

precluded stratification by any of these variables. We hope, therefore, that in their subsequent studies, the investigators will be able to assemble a sample large enough to provide results from which an optimal plan for treating specific groups of patients can be developed.

ANTHONY HORDERN,
LAYLE E. WEEKS,

*California Department of Mental Hygiene,
Bureau of Research and Statistics,
Sacramento, California.*

13 January, 1965.

DEAR SIR,

We would like to thank Drs. Hordern and Weeks for their kind interest in our work. The three papers taken together were intended to show that passing small currents through the brain could, in suitable circumstances, give rise to detectable effects in normal subjects and moreover *might* be of use clinically. The ethical and technical problems involved in performing a large trial are considerable and we did not prolong it unnecessarily.

We think that the assumptions (1) to (4) are correct and we hope that other workers will carry out larger trials than ours along the lines suggested. We are also starting another trial in which comparison is to be made between E.C.T., polarization and anti-depressant drug therapy.

However, we still think that the method of polarization as a treatment used in the way we have described may not be the most useful from the clinical point of view. It would be a pity if pre-occupation with the double-blind trial technique were to hinder experimentation with different voltages, waveforms, electrode placements and other parameters involved in the polarization procedure.

R. COSTAIN,
O. C. J. LIPPOLD.
J. W. T. REDFEARN.

*University College, London.
18 February, 1965*

ESSENTIALS OF PSYCHOTHERAPY

DEAR SIR,

In your stimulating editorial (January, 1965, pp. 1-3) you comment on Eysenck's severe criticisms of psychotherapy, in particular on the disturbing fact that no serious attempt has as yet been made to assess its value. In this psychotherapy differs from any other specialty of medicine. It is normally taken for granted that before any method of treatment is practised on large numbers of patients it is carefully

and specifically described, checked and evaluated for curative or deteriorating effects.

I do not feel, however, that statistical controls or occasional follow-ups are very meaningful. Whilst spontaneous recovery is relatively frequent, at least in this country, we would have to study in detail the type and combination of specific factors favouring it, (e.g. the helpfulness of the environment, the type of patient more likely to recover or relapse, etc.) before drawing conclusions.

More important still, we would have to study what "psychotherapy" means. I am not so happy with Eysenck's definitions. "That one of the participants has special experience in or had received special training in the handling of human relations" means little, unless we know specifically what his training consisted in. Again, "the methods employed are psychological, e.g. explanation and suggestion . . ." seems inadequate since "explanation" or "suggestion" may cover almost anything. (Explanation of consequences, of motives, of conscious or unconscious thoughts—here again very many possible motives or consequences and innumerable thoughts may be chosen.) The effect of the explanation will differ according to the aspects stressed, the spirit in which it is done, the manner, tone of voice, the relation with the therapist, etc.

Admittedly, it is difficult to categorize the many possible aspects and to relate each of them to specific therapeutic improvement, deterioration or unchangedness, and obviously this can only be done by practising psychotherapists, and not by statisticians. Arithmetic is a relatively simple procedure but its results are meagre. What we need is a clarification of thought, constant reformulation and testing of assumptions, relating them to clinical observations, and therapeutic experimentation. This is a difficult task, but certainly no reason to ignore the fundamental issues of psychotherapy.

Behaviouristic therapy as well as straight hypnosis are only suitable for a small proportion of co-operative and monosymptomatic neurotics. Most patients asking for help find it too difficult to cope with their lives and need a less simple-minded approach.

Incidentally, large-scale statistics on psychotherapy do exist. British probation officers are successful with 75 per cent. of their probationers, many of whom are difficult, unco-operative and abnormal. Over the last 25 years several hundred thousand cases have been followed. We should study the probation officers' approach, which is essentially a psychotherapeutic one, to find out why they seem to be more successful than some psychiatrists.

Admittedly, too much has already been published in psychiatry and allied subjects, yet not enough

time has been given to discussing fundamental clinical issues.

MELITTA SCHMIDBERG.

