

pension doled out from the age of 60. In other words, however much one might prefer to make one's own provisions or use the money, which is after all our own, for some other purpose, the government is going to sit on it and use it as they choose. As many doctors do not survive to 60, this seems a remarkably bad bargain, and moreover an immoral one, since it is unilateral. Where does this leave people who emigrate or those of us who had hoped to be able to retire early? As I see it, this is just one more restriction on our freedom of choice of action.

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## PSYCHOANALYSIS AND PRESENT-DAY PSYCHIATRY

DEAR SIR,

It would be funny, if it were not sad (and possibly even dangerous), that a doctor with nine years' experience in psychiatry (R. D. Macfarlane's letter, March, p. 9) should think and write of psychoanalysis as 'the talking cure' of 40 years ago.

Dr. McFarlane is more than 40 years behind the times. There have been many distinguished psychoanalysts since Bleuler and Freud, and Meyer, to whom he is kind enough to make a passing reference. W. S. Gillespie, Stengel, Melanie Klein and Winnicott, to mention only four of the most widely known writers from this country, where he has worked, are worth his study; while those from other countries are far too many to begin to name.

He might find that, so far from being 'divorced from the mainstream of psychiatry', as he supposes,

psychoanalysis constitutes a large part of it, as witness the many psychoanalysts serving on the various committees of the College.

I will only enlarge further with a few points:

(1) Psychoanalysis is not a 'cure'; it is a *treatment* which, by means of 'talking', among other things, often brings about relief, improvement, and sometimes cure, in carefully selected individuals; even in some suffering from psychotic illness for whom, forty years ago, it would not have been thought potentially practicable.

(2) Teachers of medical undergraduates who later become psychoanalysts cannot afford to waste time or energy in training unsuitable candidates.

(3) Psychoanalysts cannot afford to waste time or energy attempting to treat those 'types who do not seek, need, or gain any benefit from frequent doctor-patient one-to-one interviews'. Full psychoanalytic treatment can only be available to a very limited number of patients, and many psychoanalysts, using their training and skills more widely, are working in universities, prisons, and clinics concerned with drug-addiction, marital problems, child-guidance, etc.

(4) Finally, selection, whether of candidates for training or of patients for treatment, is not infallible, any more than is that of patients for the 'unpredictable and limited physical treatments' which Dr. McFarlane prefers. He has of course every right to do so, but I think he is unwise to try to support his preference with an attack on a distorted picture of psychoanalysis.

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## FORTHCOMING EVENTS

### British Association for Behavioural Psychotherapy

The Annual Conference of the Association will be held at the University of York from 11-13 July 1975.

The following Workshops will be held at the same venue on 9-10 July: Sexual Dysfunction, Dr. J. H. J. Bancroft, and Social Skills Training, Mr. J. Marzillier.

Further information from Mr. L. Burns, Honorary Secretary, B.A.B.P., Birch Hill Hospital, Rochdale, Lancashire, OL12 9QB.

### Multidisciplinary Workshop on Schizophrenia

An International Workshop on Schizophrenia will be held at Capri, Italy, from 24-27 September 1975. The purpose of the meeting is to assess the impact of recent advances in specific fields of research on the problem of schizophrenia.

Further information from Dr. D. Kemali, Cattedra di Psichiatria, I Facolta di Medicina e Chirurgia, Universita di Napoli, Piazza Miraglia, 2-80138 Napoli, Italy.