

## Correspondence

### Physical Therapy of Mental Disorder

SIR,—By showing so clearly that even a psycho-analyst has his blind spots, his prejudices, and his ignorances, by descending to the level of invective, and by upholding the "right" of psychological science against the "wrong" of physically orientated therapy, Dr. D. W. Winnicott (May 17, p. 688) has implicitly declared to us that, even in the name of positive science, it is indeed difficult to get away from the evaluative statement. He can never free himself from making such statements as "the wrong kind of doctor, skilled in the wrong way," "depression is the illness of valuable people," and "I think leucotomy is the worst honest error in the history of medical practice." He deplures, condemns, is shocked and horrified, and he points the accusing finger. His statement that "... scientists hate empiricism and regard it as a stimulus to research," which I cannot believe he means, is the kind of slip-of-the-pen which we can safely leave Dr. Winnicott to sort out with his unconscious.

The notion upon which his whole argument seems to rest is that magic and science are irreconcilable, wholly alien to each other. It is upon this point, rather than upon the specific issue of physical therapy in mental disorder, that I should like to join issue with him. It should be clear enough that when Dr. Winnicott refers to "magic" it is with an associated feeling of hostility, while his references to science are those of a protagonist. He loves science because he is dedicated to it. He holds to the one and eschews the other. Now it seems to me that it is this fundamental division of all experience into the "good" and "bad," the "accepted" and the "rejected," which is not only the origin of all evaluative judgments but is, in Dr. Winnicott's own case, the underlying process in his prejudiced attack. Furthermore, it would seem that, in calling magic "bad" and science "good" he is doing no more than reversing traditional custom. In psycho-analytical language, he is replacing a traditional, worn out super-ego with his own 1947 model. He arrogates to himself the function of Inquisitor and with zeal pursues the misguided leucotomist in true heresy-hunting fashion. He magically invokes science to condemn magic. The condemnation of a practice as immoral (in this case leucotomy and E.C.T.) which issues from a philosophy that implicitly denies morality (in so far as it is positive and non-evaluative) is an absurdity. Dr. Winnicott, in descending from his Olympian perch and engaging in the humdrum squabbles of mortals, cannot, except by most serpentine logic, retain his Olympian status. He cannot be a referee in his own fight; but this appears to be what he is trying to do, and I must draw his attention to it. As to his personal opinions, however prejudiced they may be, he is entitled to our respect, but his authoritarian utterances deserve another fate.—I am, etc.,

Aberdeen.

W. MALCOLM MILLAR.

SIR,—Dr. D. W. Winnicott's attack (May 17, p. 688) on "Physical Therapy of Mental Disorder" merits some comment. Dr. Winnicott is a paediatrician and a Freudian child psychiatrist and cannot therefore have had much personal experience of these methods. Before one dismisses so lightly these important developments in psychiatry, as Dr. Winnicott does, one might profitably examine the actual results of these treatments. When E.C.T. is used in cases of involuntional depression, figures of from 70 to 90% of recoveries are constantly reported, (Sargant and Slater, 1944), while hospitalization is reduced in cases of depression from an average of 63 weeks to 6 weeks (Shelton, 1942). With regard to the insulin coma treatment of schizophrenia, a statistical investigation in New York has shown it to be so successful that Governor Dewey has made it a routine in State hospitals. It was calculated that each patient was saved 3½ months' hospitalization through the treatment. Swiss and German investigations show that the recovery rate in treated as against untreated cases is in the proportion of 2:1 (Freudenberg, R. K., Sargant, W., Mayer-

Gross, W., and others). When prefrontal leucotomy is given to the most hopelessly ill patients in mental hospitals, one out of three becomes well enough to return home, while 30% are much improved. Brody and others have been unable to find any intellectual deterioration as a result of the operation.

In view of the long and painstaking scientific research which has made these results possible (and they represent a vast alleviation of human suffering), it is difficult to understand why Dr. Winnicott can describe these treatments as "brutal," or why he says that it is better to do nothing than to use them. Perhaps the reason why he has been misled is because it is well known that serious psychological symptoms in the case of children can clear up in a remarkable manner as the result of psychotherapy, and even in some cases merely by lapse of time. It would be wrong, however, to suppose that the same applies to adults, and especially middle-aged adults, who are most frequently the objects of shock treatments. The best analysts are careful to select their patients, and even Freud admitted that his methods were not successful with elderly patients or with psychotic patients. It would therefore seem illogical for Dr. Winnicott to dissuade such persons from having any treatment at all. He evidently supposes that because a mental conflict has been a causative factor in the onset of an illness, the patient should be treated solely by psychological methods. It would be just as reasonable to forbid a patient suffering from Graves's disease to have an operation on the ground that emotional conflict was a factor in its causation.

When Dr. Winnicott regrets that psychiatrists are as interested in biochemistry and neurology as in psychology, he appears to be guided by a mistaken belief in the unreal Cartesian dualism of mind and body. For the psychiatrist, however, the patient's organism must be considered as a mind-body unity and must be treated by psychotherapy and physical means as the situation demands. If Dr. Winnicott were right, the psychiatrist would need no medical knowledge whatever. It is not true to say that no doctor would agree to have shock treatment. More than one has personally testified in the medical Press to the efficacy of E.C.T. for melancholia, while three research workers to my knowledge have submitted to a number of shocks in order to test the effects of different wave forms. One of these described the subsequent sensation as "like having drunk two glasses of champagne."

It is difficult to understand Dr. Winnicott's prejudices, considering that so few patients dislike the treatment, while those who do are easily anaesthetized beforehand with a little "pentothal." Serious results may, however, follow from an attack of that character by a man of Dr. Winnicott's standing, for the patient may be denied the only form of treatment which will save him many months, or even years, of suffering in a mental hospital.—I am, etc.,

London, W.1.

A. SPENCER PATERSON.

## REFERENCES

- Freudenberg, R. K., *et al.* (1947). *J. ment. Sci.*, **93**, 9.  
Sargant, W., and Slater, E. (1944). *Physical Methods of Treatment in Psychiatry*. Edinburgh.  
Shelton, P. (1942). *J. Missouri State Med. Ass.*, **39**, 53.

SIR,—The inspiring and stimulating article by Dr. D. W. Winnicott (May 17, p. 688) shines like a beacon of light in the dark wilderness. I would like to write constructively further to my previous letters, which I am given to understand have received a not inconsiderable measure of support. It is my view that it is quite unnecessary to be a doctor in order to give good psychiatric treatment. The important desideratum is to have people who by their characters, deep culture, and infinite patience are best fitted to undertake treatment in this dangerous subject. A psychiatrist does not always possess these attributes; in fact there are many lay people who with a course of training in normal and abnormal psychology would make much better therapeuticians. There are some distinguished psychiatrists and some good ones, but unfortunately they are in the minority.

I am in whole-hearted agreement with Dr. Winnicott in his views against E.C.T. As regards the operation of prefrontal leucotomy, which I witnessed many years ago as one of the first thirty to be done in this country, it is one of the most dreadful operations I have ever witnessed, and I can pay