

tends to pass it off as a joke. Apropos of the article by Trethowan and Conlan in the January number of the *British Journal of Psychiatry*, attention may be drawn to a report of my own (*Armed Forces Med. J.*, Vol. 20) on 20 cases, with a follow-up of 6 to 10 years. These patients were all Indians, comprising clerks, office superintendents, medical men, and senior civil servants; all were socially and economically comfortable. The marriages were generally of the arranged type, common in India, and all were sanctified by formal rituals, and socially accepted.

The clinical features of couvade were of five types: (a) "neurasthenic" (8); (b) gastro-intestinal (8); (c) headache (2); (d) bad dreams; and (e) localized pains. These appeared from the tenth week of the wife's pregnancy in the earliest case, but generally from the fifth month, and lasted till the confinement was over (all successfully), when the "couvade" syndrome disappeared. The neurasthenic features were fatigue, mistakes in the office, sense of depression, "anxiety states", and hypochondriasis. The gastro-intestinal features were anorexia, gastralgia, heart-burn, vomiting, constipation, and epigastric distress.

All the men were "normal" in the social aspect in the usual sense of the word. No effect was noticed of "service away from home", age, income, education, office status, parity of the wife, general health, except in one man with allergy and in another with gross nervousness due to chronic indebtedness.

Progress was uneventful and the condition was rarely disabling; treatment was essentially psychological with holding drugs in some instances. Full clinical investigations were done on the medical and air force officers, a surgeon and a senior civil servant—more to assuage their feelings than to achieve a diagnosis.

The prognosis was excellent. Indeed, the unpleasant experiences of first fathering were no deterrent to further efforts.

"Couvade"—hatching, really refers to the woman, etymologically. But the man does not really hatch, though it is his seed. An appellation such as "fathering syndrome" will give him status, and recognition and dignity to his prowess.

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ACEDIA

DEAR SIR,

I am pleased that Dr. Altschule agrees with me "in the main" and sorry that he finds most of what he agrees with (i.e. all but the last paragraph) to be irrelevant. The charge of irrelevancy is precisely what I am criticizing and such an opinion implies a judgment, despite any disclaimers.

Perhaps the word "automatism" was ill-chosen. It was intended to convey the contrary of free choice, voluntariness, responsibility and similar attributes which are usually agreed to characterize the normal or non-psychiatric subject, and which are variably diminished or lacking in psychiatric syndromes. The point I made was that the mental attitudes discussed under "acedia" are not necessarily outside the scope of personal responsibility, as is the case with psychiatric syndromes.

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NATURE OF PSYCHOTHERAPY

DEAR SIR,

Miss Hamilton's defence of her author does her credit (correspondence column, *Journal*, July 1965).

Jaspers (and Sir Aubrey Lewis) no doubt felt the book was a good guide to what psychotherapy was. My point was that it was detached, not based on inner experience, and defined the word tautologically. Dated, because in the 30 years much new thinking had gone into our approach to the whole subject, which the "student" might thus ignore.

It is evidently not permissible to criticize patristic writings, as Miss Hamilton assumes that I, whom she mistakes for a dyed-in-the-wool Freudian, would not dare question Freud! In fact I have often done so.

I did not fail to praise what was of permanent significance. Here she and I agree. But I remain convinced that this booklet is for those "inside", who can truly understand what is involved.

I can only repeat my slightly different conclusion, as a devoted *practising* psychotherapist, who has paid the price of training and experience, by my doubt about the general utility of making this booklet into a sacred text. What psychotherapy is about is vividly discussed in clinicians' books, illustrated by cases, and experienced in one's own and one's patients' realities.

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