Audit cannot therefore be considered immune from the principles that govern research. Small data sets and many audits of limited size are especially vulnerable in this respect.

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Feminism and psychiatry

DEAR SIRS

We found it difficult to understand why Dr Charlton (*Psychiatric Bulletin*, 1992, **16**, 769–779) views feminism as damaging to psychiatry. He does not seem to want to listen to what women and men who consider psychiatry from a feminist stand-point have to say. He produces no evidence that feminists are only interested in the single issue of gender.

Our argument is about the importance of gender. Dr Charlton mentions the recent supplement of *The British Journal of Psychiatry* 'Women in Mental Health' as an example of feminism invading psychiatry. In our view the supplement is not feminist enough. While we welcome the focus on women's mental health, the supplement failed in its analysis of gender – power relations, central to feminist perspectives on science and clinical practice. This collection of papers on the whole remained faithful to the tradition of treating women as the objects of scrutiny and treatment rather than taking women's experience as a starting point.

The election of the first woman President of the Royal College of Psychiatrists may provide an opportunity to make real progress on gender issues within psychiatry.

It is a pity that Dr Charlton uses science to reduce feminism particularly in view of his own concern about the value of science in psychiatry (e.g. Charlton, 1990). Clinical practice in psychiatry can only be improved by attention to sexual discrimination.

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Reference

CHARLTON, B. G. (1990) A critique of biological psychiatry. *Psychological Medicine*, **20**, 3–6.

Reply

DEAR SIRS

Thanks to the authors for responding to my provocative polemic. In fairness, I do listen to what those who consider psychiatry from a feminist stand-point have to say. It is because I listen that I am worried. I have suggested a plausible definition of feminism (as opposed to a merely proper and moral attitude to the issue of gender) – feminism is a way of life rather than a part of life (otherwise why define oneself by the label "feminist"?).

Feminism is just one way of analysing society – by chromosome analysis, as it were (or perhaps by socially-constructed gender). Other ways are by class (Marxism), by ethnic group (anti-racism), or by conformity to an economic ideal (libertarian free-market-ism). All of these are useful and valid; none are dominant. None even begin to capture the richness and complexity of human life. All are reductionistic and leave out much of what I value in human society.

So, there is no argument that gender is important, in both positive and negative ways. But it is not supreme, and in psychiatry it ought not to be supreme. As for the analysis of gender-power relations . . . yes, I've read Michel Foucault too, But power/knowledge analysis isn't medicine and it isn't science. It is sociology, history, genealogical philosophy – lots of other things but not psychiatry. It isn't only the *British Journal of Psychiatry* supplement which treats women (why just "women" – surely men too?) as "the objects of scrutiny and treatment rather than taking women's experience as a starting point"; no, this is just what science and medicine do. And if they did not, they would not be science and medicine. Taking women's experience as a starting point is something else altogether.

So I was right: feminist views do put feminism as a higher priority than medicine or science as we know them. Feminists wish to scrap psychiatry and rebuild it anew, presumably using gender-power analysis as a guide. Is this not exactly the "threat of single-issue politics" to which I alluded in my article?

Feminists cannot have it both ways. Either they want radically to "reform" psychiatry (which is obviously a threat to psychiatry), or they don't want to.

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Are psychiatric case-notes offensive?

DEAR SIRS

Speaking from a user's point of view, I would like to respond to the article 'Are psychiatric case-notes offensive?' (*Psychiatric Bulletin*, 1992, **16**, 675–677). I was delighted to find professionals prepared to acknowledge this is an issue of concern. Their findings bear out the common complaint by users that we are not treated with respect, dignity or even common courtesy by many health workers, especially

psychiatrists. This is revealed in discussions with colleagues and published case-notes as well as in confidential files. They seem not to realise that offensive remarks show more about their attitude towards others and their inability to say within professional boundaries than about those they describe. It is a cowardly practice as insulting remarks can be trivialised, denied or the patient intimidated from making a formal complaint by professionals closing up.

Users of psychiatric services are usually in distress. There is a wide range of personalities and behaviour patterns which psychiatrists encounter and if they cannot manage without becoming offensive and insensitive, perhaps they should reconsider their coping mechanisms.

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The dog did it

DEAR SIRS

A letter which a GP had written to me, referring a new patient, had been given to the patient to deliver to me. Explaining the two-month gap between the GP writing the referral and my receiving it, the patient wrote "I enclose my GP reference, and should explain the reason for the somewhat tardy submission. I had assumed that this had been posted by my wife. Unfortunately, my dog saw fit to bury the document which has only just come to light. My apologies".

There was clear evidence of water damage to the patient referral letter, so I do believe that the dog did do it. As far as explanations for the late arrival of mail, this certainly takes the (dog) biscuit.

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