use the term 'mentally handicapped', which merely adds to the confusion.

JOHN GIBSON.

St. Laurence's Hospital,
Coulsdon Road,
Caterham, Surrey, CR3 5YA.

DEAR SIR,

May I point out—it should hardly be necessary—that 'retardation' has long been in use in psychiatry in the sense of a slowing down of thought, as occurs, for instance, in depressive states? The term is by no means obsolete; there are 9 entries for it in the index to Mayer-Gross, Slater and Roth, and it appears in the recent textbooks by Fish and by Anderson and Trethowan. In our issue for February, 1969, we published a study by Foulds and his colleagues on retardation as a form of cognitive disorder in schizophrenia.

Is it not therefore presumptuous to try to annex the term to describe a completely different set of conditions? Is this misuse not an example of the well-known American love of euphemisms, suggesting as it does a mere delay in development which will eventually come right?

'Subnormality' was introduced with the intention of banishing the supposed stigma associated with 'mental'; but since 'mental subnormality' has returned to official use, this has lost its purpose. 'Mentally handicapped' seems to be accepted quite willingly by the many parents who are members of the Society.

ALEXANDER WALK.

18 Sun Lane,
Harpenden, Herts.

UNWANTED PREGNANCY

DEAR SIR,

Dr. Nunn (*Journal*, January 1970) takes me to task about my review of Professor Schulte's book on unwanted pregnancy. He is absolutely right in the second paragraph of his letter: I have no first-hand knowledge of conditions in Zambia, though I have always stressed the importance of the culture pattern.

Dr. Nunn may be aware of the abuse of the new Abortion Act by, I am glad to say, only a few people, and I saw Professor Schulte's book as an interesting illumination of a certain clinical aspect in medicine.

Psychiatry has been 'respectable' in Switzerland for many many years, and we in this country have nearly succeeded in being so; we do not want our efforts to be undermined by a handful of people. I am sure that if I worked in Zambia I would be able to adjust myself to the situation.

G. C. HELLER.

Warley Hospital,
Brentwood, Essex.

MAPOTHER AND NEUROPSYCHIATRY

DEAR SIR,

I found the First Mapother Lecture (*Journal*, December 1969, p. 349–66) of great interest. Discovering a patient of Dr. Mapother's from the first World War still alive at this hospital some years ago, and glancing through the clinical notes, began to conjure up for me a figure previously only a name in my copy of *Price's Textbook of the Practice of Medicine*. Sir Aubrey Lewis' Lecture has now clarified and enlarged my vague picture of Dr. Mapother's significance.

Predictably, perhaps, I found of particular interest Sir Aubrey's references to Mapother's unsuccessful attempts to realize the last of his most cherished projects, namely a neuropsychiatric unit at the Maudsley to study the kind of neurology directly relevant to psychiatry though not the clinical province of the neurologist. Is it possible, perhaps, that this might now be achieved in another form?

In 1881 Hughlings Jackson wrote: 'We require for the science of insanity a rational generalization which shall show how insanities, in the widest sense of the word, including not only cases specially described by alienists but delirium in acute non-cerebral disease, degrees of drunkenness, and even sleep with dreaming, are related one to another. Dreaming is for such purpose as important as any kind of insanity. More than this, we require a rational generalization so wide as to show on the physical side relations of diseases of the mind, which are for the physicians nothing but diseases of the higher centres, to all other diseases of the nervous system. We have to find some fundamental principle under which things so superficially different as the diseases empirically named hemiplegia, aphasia, acute mania, chorea, melancholia, permanent dementia, coma, etc., can be methodically classified.' (*Selected Writings*, ed. Taylor, II, 4–5). I believe it is such 'rational generalization' and 'fundamental principle' which are directly relevant to psychiatry, rather than neurological practice as a whole.

