

as the assessors are distinguished members of our profession, no case can be made for the danger of lowering standards unless the Editors were to fail in their function to a fantastically improbable extent.

Sutherland suggests that each section of the Association be given space. It is quite evident that this would, in principle, only make explicit a state of affairs that already exists. I refer not only to the grouping of papers in the Table of Contents but also to the fact that the assessors—over 70 in number—adequately represent many, but not all, groups of psychiatric interest. It is because of this that space will be given to their interests.

Sutherland's proposal, building on this situation, admirably seeks to break a vicious circle with a long history behind it. I can see nothing against it unless it be assumed that any paper submitted by a dynamic psychiatrist is automatically assumed to be of low standard. It is hardly credible that this should be the view of Peter Sainsbury and with him the Executive Committee of the Research and Clinical Section.

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DEAR SIR,

There is a profound reason for the schism in psychiatry to which your correspondents have referred. We have to face the fact that the psyche is not a suitable object for a scientific enquiry. Karl Jaspers, following Kant, has pointed out that the psyche is an *idea*, i.e. a metaphysical concept under which we subsume subjective experiences. (*Psychologie der Weltanschauungen* (1922), second edition. Berlin: Springer, pp. 473-475). Although I require the idea of the psyche as a locus of my personal identity, "I never attain to a systematic unity of all appearances of inner sense" (*Kant's Critique of Pure Reason*, English translation by N. Kemp Smith (1929). London: Macmillan & Co., p. 557), a systematization which is objectively valid and based on determinism of scientific theories. Thus I am left to choose between innumerable, often contradictory personality theories, the theory accepted by Dr. J. D. Sutherland being one of them, and I am confronted with the chaos revealed by the paper, published in the *Journal*, under the title, "Opinions on Psychotherapy: an Enquiry" (*Journal*, April, 1966, p. 351).

Psychiatrists like Dr. J. C. N. Tibbits who are convinced of the importance of the subjective approach and who try to help their patients to gain a better and healthier form of existence, using intuition and not scientific explanation as their medium, do

not have to rely on non-systematic anecdotal constructs. They can base their treatment on a non-scientific form of systematization, combining Husserl's phenomenological approach, which makes the data of experience fundamental, with the existential approach which makes human freedom fundamental. The metaphysical dogmatism of existential philosophy as evident in Heidegger and accepted by M. Boss can be avoided (Ledermann (1965) *Existential Psychotherapy and the Principles of Scientific Medicine*, Sixth International Congress of Psychotherapy, London, Selected Lectures, pp. 68-74, S. Karger, Basel/New York).

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DEAR SIR,

An American perhaps should not intrude himself into a discussion about policy matters concerning *The British Journal of Psychiatry*. But recent letters to the Editor criticizing the *Journal's* supposed policy of essentially presenting only papers containing data stimulate me to the following comment. For some years now, British physicians have been understandably disturbed by the medical "brain drain", a good deal of which has been to the United States. It would be tragic if, in return, British psychiatry were to import the worst features of American psychiatry, namely, an exaggerated sense of the validity of psychiatric intuition leading to uncontrolled observations and untestable theories.

*The British Journal of Psychiatry* occupies a position of pre-eminence; please do not do anything to alter this position.

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#### SIR AUBREY LEWIS'S COLLECTED WORKS

DEAR SIR,

Correspondents in your March, 1968, issue (pp. 355-356) find Professor Stengel's review of Sir Aubrey Lewis's Collected Papers "less than generous", and seem to take particular exception to the implication that they could discourage the young psychiatrist. The review seemed to me critical but just, carefully conceived, witty and extremely well written. This goes to confirm what we

know already, that the perception of complex stimuli lies in the brain of the beholder.

What are the functions of a review? I suggest that they are to indicate what a book is about, to place it in its general psychiatric context and to give a personal evaluation. These functions involve increasing degrees of subjectivity, but this is unavoidable. Books are reviewed by people who have some expertise in the field under review. One could hardly fault Professor Stengel in this. His extensive knowledge ranges from organic psychiatry to psychoanalysis; he has had his own University department, and has done valuable clinical and epidemiological research. His opinions merit attention, therefore, even if they are not universally accepted.

Just as the writers of one of the letters you publish point out that they are entitled to their opinion of a reviewer's views, others of us are entitled to our opinion of their opinion of a reviewer's views. Possibly they are over-sensitive to criticism of writings with which they feel themselves to be in some way involved.

Opinions on the value of contemporary writing are notoriously unreliable. Future generations of students and young psychiatrists will decide their reading for themselves. I doubt whether in 1978 any attention will be paid to what will be regarded as the boring and out-of-date controversies of the previous decade, and, as Dr. Anthony points out, young psychiatrists of the present are not incapable of finding their way to writings, including those under discussion, if they find them helpful.

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DEAR SIR,

I have followed with interest the correspondence about Professor Stengel's review of Professor Sir Aubrey Lewis's book.

Your critics of Professor Stengel's review seem disturbed about the recruiting of young doctors into psychiatry "for the next 200 years", but one of the main reasons why doctors have not been attracted to psychiatry in the past must surely be our near-religious preoccupation with the "gospel" according to Freud, Kraepelin and the rest, which has at times made us a laughing stock in the eyes of our medical and scientific colleagues.

It will be a sad day for twentieth-century psychiatry when an eminent professor is not allowed to be less than charitable about the writings of an equally eminent colleague, and it is to be sincerely hoped that no attempt is being made to elevate Sir Aubrey's

excellent essays into yet another paternalistic fount of wisdom. It was therefore unedifying, if unfortunately predictable, to read the petition against Professor Stengel's review by the senior and junior Common Rooms of the Maudsley Hospital, who doubtless feel that their graceful gesture to Sir Aubrey is being criticized.

I hope that these two distinguished men will be allowed to express their opinions in peace, and that the nineteenth-century scene of a psychiatrist's disciples' petitioning against critics will not recur in your correspondence columns.

PETER HALL.

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Powick, nr. Worcester.*

PSYCHODIAGNOSIS IN SCHIZOPHRENIA  
DEAR SIR,

I was dismayed to read in the January, 1968, issue a review roundly condemning *Psychodiagnosis in Schizophrenia* by I. B. Weiner. I have used this text during the last year and my impressions of it are in total disharmony with those of the reviewer. I believe Professor Fish's criticisms of this book to be reckless and needlessly abrasive, and to betray at best a scant familiarity with its contents. Dr. Fish's wholesale condemnation of American psychiatry and clinical psychology certainly has no place in a journal of this calibre.

G. W. GRUMET.

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New York, N.Y., 10032.*

DEAR SIR,

I am sorry that Dr. Grumet finds it necessary to suggest that I do not read the books I review. The fact is that Weiner claimed that it is possible to use psychological tests in the diagnosis of schizophrenia. The general view of psychiatrists and clinical psychologists in this country is that psychodiagnostic tests are not of much value as far as the problem of schizophrenia is concerned. I see no reason to alter my criticisms of American psychiatry. Practically every European psychiatrist with a knowledge of American psychiatry is aware that American psychiatrists and clinical psychologists have an extremely wide concept of schizophrenia, which is so wide at times as to be almost meaningless.

FRANK FISH.

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HUMAN SEXUAL RESPONSE

DEAR SIR,

I regret that a journal of repute such as *The British*