199 Gloucester Place, N.W.1.
20 January, 1965.

PSYCHIATRIC OUT-PATIENTS IN PLYMOUTH

DEAR SIR,

I refer to the paper by Kessel *et al.* (*Brit. J. Psychiat.*, (January, 1965), 10-17) in which the psychiatric out-patient service in the Plymouth area is analysed. They state that only "193 patients were referred by other hospital doctors" and on this evidence they conclude that "General physicians and surgeons do not refer most of the psychiatric patients they recognize". A statement of this kind is not, in my view, justified by the analysis undertaken. As far as I can gather, the out-patient clinics studied were staffed by psychiatrists who were based on a large mental hospital situated some 13 miles away. If, however, a similar investigation were undertaken at an out-patient clinic of a comprehensive psychiatric unit which is an integral part of a general group of hospitals (Silverman, 1961, 1962, 1963), I have little doubt that the percentage of referrals from other hospital departments would be found to be appreciably higher. Although I have not got figures readily available I can say that the percentage of referrals from other departments in this Group is higher than that implied in the Plymouth analysis.

REFERENCES

- SILVERMAN, M. (1961). *Brit. med. J.*, ii, 698.
— (1962). *Ibid.*, i, 1478.
— (1963). *Lancet*, ii, 587.

MAURICE SILVERMAN.

Queen's Park Hospital, Blackburn.
14 January, 1965.

DEAR SIR,

In discussing out-patient services we wrote: "Only 193 patients were referred by other hospital doctors. Priest (1) considered that 16 per cent. of the patients referred to his general medical out-patient clinic were suffering from psycho-neurosis and from nothing else. General physicians and surgeons do not refer most of the psychiatric patients they recognize." We could have made the argument plainer by adding that very many more than six times 193 patients were seen at medical and surgical clinics in Plymouth during the year under review and that we accepted Priest's findings as generally valid. The conclusion we drew seems to us to be very reasonable.

Dr. Silverman does not find it justified. Perhaps this is because he suppressed half our argument by omitting the second sentence quoted above. Unless he has some reason to believe that Priest made a gross over-estimate (there is considerable evidence (2) to show that this is not so) he can readily investigate the matter for himself by obtaining the number of patients seen at all general out-patient clinics in his area and determining the numbers referred from such clinics to psychiatric out-patient care. We shall be exceedingly surprised if he comes to a different conclusion from ours.

Dr. Silverman says that "the percentage referrals from other departments" is higher in Blackburn. Because his figures are not readily available, a statement of this kind is not, in our view, profitable to discuss. We searched in vain the article (3) and letters (4, 5) cited as references; each of these is concerned with in-patient services. It is not clear whether "the percentage of referrals" mentioned by Dr. Silverman means the percentage of recognized cases that are referred, which is what we were discussing, or, considering all psychiatric referrals, the percentage that come from other hospital departments. This is a very different matter; in our series, as we reported, 15 per cent. of referrals come from other hospital doctors.

Nor do we know what Dr. Silverman means by "implied" in the last sentence of his letter. We did not imply: we investigated, we found and we reported. It could well be that, as Dr. Silverman implies, "a comprehensive department of psychological medicine in a general hospital" (3) has something to offer to general physicians and surgeons and their patients more than the traditional, well-organized service provided by our colleagues, the senior psychiatrists in Plymouth. However, evidence would carry more conviction than mere assertion.

There is a small error in our paper. The percentages in Table II were based not on 1,258 but on 1,596 new patients.

NEIL KESSEL.

CHRISTINE HASSALL.

2 George Square, Edinburgh 8.

17 February, 1965.

REFERENCES

1. PRIEST, W. M. (1962). *Lancet*, ii, 1043-1045.
2. For instance see—SHEPHERD, M., DAVIES, B. M., and CULPAN, R. H. (1960). *Acta psych. et neur. Scand.*, 35, 518; MACLAY, I. (1965). *Brit. J. Psychiat.* III, 34.
3. SILVERMAN, M. (1961). *Brit. med. J.*, ii, 698.
4. — (1962). *Ibid.*, i, 1478.
5. — (1963). *Lancet*, ii, 587.