the investigation and treatment of insanity. Many circumstances have tended, not indeed to isolate cerebro-mental disease from the mainland of general pathology, but to render prominent its characteristics and to stamp it as a specialty.

The profound Feuchtersleben makes the following judicious remarks: 'In the psychical mode of cure one personality has to act on another and the vehicle, as it were, in which the medicine is exhibited is the person of the administering physician himself. So the circumstances must be such as to allow the psychiatric physician to devote himself more or less exclusively to this branch of medicine. Treatment here demands a *second education*: the physician must be able by his personal demeanour to obtain influence over the minds of others—a gift which nature often refuses to the most distinguished men, yet without which mental diseases, however thoroughly understood, cannot be successfully treated.'

The necessity of such exclusive devotion, of such a second education, would by itself constitute diseases of the mind into a strict specialty . . . another potent reason exists in the demand these diseases make for separate institutions for their treatment.

The medical officers of asylums have a right to speak with authority on the subjects of their experience, and moreover the public have a right to expect that they shall so speak. If they have to any extent remained silent the causes may not be very hard to discover. Daily active and engrossing duties such as theirs, while quickening the perception and strengthening the judgement, can scarcely fail to take the edge off the theorizing or even of the recording faculty.

The medical officers have not overlooked the

importance of their institutions as the true school of mental pathology, or their own responsibilities as workers if not as teachers in this field. The establishment of our Association in 1841 was a practical announcement of opinion on this subject. But the periodical meetings which formed one main object of the Association have fallen into disuse: the exigent duties of the members have rendered it impossible that any large proportion should leave home at the same time.

A scientific association whose members cannot meet at reasonable intervals has but one mode of activity left open to it, namely that of the pen.

At the Oxford meeting this year, owing to the combined attraction of the Provincial Medical Association and the public spirit of W. Ley, Esq., the Superintendent of the Oxfordshire Asylum, the attendance was numerous and influential. [He gives the names of 15 members!] A long and interesting discussion took place. Dr. Conolly, in particular, spoke with much emphasis of the *treasures hidden in asylum case-books* likely to become known and useful through the intervention of a journal. The Association came to an affirmative decision on the establishing of a journal and on confiding the editorial responsibilities to Dr. Bucknill.

The aims and objects of the *Journal* will be to afford a medium of communication . . . to record improvements and experiments in psychotherapeutics . . . new opinions on the physiology of the nervous system and neurological observations of all kinds. It will embrace topics of interest to visiting justices, asylum architects and chaplains. It may be the means of conveying to asylum authorities much valuable information respecting their own duties. That these governing bodies are much in need of instruction is evident from the imperfect arrangements both of accommodation and management still to be found in many places; from their parsimony in matters immediately affecting the welfare of the patients; from their not infrequently converting that which should be a hospital into a great almshouse, and their want of appreciation of medical science in the treatment of insanity.

CORRESPONDENCE

THE ROLE OF CLINICAL PSYCHOLOGISTS IN THE N.H.S.

DEAR SIR,

I am requested by the Executive Committee of the Society of Clinical Psychiatrists to report the result of

a questionnaire returned by 214 members of the Society, all senior psychiatrists in the U.K., out of 300 to whom it was sent.

Although there were complaints from a minority at the presentation of somewhat loaded questions,

some of which demand an over-simple 'Oui ou Non' response, the statistics speak for themselves as a reflection of current attitudes. There were overwhelming majorities:

Against clinical psychologists taking over treatment of psychic aspects of psychiatric disorders (92.5 per cent).

In favour of the psychiatrist being an 'all round practitioner' rather than a 'neuro-psychiatrist' (96.0 per cent).

In favour of every referred psychiatric patient within the N.H.S. being in the care of a consultant psychiatrist (85 per cent).

In favour of doctor to doctor referral (89.0 per cent).

In favour of 'the protection, retention and increase in function' of the clinical psychologist (90 per cent).

In favour of clinical psychologists' involvement in psychological assessment (98 per cent) and in rehabilitation programmes (80 per cent). (But only two out of three respondents favoured their involvement in psychotherapy.)

In favour of the above activities, if approved, being performed in association with psychiatrists (87 per cent).

In favour of N.H.S. clinical psychology units being sited within departments of psychiatry (75 per cent).

In favour of initial global assessment by a psychiatrist (92.5 per cent).

Against the clinical psychology unit running its own independent in-patient, out-patient or day centre services (92.5 per cent).

Further analysis suggests that whereas (1) forensic psychiatrists' attitudes mirror those of the majority, in some respects (2) psychotherapists and psychoanalysts deviate somewhat. In rather more respects (3) child and adolescent psychiatrists differ from the majority. In general, more of those in groups 2 and 3 are in favour of non-medical involvement in therapy. The number in each of the subgroups is small (5, 10 and 16) and in terms of statistical probability it is only trends that are observed.

The written-in comments, to be reported in detail elsewhere, are at least as revealing as the statistical analysis.

*Crichton Royal,
Dumfries.*

J. C. LITTLE.
*Hon. Secretary,
Society of Clinical Psychiatrists.*

PROBLEMS OF RECRUITMENT INTO PSYCHIATRY

DEAR SIR,

Professor Russell (August, p. 8) finds the reduced appeal of psychiatry to our medical graduates surprising. I too am very perturbed. Can it be that our university psychiatric departments somehow fail to convey to their students the realization that it is a very great privilege to be a psychiatrist, a privilege of which it is difficult to be truly worthy?

Our patients admit us to the deep and intimate sources of their personal sorrows, anxieties and longings, their difficulties in coming to terms with life and with themselves. They share with us their struggles to surmount these legacies of past emotional failures, and to deal with them more maturely. They make tremendous demands upon our capacities for human understanding, and for maintaining positive human relationships. How could any student with open eyes prefer to transplant kidneys, read laboratory reports on electrolyte balance, and so forth?

Can it be that they somehow get a picture of psychiatry as a matter of ringing the changes on a handful of 'psychotropic' drugs to calm people down or cheer them up, when they suffer from meaningless anxieties or depressions? Can it be that even the hope of developing consummate clinical skill in the choosing of the right drug or subtle combination of drugs fails to grip them? In short may it not be that their lack of enthusiasm is related to the excessive swing away from what our forefathers so quaintly called 'moral treatment' in psychiatry and has today become such a richly developed aspect of mental physiology, pathology and treatment?

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FORTHCOMING EVENTS

British Association for Behavioural Psychotherapy

(1) Workshops

Behaviour Therapy—A General Approach

Led by Dr. V. Meyer (London), at the University of Leeds, 3-5 January 1974.

Sexual Dysfunction

Led by Dr. J. H. J. Bancroft (Oxford), Dr. R. Sharpe (London) and Mr. P. Brown (Warwick), at the University of Leeds, 3-5 January 1974.

Psychodrama Workshop

Led by Miriam Schooler and Ivan Bendikson