Brit. J. Psych. (1979), **135**, 585–588

Correspondence

OUTCOME OF SCHIZOPHRENIC ILLNESSES

DEAR SIR,

We appreciate the interest expressed by Dr Guze (*Journal*, 1979, **135**, 91) in our paper (Johnstone *et al*, *Journal*, 1979, **134**, 28–33). We do not dispute that it appears likely from our results that, if our study had concerned larger numbers, Feighner-positive cases would have had a significantly worse outcome than Feighner-negative cases. Nonetheless, had the Feighner criteria been used to predict outcome the prediction would have been wrong in 11 of 36 cases. Of the 12 patients with a maximum score for social isolation 9 were Feighner positive. Two were negative because they showed no change from their normal selves until shortly before the index admission, which in both cases was for a first schizophrenic episode. Both patients had been working until shortly before admission but according to their relatives had never been normal and had from childhood attempted to isolate themselves from society as much as possible. The remaining case was negative because she had no family history, had been married, was described as having had a normal premorbid personality and did not become ill until after the age of 40.

Of the two patients that were omitted from the calculation of the results one was repeatedly re-admitted and the other was re-admitted for a prolonged period. Most of the other patients had remained out of hospital once discharged after the index episode, and it seemed misleading to place these two cases in the good outcome group although they fulfilled the criteria. The two cases consisted of a 22-year-old Feighner-negative male with a first episode and no social isolation and a 46-year-old Feighner-positive female with two previous episodes and an intermediate degree of social isolation. The results have not been recalculated using these cases, but it does not seem likely that their inclusion would greatly alter the findings at least as far as they concern the Feighner criteria and the criteria of social isolation.

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TEACHING PSYCHIATRISTS HUMANITY

DEAR SIR,

I applaud the suggestion that subjective accounts of mental illnesses might be collected into a book for the instruction of psychiatric trainees (Oakes, *Journal*, August 1979, **135**, 189). I would go further and say that such a book should also contain sections written by close relatives or friends of patients.

It would of course be necessary to include in the foreword several warnings to the trainee reader. In particular, since there are as yet no strictly objective criteria by which to establish most psychiatric diagnoses, one must take it with a pinch of salt when an author gives a subjective account of what is stated to be, say, a schizophrenic illness. In some cases the internal evidence of the account itself is so convincing that it would be unreasonable to question the diagnosis, but in others this is not so.

What disturbs me is the suggestion that it is commonplace for humanity to be trained out of clinicians in pursuit of scientific objectivity. What does the phrase 'scientific objectivity' mean? Surely it refers above all else to a certain habit of mind which values honesty more highly than self-deception and cheating. Does such an attitude really conflict with 'humanity'? Are we really more 'humane' if we allow our prejudices to blind us to the truth about our patients? Or is it nearer the mark to say that some patients will only call us kind and humane so long as we condone and collude with faults of theirs which they cannot, or prefer not to acknowledge?

The attempt to denigrate science by attributing all kinds of inhumane qualities to scientists has become something of a fashion in recent years, while on the other hand growing credence seems to be given to a variety of superstitions, fringe religions and cults. The recent appalling mass suicides in Guyana should leave us in no doubt as to where this primitive credulity can lead.

Science has its risks but ignorance is worse. To confound objectivity with inhumanity is to pervert language, and that can be extremely dangerous.

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