initiation ceremonies (3) and the couvade (4) offered from psychodynamic theories vis-à-vis explanations derived through van Gennep and Chapple and Coon to see the importance of this argument.

In the practical field the issue is no less important, since those brought up in psychodynamic theory have to work under the constant discouragement of their only offering second best to their patients and clients. 'The talking cure', whatever its merits and disadvantages in the clinical setting, seems positively disadvantageous in the social context. Whether 'catharsis' or 'dialysis' the logorrhoea of interviews spread over a really long session, one and a half or two hours, makes one shudder at some current practice, and even more, aspirations. Fortunately case loads for crisis intervention often minimize such trauma.

Whether one accepts Dr. Brandon's formulation of an individual as a storehouse of coping mechanisms or no (it raises memories of Janet's psychasthenia too vividly to be comfortable) there can be little debate that a review of strategic deployment of psychiatric resources, no less than of theory is urgently called for, if psychiatry is to make a greater contribution to social needs in the community. Psychiatrists can offer a great deal in the way of support to the new departments, and to professional colleagues who have still to shoulder the as yet unmeasured burdens.

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## FAILURES OF PSYCHOANALYSIS

DEAR SIR,

In your January issue (p. 100), Stephanie M. Leese reviews the last volume of *The Psychoanalytic Study of the Child* (Vol. XXIV, 1969). She says: 'Dr. Hartman gives her reflections on twelve young people referred for psychoanalysis, who were on drugs initially or who became drug-takers in the course of the treatment. Only three completed their analysis; five dropped out; ten progressed to hard drugs'. Neither the reviewer nor Dr. Hartman seems to be struck by the ominous implications that psychoanalysis could not prevent or cure, and possibly precipitated, addiction, which is as destructive as most severe physical illness. The first duty of a doctor is not to harm. Psychotherapy has no right to use patients as guinea pigs. Its function should be to help and not to produce material for interesting reflections.

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## PARANOIA AND PARANOID

DEAR SIR,

Sir Aubrey Lewis (1) has recently discussed the history of the terms 'paranoia' and 'paranoid', together with the still continuing controversy as to whether disorder of understanding, as in schizophrenia, or disorder of mood is primarily involved. I have for some time (2) favoured the latter alternative, feeling that we have been missing the emotional wood of morbid anger for the trees of abnormal suspicion and distrust in thus far considering paranoid syndromes to be basically schizophrenic. Rage is the only one of the four main moods we experience which does not receive individual treatment in current texts under the rubric of affective disorder, despite ill-controlled aggressiveness being long recognized as a potent psychopathological force. The explanation for this omission I believe lies partly in our over-reliance on verbal usage. The history of the term 'mania' might prove enlightening in this context, since the word does not at face value, in lay use yet, or even by derivation, denote essentially morbid elevation of mood.

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1. LEWIS, SIR AUBREY, (1970). *Psychological Medicine*, 1, 1.
2. CRAWFORD, J. P. (1965). *Medical News*, 18 June, p. 25.

## MENTAL HEALTH RESEARCH FELLOWSHIPS

DEAR SIR,

I am writing to draw your readers' attention to Research Fellowships offered each year by the Mental Health Research Fund. Advertisements for these Fellowships, which are for full-time research for up to 5 years at a salary between £1,500 and £4,000, are currently appearing in the medical press. Further details may be obtained from the address below.

J. M. TANNER.
Hon. Secretary.

*Mental Health Research Fund, 38 Wigmore Street, London, W1H 9DF.*