

Correspondence

Letters to the Editor should not exceed 500 words.

Compulsive Gambler. G. M. Carstairs, F.R.C.P.ED.; E. Moran, M.R.C.P.; J. C. Gunn, M.B.; F. R. C. Casson, D.P.M.; I. Atkin, M.D.239	Child Welfare Services and the General Practitioner. F. E. James, M.D.243	Status of the Representative Body. H. H. Langston, F.R.C.S.; W. D. Gray, M.B.245
Overcrowding in Psychiatric Hospitals. M. H. Davies, D.P.M.240	Problems in Amphetamine Usage. H. E. Lewis, M.R.C.S.243	Australia Next? E. C. Gambrill, M.B.245
Intramuscular Injections and Gas Gangrene. S. D. Rubbo, M.D., and Joan F. Gardner, M.D.; C. A. Birch, F.R.C.P.; B. Williams, F.R.C.O.G.241	Coroners' Necropsies. F. G. Hails.243	N.H.S. Pensions. J. S. Jones, M.B.; G. N. Fox, L.M.S.S.A.; D. R. Macdonald, M.R.C.P.245
Medical Ethics. N. Macdonald, F.R.C.P.ED.; D. H. Trapnell, M.D., and D. Johnson, M.R.C.S.242	Royal Malady. J. G. K. Dean, F.R.C.P.; A. F. Maclean, M.D.243	Name for the Grade. R. O. Walker, M.B.246
Ethics and Abortion. E. T. O. Slater, F.R.C.P.; Doris M. Odium, D.P.M.242	Was it a Drug? R. C. Brown, M.B.244	Doctors' Wives. Sylvia Golledge, S.R.N.; F. M. Owers, M.B.246
	Blood for Sale. S. L. H. Smith, B.M.244	Unfilled Posts in the North. T. Sussman, F.R.C.S.246
	Hiatus Hernia. W. W. Fox, M.B.244	Short Notice for Motions. A. W. Woolley, M.B.246
	Dealing with Bedsores. J. J. Walsh, M.D.244	
	Colour Coding. E. V. Kuenssberg, M.B.244	

Compulsive Gambler

SIR,—Having become accustomed to investigating your leading articles on subjects other than my own with the authority of Holy Writ, I was disconcerted to find, under the above heading (13 April, p. 69), a mixture of erudition and wit with elements of illiberal nonsense which demand immediate repudiation. Your author clearly states the difference between an obsession and an excessive indulgence in a pleasurable activity; but, intoxicated by the clarity of his own logic, he then proceeds to oversimplify the antithesis: "The gambler does not hurt himself as the compulsive patient does." (This is often not true.) "He lacks a sense of responsibility or of duty to society"—but many gamblers are keenly aware, in the intervals of their gambling, of their own folly and culpability.

The writer goes on to say: "Every man in the street can imagine himself in his place, which alone puts him outside the pale of psychiatry." This is quite absurd. There are many psychiatric states, such as severe depression, phobias, anxiety, and failing memory, with which every man in the street can readily empathize. The writer goes on to imply that psychiatrists should concern themselves only with "brain damage or disease," and not with antisocial behaviour. Not even when the patient himself begs for help in mastering an uncontrollable urge (as may be the case with alcoholics, sexual deviants, and even the obese)?

Barbara Wootton¹ has very clearly shown the need to distinguish between "illness" and the many other factors which may contribute to antisocial behaviour. Sociologists, like Lady Wootton, politicians, teachers, lawyers, and many others are quite as capable as psychiatrists when it comes to recognizing social pathology, but when attempts are made at its prevention or cure the psychiatrist who has made a particular study of human motivation has surely got an important part to play, along with other helping agencies.

Your writer's concept of the doctor's primary duty to turn a blind eye to his

patient's personality, his motivation, and his social circumstances is surely not only a travesty of psychiatric practice but also does less than justice to the work of the personal physician in this day and age.—I am, etc.,

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REFERENCE

- ¹ Wootton, B., *Social Science and Social Pathology*, 1959. London.

SIR,—The criticism of the use of the term "compulsive" in the context of excessive gambling contained in your leading article (13 April, p. 69) is of course correct. It is also true that the continued extension of the concept of mental disorder into the realm of antisocial behaviour is often no more than a subtle device used by society to avoid its responsibility.¹ Under these circumstances it is rather disturbing to note that the Mental Health Act, 1959, was invoked to detain the "compulsive gambler" to whom you refer.² Section 4(v) of the Act specifically excludes its use when the sole abnormality is antisocial behaviour. This is rightly so, since there are other legal devices for dealing with this situation and the matter is one involving individual liberty.

I should like to comment on your statement that the individual who gambles in the manner referred to is no more than an "excessive gambler" whose "motivation is no different from that of the ordinary gambler or the man who likes betting." The implication underlying this is that "excessive gambling" is a single entity, and ignores the fact that it is no more than a form of deviant behaviour of which there are likely to be diverse varieties, as has been found in other forms of deviant behaviour, such as alcoholism.³ It also does not emphasize that, whereas some excessive gamblers are so successful that they are able thereby to obtain a livelihood, others create problems for them-

selves and society by their gambling. A useful generic term for this latter condition is "pathological gambling."⁴ The value of this term is that it allows for a variety of states, in at least some of which the motivation may be very different from that of the ordinary gambler. An example of this is the occurrence of pathological gambling in the context of a depressive illness where the self-destructive gambling may be used to deal with the guilt feelings which are so prominent in this condition.

When one comes to the treatment of pathological gambling, our present knowledge is such that the approach must be empirical. Leucotomy is usually contraindicated in the presence of antisocial behaviour, particularly when it is unassociated with any other evidence of mental disorder. Its use in an individual whose sole abnormality is pathological gambling is therefore questionable. When the individual is aged only 21, as in the case referred to, one wonders whether it is really justified. Among the more successful techniques used to deal with this condition are forms of group psychotherapy run by gamblers for gamblers such as Gamblers Anonymous. This gives the pathological gambler an opportunity to meet others with similar problems and to share his experiences with them. Relationships are formed which may help to modify his behaviour; these continue outside the group situation and can be particularly beneficial during times of crisis. Another approach to this problem which has been reported to give good results is aversion therapy.⁵ Finally, it must be recognized that non-critical enthusiasm for any technique, whether physical, psychological, or social, used in managing deviant behaviour ultimately is as detrimental as ill-considered denigration. Unfortunately the management of pathological gambling has been subjected to both.—I am, etc.,

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² *The Times*, 2 April 1968.
³ Jellinek, E. M., *The Disease Concept of Alcoholism*, 1960. New Haven.
⁴ *Brit. med. J.*, 1965, 1, 809.
⁵ Georney, A. B., *Brit. J. Psychiat.*, 1968, 114, 329.