

References

- BIRCHWOOD, M. (1991) & CRAMMER, J. L. (1991) Prescribing by psychologists? *Psychiatric Bulletin*, 15, 34–35.
- HAWTON, K., SALKOVSKIS, P. M., KIRK, J. & CLARK, D. M. (1989) *Cognitive Behaviour Therapy for Psychiatric Problems*. Oxford: Oxford University Press.
- KUHN, T. H. (1970) *The Structure of Scientific Revolutions*. Chicago: The University of Chicago Press.
- STERN, R. S. & DRUMMOND, L. (1991) *The Practice of Behavioural and Cognitive Psychotherapy*. Cambridge: Cambridge University Press.

Derivation of 'crisis intervention'

DEAR SIRS

Your conference briefing (*Psychiatric Bulletin*, January 1991, 15, 36) quotes Dr Parad as describing the underlying principle of crisis intervention "as embodied by the Chinese pictogram for 'crisis' which indicates both danger and opportunity". This neat idea comes from one of the most influential textbooks on *Crisis Intervention* (Aguilera & Messick, 1970). Neat it may be, but not strictly accurate.

The English words crisis and opportunity are represented by compound words in Chinese. The word for crisis in Chinese is *weiji*. The word for opportunity is *jihui*. Both these words contain the Chinese morpheme *ji* which cannot easily be translated into English by any single word but can mean something like a fulcrum or lever and from this might come such a meaning as crux or turning-point. *Wei* means danger, hence *weiji* danger-crux. *Hui* means able to, hence *jihui* crux-able.

It is, perhaps, preferable to turn to the Greek derivation of the English word crisis as a source of inspiration. *Κρισις* as used by Hippocrates and Galen means decision, event, turning-point of a disease (*Shorter Oxford Dictionary*). The facilitation of decision-making to allow change and growth at this crucial turning point in the life of an individual or family represents the nub of the crisis intervention approach.

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Reference

- AGUILERA, D. C. & MESSICK, J. M. (1970) *Crisis Intervention: theory and methodology*, first edition. St Louis: Mosby.

Development of psychiatry in Czechoslovakia

DEAR SIRS

I read with interest the article by Alan Kerr and Edward Peck (*Psychiatric Bulletin*, January 1991, 15,

4–6) about psychiatry in Prague. I would like to amplify the historical background relevant to today's Czechoslovakia.

The development of psychiatry reflected the spirit of the time. In the Middle Ages mental illness was regarded as the work of the Devil and was therefore brutally suppressed by the Church. The mentally ill were tortured or ended at the stake. The first mental asylum in Bohemia, run by the Church, was established in Prague in 929. It held 12 patients. The opening of many more hospitals followed.

In the 15th and 16th centuries, with the arrival of the Renaissance and industrial growth, political power shifted to large towns and their inhabitants, especially business men and manufacturers. As a result the first municipal hospital under civic administration and financially supported by the public was opened in the royal town of Znojmo in today's Slovakia. It could accommodate five to 15 mentally ill patients. The fate of the mentally ill remained unsatisfactory. They were left to vegetate in cellars until hunger or infection ended their lives.

In the second half of the 18th century under the influence of a new ideology, the Enlightenment, the Emperor Josef II ordered the building of a new Prague general hospital and so-called Madhouse (Tollhaus), which was situated in the courtyard of the general hospital. Standards of living and hygiene were high and in great contrast to those of previous periods. Patients were admitted with the knowledge of the authorities, since a written confirmation was required. Under the management of Dr Riedel, a Czech, it grew into a centre with a world-wide reputation and one of the best psychiatric hospitals in Europe. Dr Philip Pinel's monograph on therapeutic methods in treatment of the chronically mentally ill became the handbook of nearly all psychiatrists. Dr John Conolly's system of no restraint was widely accepted. Musicotherapy, industrial therapy, hydrotherapy, physical education and school teaching were on prescribing lists and were tailored according to patients' needs. Interestingly 'electrotherapy', using an electromagnetic apparatus, was a recommended treatment.

Further development of Czech psychiatry in Prague was complicated by the division of the Charles University (established in 1348) into the German and Czech parts and the fall of the Austrian-Hungarian Empire. Dr A. Pick, who described a degenerative process of the brain, worked in the German part of the University. (Incidentally, Albert Einstein worked in the German part of the University, too.)

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