

Correspondence

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The 'new cross-cultural psychiatry'

SIR: In his editorial on the 'new cross-cultural psychiatry', Leff's assertion (*Journal*, March 1990, 156, 305–307) that the disease categories of Western biomedicine are universally valid is mistaken, and his statement about its "manifest success in treating diseases like smallpox" is difficult to sustain in light of the evidence provided by disciplines including medical sociology, anthropology and the history of medicine. Research in these areas points to the particular and ultimately ethnocentric nature of all medical classifications. The positivist notion of medicine as a set of technical interventions divorced from social, political and cultural influences is surely untenable in the late 20th century. That medicine is rather a social institution and functions as such in every society, be it in Africa or Europe, is now widely accepted.

The success of any medical classification has to be seen in this context. The criteria used by Western medicine to judge its own performance are provided by the institutional framework within which it operates. The eradication of smallpox only proves the "manifest success" of Western biomedicine within the confines of a Western ontology and world-view. In addition, if medicine is not simply a set of techniques but rather a social institution, the evaluation of its efforts is a lot more complicated than Leff supposes. For example, in the Kasongo vaccination project in Zaire (Kasongo Project Team, 1981), while a high coverage of measles immunisations was achieved and led to a noticeable reduction in measles mortality, the overall mortality was not affected. The same number of children perished, but from other causes. Was the medical intervention successful? By what criteria do we judge?

Some time ago, Illich (1976) argued that if we look at Western biomedicine as an institution and examine its social and cultural effects in Western countries, we are led to the conclusion that its overall impact is one of iatrogenesis. While one may not agree fully with Illich's conclusions, his work should make us wary of statements about the "manifest success" of Western biomedicine.

The 'new cross-cultural psychiatry' as presented by Littlewood (*Journal*, March 1990, 156, 308–327) opens the way for the development of a discipline which is genuinely self-reflective and which confronts the ethnocentric nature of our current systems. However, if we continue to pursue an approach based on positivist biomedicine, we are simply ignoring this ethnocentricity, which is ultimately the real problem of our discipline. It will not go away. Aspiring to the "manifest success" of biomedicine should surely not be the goal of psychiatry in the 1990s.

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References

- ILLICH, I. (1976) *Limits to Medicine—Medical Nemesis: The Expropriation of Health*. Harmondsworth: Pelican.
KASONGO PROJECT TEAM (1981) Influence of measles vaccination on survival pattern of 7–35 month old children in Kasongo, Zaire. *Lancet*, ii, 764.

SIR: Leff (*Journal*, March 1990, 156, 305–307) offers a captious view of Littlewood's review of the 'new cross-cultural psychiatry' (*Journal*, March 1990, 156, 308–327). For instance, Leff cites Littlewood's (1984) paper which, contrary to Leff's interpretation, neither idealises nor romanticises insanity, but rather demonstrates how intellectual innovation can arise from a particular society's response to the inversion of normal behaviour by two messianic leaders who experienced episodes of psychosis.

Dr Littlewood's review includes some suggestions on how clinically applied anthropology can, for example, enhance the role of the liaison psychiatrist