

where the personal contact with the GP often gave valuable insights that could not easily be conveyed in a formal referral letter. This focus on individual patients led to the raising of broader issues and more general applications of points raised. As the meetings went on, a freer exchange of information evolved, with a psychiatric input being available for those patients whom the GP saw but did not consider for formal referral. Where the GP is managing a patient with psychological difficulties, we have found that discussion and elaboration of issues often serves to strengthen the GP's role in treatment. It was not the aim of these sessions to dissuade formal referral but it has become apparent that there has been a decrease in such referrals, with 12 patients being referred to the CMHT over the six months of these meetings compared with 26 in the corresponding six month period of the previous year (total number referred in previous year = 48). There has been no other change apparent to account for the fall-off and it appears reasonable to attribute this to the regular liaison meeting.

It is possible that where the GP is unsure of the management of particular patients, then a forum for discussion allows clarification of issues and it has been apparent that the GPs often prefer to continue their management of patients where possible while the security of knowing that review is possible at later meetings has enabled this to occur. It does appear that the investment of time while being a beneficial experience over the long term for both GPs and psychiatrist also has more immediate benefits.

H. DOYLE

UMDS, Guys & St Thomas' Hospitals  
London SE1

### *Working with clozapine*

DEAR SIRS

Dr A. Mahmood described a 19-year-old schizophrenic patient who developed chickenpox while on clozapine (*Psychiatric Bulletin*, 1991, 15, 702). He stated that the patient's WBC and neutrophils dropped sharply. However, I wish to point out that the patient did not become neutropenic as the lowest recorded neutrophil count and WBC were  $3.31 \times 10^9$  per litre and  $4.66 \times 10^9$  per litre respectively during the episode. Hence the patient could be recommenced on clozapine.

SAMIR N. SHAH

*Clozaril Patient Monitoring Service*

Sandoz Pharmaceuticals  
Frimley Business Park  
Frimley, Camberley, Surrey GU16 5SG

### *Working with clozapine – it can be done*

The clinical hazards experienced while working with clozapine, recounted by Adams & Essali (*Bulletin*

1991, 15, 336–338), may have partly reflected the constraints of the drug trial into which the patients discussed had been recruited. In this open study, administration of clozapine followed a fixed-dose schedule rather than clinical titration as is generally the rule with antipsychotic drugs. This may have led to the use of higher doses than would have been reached in routine clinical management and thus an increased risk of adverse side effects. Further, the sample of refractory schizophrenic patients featured in the study included a number for whom it proved impossible to withdraw their previous antipsychotic medication. In such cases, clozapine was tested as an adjunctive rather than single treatment, as Adams & Essali mention. Whether using clozapine in combination with other antipsychotic drugs compromises its therapeutic efficacy or increases the risk of side effects remains unclear.

The clinical problems described by Adams & Essali are undeniably part of the risk-benefit balance which needs to be considered by a clinician starting patients on clozapine. Further, the arrangements for haematological monitoring and prescription of the drug may be time-consuming. Nevertheless, it would be a shame if, for these reasons, clinicians shied away from the use of the drug in those for whom it might offer clear therapeutic benefit.

M. BRISTOW  
STEVEN HIRSCH  
T. R. E. BARNES

*Charing Cross Hospital Medical School  
Fulham Palace Road  
London W6 8RF*

### *Psychiatry of opera*

DEAR SIRS

Dr Jones' six-part series on the psychiatry of opera is easy prey for hostile criticism. I had hoped that others would reply to it, but in their absence it is necessary to point out, in the interests of scholarship, some of the grave deficiencies of Dr Jones' writings. One critic expressed his view after the first instalment, but Dr Jones admonished him for being too impatient (*Psychiatric Bulletin*, 1990, 14, 563–564). It is appropriate now to comment on the entire series.

Dr Jones correctly noted that limitations of space could not do justice to his subject but he failed to use whatever space he had. First, he unnecessarily described the lives of the composers and offered us the plots of the operas. This kind of background information is readily found in most encyclopedias, opera programmes or *Kobbé's Complete Opera Book* (Harewood, 1976) which he should have cited. In 1991, the bicentenary of the death of Mozart, the casual reader has been engulphed with numerous versions of his biography without an additional contribution in the present opera series.

