it may have been their first contact with a psychiatric hospital. However, it was seen that virtually all patients fell firmly within the category of mental illness and most, whether they were subsequently detained further under the Mental Health Act or not, stayed in hospital for a period of treatment so it did not appear that Section 5(2) was being abused as an expedient measure merely to detain disturbed persons. Rather it seemed to have been used appropriately upon those suffering with mental illness.

It was felt though that there was a need to improve the documentation at the time of application of Section 5(2) and this documentation should include details of discussion with the RMO or duty consultant and instructions as to the observations required for the patient. It was also felt that the documentation of subsequent assessment, including the specific assessments for the purpose of the Mental Health Act, could be clarified and that such assessment should contain within it a clearly stated treatment plan. With reference to those detained within a day of admission, it was thought that some of these patients may have been served by better preparation or assessment at home before admission. Thus, it is hoped to liaise with colleagues in primary care and provide regular sessions on assessment and treatment of psychiatric emergencies. All these measures will be subject for further scrutiny in future audit meetings.

N. S. Brown

Hollymoor Hospital
Tessall Lane, Northfield
Birmingham B31 5EX

Family psychiatry and family therapy

Dear Sirs

I am not much further forward after John Howell's clarification of the differences between family psychiatry and family therapy (*Psychiatric Bulletin*, March 1991, **15**, 171). The debate seems to be partly over "who discovered it first", along with misunderstood and/or different terminology for similar and fast developing ideas in both fields. I still suspect that the essential contents of both fields are compatible to a large extent. But I think it is important for psychiatrists that this issue is not allowed to rest with John Howell's iatro-centric views. The only cure seems to be for each camp to read the others' literature more thoroughly.

But, speaking of cures, one difference is clear. Over the last decade – apart from the word "therapy" in its own name, with which it is now unfortunately stuck – the active trend within family therapy has been systematically to question the language we use. Words which are plainly related to medical ways of thinking – such as psychiatry, patient, pathology – would not be as uncritically used in the family therapy field as John Howells and (presumably) family psychiatry does. The reason is that a "systems" way of thinking sees such terms themselves as potentially part of a cycle of labelling that may play a part in sustaining the process we are presuming to understand and alter. In other words, psychiatric terminology may be iatrogenic as well as iatrocentric. However, no-one would go back to the anti-psychiatric idea that the self-fulfilling cycle of labelling is always the *whole* story.

Lastly, in quoting an American who blithely considers family therapy to be a mere branch of family psychiatry, John Howells had better watch out for retribution from the active, multi-disciplinary and multi-agency majority in the field of family therapy practice and research on all continents. They would be rightly furious to be so ignorantly colonised by the psychiatric empire! If he apologises forthwith, I won't show them what he wrote!

Nick Child

Child and Family Clinics
49 Airbles Road
Motherwell ML1 2TJ

Dear Sirs

It is possible to agree with Dr Child that confusion will subside if care is taken to read the literature with an open mind and this would include reading the early literature on family psychiatry. But he raises other issues of critical concern to psychiatry.

Dr Child is right to point to the possible destructive effects of labelling. The problem in psychopathology is teasing out a discrete element in a complex field so that it can be encompassed by a word. The field is rendered more complex by able and ingenious speculators who invent concepts that have no basis in reality. An iatro-centric view is helpful in that the organic part of medicine has gone through the process of clarification already. To adopt its rigorous scientific approach, discipline, and emphasis in reality is no disadvantage in the clarification of psychopathology – the other part of medicine.

No apology is required for practising medicine in the medical field, encompassing as it does somatic and psychological pathology. Disorders of the psyche should not have less well trained medical practitioners than in the disorders of the soma. To open medical treatment and practice to all and sundry is no service to the afflicted. The highest standards of practice by the most able medical practitioners is the aim.

Teams are not new in medicine. Consider an obvious clinical team of surgeon in the operating theatre with the immediate help of anaesthetist, theatre nursing sister, porter and with a radiologist and histologist on immediate call. This team is characterised by co-operation between a number of independent experts but each functioning in their

https://doi.org/10.1192/pb.15.11.707 Published online by Cambridge University Press