questions about equal access to diagnosis and treatment across the patient population.

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Promoting potential in all our children

Sir – The paper by James and Lawlor[1] on the psychological problems of early school leavers was helpful in highlighting the significant problems experienced by young people who drop out of the school system early. They assert that effective interventions at primary school stage may have improved educational outcomes and that the relatively high level of attention problems could possibly have been detected earlier and treated, with the prevention of dropping out.

While it is possible that a small number of such young people with, for example, ADHD if treated with psycho-stimulants might survive in the school system, it is unlikely that this on its own would have a significant impact. In North America, despite significantly higher usage of psycho-stimulants and probably the best identification of children with attentional problems anywhere in the western world, rates of early dropout from school are still significantly high.

Much is known about the development of antisocial behaviour across childhood into young adulthood, but while we have an excellent grasp of the risk factors cumulatively leading to disruptive behaviour disorders, there is an incomplete picture of the role of protective factors in the process. Some of the risk factors such as poverty will not be influenced by clinical intervention. Social and para-educational interventions may have a greater impact on more children.

A recent longitudinal study[2] extending over 20 years showed that participation in extra curricular activities between the ages of 10 and 14 seemed to protect individuals at high risk for behavioural problems/conduct disorder. Children who participated in such activities were less likely to drop out of school or be arrested. Childrens' competence and participation in these activities were independent of each other. Any intervention which focuses on the potential of children, independent of whatever risks and deficits they have, should be promoted by those responsible for providing an educational service for our young people and may be more important than the psychological support and treatment advocated by James and Lawlor.

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Recovered memories of sexual abuse

Sir – In his article *Fact or fantasy: A review of recovered memories of childhood sexual abuse,* Michael DelMonte asks in relation to the alleged recollections of childhood sexual abuse by Freud's patients in the mid-1890s: "Were they fact or fiction?".[1] There is strong evidence that the answer to this question is 'fiction', though in a rather different sense than that which Dr DelMonte has in mind. Several scholars who have examined the contemporary documents relating to Freud's 1896 seduction theory claims have noted, in the words of JG Schimek, that "Freud's later accounts of the seduction theory (particularly in 1914 and 1933) are widely discrepant from the way he initially presented it", and have concluded that "the knowledge of this original [childhood] trauma, whether considered as unconscious memory or fantasy, was based on Freud's interpretation and reconstruction; it was not directly revealed by the patient".[2-8]

Although in later accounts Freud stated that he had been led to postulate his seduction theory as a result of hearing patients' reports of early childhood sexual abuse, in fact he arrived at the theory that the precondition for hysteria and obsessional neurosis was an unconscious memory of sexual abuse in infancy prior to reporting a single instance of his having uncovered such abuse.[9] Only four months later he sent off two papers in which he claimed to have analytically uncovered repressed memories of infantile sexual abuse for every one of 16 patients (13 diagnosed as 'hysterical' and three as 'pure' obsessionals).[10]

Although some patients may have been induced to 'reproduce' fragmentary images under the influence of the quasi-hypnotic 'pressure technique' he was using at that time,[11] Freud's introductory remarks in *The aetiology of hysteria* indicate that his analytic methodology was based essentially on the symbolic interpretation of patients' symptoms.[12] And far from their reporting 'memories' of having been sexually abused in early childhood, as the traditional story has it, the patients insisted that they had "no feeling of remembering the scenes" Freud claimed to have uncovered, and assured him "emphatically of their unbelief".[13]

Evidentally Freud's clinical experiences in 1895-97 (the actual material concerning which he never published)[14] were rather different from his later accounts which are the source of the traditional story of the seduction theory episode.

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