Second, not only does he recycle biographies and rehash plots but his critical analysis is seriously flawed. He concentrates on character analysis of the various protagonists, for example, *Macbeth*. This is well-trodden ground: William Richardson (1774), Thomas Whatley (1785) and J. P. Kemble (1786) have all offered opinions on *Macbeth*'s character. The floodgates on character analysis were opened in the 19th century reaching their zenith with the Victorian critic, A. C. Bradley, and even Freud himself in his *Some Character Types met with in Psychoanalytic Work* (1916) considered *Macbeth*'s character. It is not easy to say much that is original after 200 years of commentary but that does not deter Dr Jones. He could more usefully have remarked on the validity of character analysis but he does not seem to realise that this has been much disputed over the past 50 years and that criticism has entered new ground. Indeed character analysis was ridiculed in Knight's (1933) famous and influential essay, 'How many children had Lady *Macbeth*?' According to Holloway (1961), "The current coin of Shakespeare criticism condemns, as is well known, an approach to the plays through Bradleian 'character analysis'".

F. R. Leavis, one of the towering critics of the century, wrote that "Bradley's approach is, as a rule, more or less subtly irrelevant. His method is not intelligent enough" (Leavis, 1932) and "The relegation of Bradley has been complete" (Leavis, 1963). A plausible case could be made that character analysis is even less valid in opera than in literature because of the larger proportion of stock characters and highly contrived dramatic situations. In the movement known as the "New Criticism", to claim for example that the opera character Lucia di Lammermoor is suffering from post-traumatic stress disorder according to DSM-III is preposterous and misses the point. It is to confuse reality and fiction. There is an essential difference between persons existing in real life and those existing in an opera and for that reason they are necessarily portrayed in accordance with the accepted dramatic conventions of the time.

Another major failure of Dr Jones' commentary is his apparent ignorance of the concept of intentional fallacy. He betrays this by asking: "To what extent does the opera reveal his [Mozart's] thoughts?" In an influential essay 'The intentional fallacy', Wimsatt & Beardsley (1954) in the *Verbal Icon* argued that the author's or composer's intentions were not the proper concern of the critic. We cannot know from the music what they thought. Any conclusion that the composer had this or that intention is neither verifiable nor a valid statement of approval. Similarly, one cannot assume that because a poem or music moves us, it springs from the composer's own experience and reflects his true character and firm convictions. Music could be more profitably interpreted as being irreducibly plural which cannot be

tied to a single point of expressive origin in the composer. It is foolish to consider that music is about the discovery of a single hidden voice or meaning. Whatever meaning there is in music is volatile and will vary according to many factors including different conditions of listening to it.

My most serious criticism of Dr Jones' series is that he has no thesis, no unifying logic which gives his articles cohesion. Instead we have a chaos of padding, irrelevant interviews and simplistic criticism yanked together by at least some interesting illustrations. At times Dr Jones held out the prospect of a learned contribution to his subject when he mentioned deconstruction and post-modernism. Sadly, it is plain that he has little idea of the great movements in contemporary art. He confuses intrinsic criticism of the opera itself with extrinsic or metacriticism which is writing for a different end such as gaining insight into a society. The disappointed reader is left with banalities and inanities such as "Mozart was a genius" and "There are many important issues in the Ring". One is reminded of Elliot Slater's phrase: "it was so empty of insights as to be tedious".

I can only recommend books like *How to Write Critical Essays* by D. Pirie (Methuen, 1985) for advice on structuring an argument and journals such as the *Oxford Literary Review* or *Glyph* for details on criticism; until then I hope we will be spared the clichés of the amateur psychologist or the jacuzzi Jungian.

MICHAEL MORRIS

University Hospital of Wales  
Heath Park, Cardiff CF4 4XN

#### References

- HAREWOOD, EARL OF (1976) *Kobbé's Complete Opera Book*. 9th edition. London: Putman.  
 HOLLOWAY, J. (1961) 'Hamlet' from *The Story of the Night*. London: Routledge & Kegan Paul.  
 KNIGHTS, L. C. (1933) *How Many Children Had Lady Macbeth?* Cambridge.  
 LEAVIS, F. R. (1932) The literary mind. *Scrutiny*, 1, (May) p. 25.  
 — (1963) A retrospect. *Scrutiny*, XX, p. 12.

#### DEAR SIRS

Dr Morris is clearly a literal and literary minded individual, who has entered this particular arena by a different door. It was not my intention to engage in a battle to the death with the juggernauts of literary criticism. His detailed letter does not require a detailed reply. All that needs to be said is that opera, as seen in the theatre, makes it possible to think about ourselves in a way that some people find helpful. It lends itself well to what Shakespeare calls the "... amending power of imagination". My articles were not meant as a masterly piece of critical analysis, but as a stimulus to thought about complex works. Dr Morris is quite wrong to suggest that comparison of