

quite spontaneous in my own comment to my patient, and would feel under pressure to choose words discriminatingly. Rapport with the patient might be damaged. These complications would apply with even greater force to closed circuit TV, where it was known that others were listening. To employ such means without the patient's knowledge, unless in the case of young children, appears to me to be out of the question.

This issue was recently brought firmly to my attention when, after the opening of the Charles Burns Clinic for Nervous Children here in Birmingham, we found in the principal play therapy room obtrusive evidence of preparations for closed circuit TV, whereas equipment for play therapy was far short of requirements.

I believe the moral is that these new and powerful teaching aids must be assessed with regard to their limitations as well as their capacities.

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#### THE JOURNAL AND ITS CONTENTS

DEAR SIR,

Part of the final paragraph of a letter from Belfast in the current issue of the *Journal* reads as follows—"Psychiatry is not a branch of medicine but an evolving science in its own right—it's time we stopped leaning on medicine for basic sciences and evolved our own—it's time we moved out of the nineteenth century into the twentieth."

If and when that has been accomplished I presume the next logical step would be for those responsible for training psychiatrists to reconsider how far medicine ought to be part of the curriculum for aspiring psychiatrists: and those responsible for fixing salary scales would probably wish to reconsider the entitlement of psychiatrists to be graded as *medical* specialists.

What would be the effect of psychiatry ceasing to be "a branch of medicine"—a psychiatric Arcady, or anarchy? My guess is that it would be the latter once psychiatric thought was freed from the disciplines of clinical medicine and from the restraints on fancy imposed by its "basic sciences".

Fortunately for the safety of individual patients and the future of psychiatry, such idyll or nightmare is not likely to materialize. The Universities are more likely to agree with Professor Henry Miller when he says—" . . . the psychiatrist should not only first be a physician but ideally a superlative physician."

As for psychiatry being an "evolving science in its own right"—sciences nowadays do *not* evolve in

their own right. They are inextricably interwoven. In recent years scientific advance is demanding more and more that specialists in its different departments should be closely in contact and conversant with the work of each other, so as to be *au fait* with discoveries or lines of thought which increasingly overlap departmental boundaries. In this context I would commend Sir Peter Medawar's book *The Art of the Soluble* to the attention of your correspondent.

The self-sufficiency implied in evolving "our own" basic sciences (whatever they may be) is *not* modern: it is not even scientific. It is medieval. It is the outlook of pre-Renaissance scholastics, for whom the scientific revolution in the seventeenth century was still far in the future. In their *Natural Philosophy* they wallowed in speculation and metaphysical modification of what Aristotle had taught 1,500 years before. Sir Charles Sherrington commented on this sort of thing in *Man On His Nature*, referring to the attitude of some Freudians.

It is odd that anyone claiming to be in tune with twentieth-century outlook—said to be the third and most revolutionary era of man's thinking—should advocate a dualism of body and mind more rigid than anything conceived by Descartes three hundred years ago.

I am sorry that a letter of this sort should have come from Belfast, where the philosophy of those who arrange and give effect to the medical curriculum is so obviously holistic. At the same time one must recognize that the letter may serve a useful purpose if it makes all of us pause to consider where some of the present trends may be leading.

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DEAR SIR,

It would be unfortunate if the assessment of the psychiatric scene made by J. D. Sutherland, and his helpful suggestions for getting better representation and discussion of it in the *Journal*, were to be blurred by the kind of argument in Peter Sainsbury's letter. Since I have a fairly extensive knowledge of editing, may I be permitted to comment on the confusions in his letter?

The standard of the *British Journal of Psychiatry* overwhelmingly depends upon the research being conducted in this country, the quality of the papers submitted for publication, and the assessors. Not being omniscient, the Editor-in-Chief and his co-editors and assistant editors mainly depend on them to arrive at a decision on the acceptance for publication or rejection of any particular paper. As there are ample good papers being presented and

as the assessors are distinguished members of our profession, no case can be made for the danger of lowering standards unless the Editors were to fail in their function to a fantastically improbable extent.

Sutherland suggests that each section of the Association be given space. It is quite evident that this would, in principle, only make explicit a state of affairs that already exists. I refer not only to the grouping of papers in the Table of Contents but also to the fact that the assessors—over 70 in number—adequately represent many, but not all, groups of psychiatric interest. It is because of this that space will be given to their interests.

Sutherland's proposal, building on this situation, admirably seeks to break a vicious circle with a long history behind it. I can see nothing against it unless it be assumed that any paper submitted by a dynamic psychiatrist is automatically assumed to be of low standard. It is hardly credible that this should be the view of Peter Sainsbury and with him the Executive Committee of the Research and Clinical Section.

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DEAR SIR,

There is a profound reason for the schism in psychiatry to which your correspondents have referred. We have to face the fact that the psyche is not a suitable object for a scientific enquiry. Karl Jaspers, following Kant, has pointed out that the psyche is an *idea*, i.e. a metaphysical concept under which we subsume subjective experiences. (*Psychologie der Weltanschauungen* (1922), second edition. Berlin: Springer, pp. 473-475). Although I require the idea of the psyche as a locus of my personal identity, "I never attain to a systematic unity of all appearances of inner sense" (*Kant's Critique of Pure Reason*, English translation by N. Kemp Smith (1929). London: Macmillan & Co., p. 557), a systematization which is objectively valid and based on determinism of scientific theories. Thus I am left to choose between innumerable, often contradictory personality theories, the theory accepted by Dr. J. D. Sutherland being one of them, and I am confronted with the chaos revealed by the paper, published in the *Journal*, under the title, "Opinions on Psychotherapy: an Enquiry" (*Journal*, April, 1966, p. 351).

Psychiatrists like Dr. J. C. N. Tibbits who are convinced of the importance of the subjective approach and who try to help their patients to gain a better and healthier form of existence, using intuition and not scientific explanation as their medium, do

not have to rely on non-systematic anecdotal constructs. They can base their treatment on a non-scientific form of systematization, combining Husserl's phenomenological approach, which makes the data of experience fundamental, with the existential approach which makes human freedom fundamental. The metaphysical dogmatism of existential philosophy as evident in Heidegger and accepted by M. Boss can be avoided (Ledermann (1965) *Existential Psychotherapy and the Principles of Scientific Medicine*, Sixth International Congress of Psychotherapy, London, Selected Lectures, pp. 68-74, S. Karger, Basel/New York).

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DEAR SIR,

An American perhaps should not intrude himself into a discussion about policy matters concerning *The British Journal of Psychiatry*. But recent letters to the Editor criticizing the *Journal's* supposed policy of essentially presenting only papers containing data stimulate me to the following comment. For some years now, British physicians have been understandably disturbed by the medical "brain drain", a good deal of which has been to the United States. It would be tragic if, in return, British psychiatry were to import the worst features of American psychiatry, namely, an exaggerated sense of the validity of psychiatric intuition leading to uncontrolled observations and untestable theories.

*The British Journal of Psychiatry* occupies a position of pre-eminence; please do not do anything to alter this position.

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#### SIR AUBREY LEWIS'S COLLECTED WORKS

DEAR SIR,

Correspondents in your March, 1968, issue (pp. 355-356) find Professor Stengel's review of Sir Aubrey Lewis's Collected Papers "less than generous", and seem to take particular exception to the implication that they could discourage the young psychiatrist. The review seemed to me critical but just, carefully conceived, witty and extremely well written. This goes to confirm what we