Brit. J. Psychiat. (1971), **118**, 251–6

Correspondence

THE SEEBOHM REPORT

DEAR SIR,

The significant fact about the Seebohm Report was that it raised the issue of distribution of power and authority between social scientists on the one hand and various levels of medical professionals on the other, concerning certain areas of social pathology. At least Dr. McDowall (*Journal*, October 1970, p. 413) and I are in agreement that this is where the argument lies. But the Seebohm Report went on to recommend in effect an extension of the areas of autonomy for social scientists, with a consequent limitation or reduction of medical control. It is this second point that Drs. Pilkington (*Journal*, April 1970, p. 457) and McDowall refute. Dr. McDowall chides me for failing to state the grounds on which I base my views that social scientists should have equal influence with psychiatrists and community physicians in the management of welfare services and development of policy. But correspondence columns are hardly the appropriate media for this purpose, and in any case I have already done so elsewhere (1, 2).

But this central dialogue, which is by far the most important one in pragmatic terms, has become complicated and confused by other factors in our exchanges:

(a) I chose to illustrate my charges of professional resistance to change by quoting your review of Goffman's *Asylums*. This seemed to recommend itself because it was located in the *Journal* within two pages of Dr. Pilkington's defence of the RMPA position. The reviewer was discussing Goffman's concept of total institutions without really examining the serious reasoning it contained. This seemed a neat and immediate instance of the attitudes that dismay me, i.e. medical chauvinism—one of our besetting and most socially alienating characteristics—and a significant, if possibly (and damningly) unconscious, explanation of our rejection of Seebohm (and of Green Paper One and Green Paper Two incidentally). Dr. Osmond (*Journal*, November 1970, pp. 607–8) believes that *Asylums* does not have much relevance for psychiatric hospitals and that Goffman's analogies can be quickly destroyed. One knows that Dr. Osmond has been around psychiatric hospitals for a few years. Is he not struck with the similarity between Goffman's ideas and those put forward at an earlier date in books about mental hospitals by British psychiatrists like Freeman and his colleagues (3) and Russell Barton (4)?

(b) A second confusing issue appears to have been the use of the Chadwick case as an historical model for the Seebohm position. Here, as it happens, I am obliged to Dr. Osmond for correcting Dr. McDowall's simplistic interpretation of *The Times* quotation—Chadwick really was utterly socially discredited for many years and later vindicated. It was much more than a journalistic misjudgement; it was a societal misjudgement. But I cannot wholly accept Dr. Osmond's explanation of Chadwick's vindication on the grounds of the advance of medical science alone. There is a little more to it than that. Chadwick's famous report of 1842 led to the Health of Towns Commission in 1844, and to the first Public Health Act of 1848. Five years later Act and Chadwick came down together. But Chadwick's ideas persisted, and a turning point in the State's commitment to Health and Welfare occurred in 1875 when a definitive Public Health Act enjoined Local Authorities to accept responsibility for some health matters and to appoint MOHs—considerably *before* Koch's major discoveries of the 1880s. If social insights have antedated medical confirmation in the nineteenth-century why not in the twentieth?

R. S. FERGUSON.
Department of Sociology, Government and Administration,
University of Salford,
Salford, M5 4WT.

REFERENCES

1. FERGUSON, R. S. (1969). 'Group psychotherapy by voluntary workers in *Progress in Mental Health*'. Ed. H. Freeman. J. and A.Churchill, 287–92.
2. —— (1970). 'The roles of medicine and social science in the future health services of Britain.' *Br. J. med. Ed.*, **4** (2), 158–63.
3. FREEMAN, T., CAMERON, J. L., and MCGHIE, A. (1958). *Chronic Schizophrenia*, London: Tavistock.
4. BARTON, RUSSELL (1959). *Institutional Neurosis*. Bristol: John Wright & Son.

PSYCHOTHERAPY WITH FAILURES OF PSYCHOANALYSIS

DEAR SIR,

The recent paper by Dr. Schmideberg on 'Psychotherapy with Failures of Psychoanalysis' (*Journal*,