

therapy, physiotherapy and occupational therapy have a long tradition in their association with the practice of medicine. They all have standards of training and a code of ethics which is acceptable to the medical profession and which permits them to function within a medical milieu to the advantage of patients.

As with any branch of medical practice, their functions are under constant scrutiny, not only in their ethical and professional aspects, but in their efficacy. In pharmacotherapy, there are rigid standards for clinical trials, and even when a 'break-through' in treatment is apparent, such as the use of lithium salts in manic-depressive psychosis, a report on its prophylactic value by Baastrup *et al.* (1967), which many would have regarded as reasonable, was severely attacked by Blackwell and Shepherd (1968) and Lader (1968) mainly on the methodology of the trial. The original authors came back with a more rigorous trial (Baastrup *et al.*, 1970; Angst *et al.*, 1970) and vindicated their earlier claims.

Psychotherapy, which can mean anything from a friendly chat to a full-scale analysis, is also under scrutiny, and the recent work by Candy *et al.* (1972) and Cawley *et al.* (1973), while not proving its ineffectiveness, has cast doubts on a generally held belief that there are very large numbers of people who would benefit from psychotherapy but do not receive it. These authors' studies would suggest that, on the contrary, there are many people receiving psychotherapy who do not require it. As I have said in my previous letter, medicine does not accept the *status quo*, but questions, modifies and discards even the most sacred cults.

I do not accept that what the public wants must necessarily be for the public good. There is too much evidence to the contrary; alcohol, drugs, gambling and promiscuity are obvious examples. Medicine does not cater for public demand; it is frequently its duty to resist such demands.

One last point. I agree that at present there are a host of agencies which are used in community psychiatry, but the fact that they are used does not necessarily mean that they are essential or even of value. More and more psychiatrists support the view that the community nurse model is more relevant to the present needs of the patient in the community than the existing models. One day there will be a reckoning; the medical practitioner, if he is true to his profession, will anticipate that day.

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