Ten years working continuously in one fairly typical comprehensive psychiatric service have suggested to me that neurological disease may be no more commonly encountered in such circumstances (i.e. the bulk of psychiatric work) than any other kind of physical disease. I have suggested therefore (1, 2, 3) a fundamental change in the nature of

postgraduate degrees and diplomas in psychiatry, to bring them into more realistic line with this state of affairs.

By specifically encouraging the development and synthesis of theoretical and applied psychophysiology with their generalizations and principles, the Maudsley might foster the growing body of knowledge most relevant both to such an examination change, and to Mapother's neuropsychiatry.

J. P. CRAWFORD.

Stone House Hospital,
Dartford, Kent.

REFERENCES

(1) CRAWFORD, J. P. (1964). 'College of psychiatrists.' *Lancet, i,* 878 and 606.
(2) —— (1964). 'Psychiatry and the new M.R.C.P.' *Brit. med. J., i,* 1437 and 1571.
(3) —— (1969). 'General physicians and psychiatry.' *Brit. med. J., i,* 118.

THE PHYSIOLOGY OF FAITH

DEAR SIR,

There are other explanations for religion and conversion than those given by Dr. Sargant in 'Physiology of Faith' (*Journal*, May, 1969, pp. 505–18). Many people believe that the founders of religions were similar to those Messiahs found in every mental hospital suffering from paranoid psychosis. This seems plausible, since they could not all be right. Their paranoid beliefs were spread by a mild multiple psychosis similar to *folie à deux* and children conditioned to them. The universal fear of death enhances the need for belief.

If this is so, it is not surprising that the conditions described by Dr. Sargant: emotionalism, ceremonies, excitement, drums and dancing, etc., or the use of various drugs, cause conversion, since they will also produce or aggravate psychosis.

It is quite untrue to suggest that some religious belief is necessary to lead a useful and happy life. This was shown by Mme Curie, amongst others, who discovered the properties of radium and also had a happy family life. She had no religious beliefs at all.

Many people do not believe in an after-life or think that there is a Deity controlling the world. Saint Augustine found it impossible to explain the prevalent disease, disasters and unhappiness due to poverty and wars if there was an omnipotent and all-kindly power behind everything. It is still as difficult now.

Interesting though Dr. Sargant's researches are, one must admit that they are not by any means completely explanatory and may be on the wrong lines.

CLIFFORD ALLEN.

The Lodge,
Llwyn Offa,
Mold, Flintshire.

NURSES FOR CHILDREN'S UNITS

DEAR SIR,

Dr. Wardle's letter (*Journal*, October, 1969, p. 1228) is a timely reminder that, as clinical child psychiatry grows and supportive in-patient units increase in number, we must begin to look carefully at the selection and training requirements of nursing staff. As in-patient units, by definition, cater for sick children, one is faced with the necessity of formulating some type of training that offers experience in the nursing of physically as well as emotionally sick children. From our experience in this unit, our needs would best be served by being able to select staff who have a good capacity for mothering, are well versed in child development and in the emotional disorders of children, have a knowledge of the physically sick child and, coupled with all these attributes, the discipline that flows from an ethical code which is so important a part of any nurse training.

One wonders whether the General Nursing Council should now begin to look carefully at the need for a basic or generic type training, rather similar to that in medicine, in which all nurses would have a primary two-year training period covering major aspects of nursing care and technique and in their third and final year should opt for the specialty of their choice. Child psychiatry could well be one of these options and would perhaps attract those students who in their generic course have had a taste of psychiatry and paediatrics. Should they choose this option, their final year would fit them for a staff nurse appointment in a child or adolescent unit. Such training presupposes initial selection.

Having obtained our specially trained staff we must remember that no army is composed entirely of generals, and much of the routine work within such units will of necessity fall on the shoulders of the enrolled nurses who, through the ancient principle of apprenticeship, become expert in their own field.

G. L. DAVIES.

Department of Child and Family Psychiatry,
St. Luke's Hospital,
Middlesbrough,
Teesside.