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DEAR SIR,

The article by Renvoize *et al* (*Journal*, August 1985, **147**, 204–205) stressed the importance and usefulness of comprehensive physical investigations in the assessment of demented patients. However, in their findings they reported that folate deficiency was present in 44.8% of their patients. This was based on serum folate assay, and it is noteworthy that despite this high prevalence of “folate deficiency” as they call it, no reference is made to this finding in their discussion. There are two important points to be made here. First of all, it is probable that the elderly as a population tend to have a lower serum folate (Caird, 1973; Fox *et al*, 1975) and therefore the reference range used should be stated. But more importantly, it is now established that a low serum folate is not diagnosis of “folate deficiency”. It has been stressed (Chanarin, 1983) that a low serum folate may better be interpreted as negative folate balance, possibly dietary in origin, but for the diagnosis of folate deficiency red blood cell folate level is required. It is therefore more appropriate to perform red blood-cell folate assay in the investigation of demented patients.

GREGORY O'BRIEN
ANDREW CLARK

Fleming Memorial Hospital
Great North Road
Newcastle upon Tyne NE2 3AX

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Research on the Value of Psychotherapy

DEAR SIR,

The controversy over the value of psychotherapy (*Journal*, May 1985, **146**, 555–557) has raged for some time, and will no doubt continue to do so. I

believe that an important aspect of the problem involved in evaluating psychotherapy deserves greater attention, viz. the differences between the methodologies of the natural (explanatory) and human (interpretive) sciences.

I believe that it is important to recognize a particular way in which the two sciences differ, because it underlies a great deal of the controversy. The difference consists in the fact that only in the natural sciences does the *theoretical* possibility exist that a crucial experiment can be undertaken to settle a question with absolute finality. Thus in physics it is possible to contemplate an experiment, in which all appropriate variables are controlled, all measures error free, and all outcomes ultimately predictable. Physicists of course, do not believe this is possible *in reality* and seem content to operate in a universe in which the creator does indeed throw dice. However, the ultimate experiment can be *imagined* and, therefore, used as a basis for theorizing.

In the human sciences on the other hand, it is very difficult to imagine an ultimate error free, totally manipulable and predictable experimental exercise, even if only because of the ethical implications. But when the object of interest is a social group, a historical event, or a sequence of individual behaviours in the field, replicability is a concept which cannot apply in the ordinary sense.

It is this sticking point that I believe needs to be elucidated in terms of current medical and social utilities if the “value of psychotherapy” controversy is to advance beyond polemics.

It might help matters if the supporters and detractors of the value of psychotherapy each described the design of a study whose outcome would satisfy them that the issue had been satisfactorily settled. Are there any who would take up this challenge?

I. PILOWSKY

Royal Adelaide Hospital
Adelaide, South Australia 5001

Psychotherapy and Placebo

DEAR SIR,

Professor Eysenck (*Journal*, May 1985, **146**, 556–557) points out that the inclusion of placebo controls is a necessary condition for the validity of psychotherapy research, and the logic of this appears inescapable.

However, there are problems about the use of the concept “placebo” in psychotherapy research. For since the effects of placebo are psychological and the treatment in question (i.e. psychotherapy) is also “psychological” then we are simply comparing like with like—psychological with psychological. In this