

Correspondence

Letters for publication in the Correspondence columns should be addressed to:
The Editor, British Journal of Psychiatry, Chandos House, 2 Queen Anne Street, London, W1M 9LE

EFFECTS OF HYPNOTICS ON ANXIOUS PATIENTS

DEAR SIR,

We read with interest the paper by Dr. Malpas and her colleagues in the May 1974 issue (124, 482-4) on the effect of hypnotics on anxious patients. We cannot accept unchallenged some of the points in the discussion.

Comparing the effects of a single dose of an hypnotic drug on young well subjects with the effects of multiple doses of the same hypnotic on older anxious subjects does not settle the argument whether the behavioural effect of hypnotic drugs in anxious subjects is different from that in normals. It is possible that had Dr. Malpas and her colleagues tested normal subjects at the end of a week's ingestion of the hypnotic they might also have adapted to its effects by then, so that there would have been little noticeable effect on behavioural or EEG testing compared with effects obtained by testing after a single dose.

In a new series of experiments on the effects of psychotropic drugs on driving performance, which we are about to start, we hope to test whether such adaptation does occur in normal subjects: a weakness of our previous study (Betts *et al.*, 1972) was that the deleterious effects that various psychotropic drugs had on driving performance in normal subjects were measured at the end of five doses only.

Neither we nor Dr. Malpas really know whether the effect of hypnotic and other psychotropic medication on performance tests in normals is the same as in the highly aroused. We suspect that the effect on performance of these drugs in anxious subjects is probably more complex than in normals (as anxiety itself has its own effects on performance, though even in normals effects do depend on personality variables), but we think there is little evidence so far that it is likely to be less. Dr. Malpas and her colleagues would presumably disagree.

If it is true that the effects of psychotropic drugs on performance depend on levels of arousal, then extrapolating from experiments such as ours, using normal subjects, to clinical populations of patients would be

treacherous. We would have liked to have tested performance in anxious patients taking various drugs or placebo on our driving tests: but the ethical and practical difficulties of using a patient population in this way prevented us. These difficulties are immense: if it can be shown that it is important to test behavioural effects of drugs on such a population these difficulties will have to be overcome. We remain to be convinced of this need.

Two further points in Dr. Malpas's study concern us. The first relates to the absence of any comment in her paper on any allowance made for likely carry-over effects between different drug treatments. The second concerns the analysis of data: the application of analysis of variance techniques to data which are apparently non-parametric is inappropriate.

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REFERENCE

- BETTS, T. A., CLAYTON, A. B. & MACKAY, G. M. (1972) Effects of four commonly used tranquillizers on low speed driving performance tests. *British Medical Journal*, 4, 580-84.

MENTAL DISORDER AND SEASON OF BIRTH

DEAR SIR,

In their article (*Journal*, Jan. 1974, 124, 81) Drs. Hare, Price and Slater gave further evidence of an association between season of birth and functional psychosis, revealing a highly significant excess of winter birth among those who develop schizophrenic and manic-depressive illnesses. They stated that they would be interested to know whether such an association existed in other countries, 'especially those with widely different climates or in the southern hemisphere'.

We have recently completed a pilot study which

suggests that a similar trend exists in the more temperate state of New South Wales, Australia.

A random survey of the records of first admissions to a large psychiatric hospital (Callan Park Hospital, Rozelle) was made. Only those who had been born in New South Wales subsequent to 1903, whose full birth date could be determined, and whose diagnosis was recorded on discharge were included, and a sample of 1,488 was obtained.

After correcting for the normal season-of-birth distribution of the general New South Wales population, a trend for schizophrenic and manic patients to show increased winter birth dates and decreased summer birth dates was apparent; this was not noted for other diagnostic groups.

Number of births per month of each diagnostic group was intercorrelated with the mean Sydney temperature for that month. The only diagnostic group to reach significance was schizophrenia ($r = -0.642$; d.f. 11; $p < 0.05$), with mania just failing to do so ($r = -0.547$; d.f. 11, $p < 0.10$).

It is emphasized that this study is a pilot one and that the numbers are insufficient to allow any definite conclusions to be reached. A study is now proceeding, examining data on all first admissions to all psychiatric hospitals in New South Wales from 1970 to 1973.

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STUDENT HEALTH SERVICES

DEAR SIR,

Dr. Myre Sim in his review of *Student Counselling in Practice* (*Journal*, May 1974, 124, 502) adopts an extremely proprietorial view of the medical profession's ability to help people (in this instance, students) in emotional or psychological distress.

After three years' experience of running a Student Health Service I would beg to contradict him. It is regrettably my own experience that psychiatrists are often, by their training and the time they can offer, among those least able to provide help for those in psychological distress, unless they are psychotic.

Dr. Sim's suggestion that those psychiatrists who would argue that a medical qualification is irrelevant to the practice of psychiatry should take themselves off the Medical Register is both absurd and irrelevant. However, I would hope that his views in this respect

are idiosyncratic, because the whole tone of his review has, in my opinion, both important and unfortunate implications for the future. He seems to feel that the acquisition of a medical degree and the conferment of Membership of the Royal College of Psychiatrists ordains people to meddle in the minds of others, and that people who have not been so ordained automatically do not have that right. His views are not dissimilar to those of the Roman Catholic Church in the Middle Ages, which was convinced that heretics should be tried by the Court of Inquisition and, if found guilty, should be burned at the stake because they were propagating the works of the devil.

To parody a famous quotation, 'Oh psychiatry, what crimes are committed in thy name'.

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DEAR SIR,

I will deal with that aspect of Dr. Payne's letter which he emphasizes, namely: 'He (Dr. Sim) seems to feel that the acquisition of a medical degree and the conferment of Membership of the Royal College of Psychiatrists ordains people to meddle in the minds of others, and that people who have not been so ordained automatically do not have that right'.

A medical degree is the result of a prolonged course of study and training directed to give the holder the competence to accept responsibility for his future patients. Membership of the R.C.Psych. is not 'conferred', but is again the result of a prolonged period of training and experience coupled with an examination in psychiatry in all its aspects. Such qualifications do not 'ordain people to meddle'; in fact, the reverse is the case, for the holders are only too aware of the dangers of meddling, and it is this awareness which makes them allergic to the meddling of others.

At the same time, one must recognize that psychotherapy in its many forms has attracted a host of workers who are non-medical, professional and amateurs. Unorthodox and even unqualified practitioners may practise medicine, but it is generally accepted that a sound medical training is an important if not an essential qualification. When it comes to psychiatric treatment people are less scrupulous. Diagnosis is either disregarded or dismissed as irrelevant, and treatment is regarded as the province of anybody who can spare the time. The medical practitioner is immediately dismissed as being too busy, and an army of willing helpers,