

seconded have been mature and experienced social workers wishing to continue their career in the hospital service.

The present difficulties may arise partly because in theory local authority or Department of Health and Social Security grants are available to many of the social workers who would be suitable for secondment. In practice, however, these tend to be people who have worked for a number of years in the hospital service, and taking a course on such a grant would involve a very substantial drop in salary. It seems unreasonable to expect them to accept this, and if they did they might well feel tempted subsequently to work in a local authority post in order to recoup the financial loss they suffered during training. A secondment for training would of course normally be allowed only on the understanding that the person seconded returned to work for the seconding authority for at least a further two years.

To summarize:

1. There is a serious shortage of P.S.W.s in the psychiatric hospital service. This is particularly crippling to the child psychiatry services.
2. There are several factors which make local authority service more attractive than work in hospitals to many trained social workers. These are causing an imbalance in the distribution of the gradually increasing number of trained P.S.W.s, the number employed in hospital being almost static.
3. There is a strong case for empowering hospital management committees to second social workers on their normal salary for training as P.S.W.s
4. Such secondment would do no more than put psychiatric units in England and Wales on the same footing as local authorities and as Northern Ireland hospitals. It appears to be one measure which could be adopted readily and would quickly have an effect on hospital P.S.W. staffing.

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A HANDBOOK OF MEDICAL HYPNOSIS

DEAR SIR,

May we be permitted to make a few comments on Dr. Griffith Edwards' recent review of the 3rd edition of our *Handbook of Medical Hypnosis* (*Journal*, February 1969, p. 248).

We feel that to some extent he may, perhaps unwittingly, have partly 'hit the nail on the head' when he writes about 'an almost complete abandonment of critical appraisal' and 'an unbounded enthusiasm' in his assessment of the merits of certain works on hypnotherapy. If a pragmatic test be applied to any treatment by suggestion, surely the best results largely depend upon:

(1) Enthusiasm—particularly on the part of the suggestor (or hypnotist).

(2) A not too critical frame of mind in both hypnotist and subject.

These are facts of human nature, and can be shown to be so not only in the personal relationship between individuals but also on a much wider scale, as, for instance, the effect of Napoleon on his armies, on the whole of France, and even on Europe. If mental attitudes are to influence behaviour or bodily function, then these two factors have to be taken into consideration. That hypnotherapy is concerned with healing, and not with politics or military strategy, does not detract from this fundamental premise.

In some ways, as we indicated in our book, the modern scientific training which medical students undergo may leave little room for attention to the 'laws' governing the operation of successful suggestion. Indeed the critical attitude of mind engendered may even nullify them so that they become ineffective. Perhaps this was the reason why Freud, after a few initial successes, abandoned hypnosis in favour of psychoanalysis based on the interpretation of dreams and free association. In treatment by suggestion the physician cannot afford to have his mind full of doubts and uncertainties—otherwise his patient is likely to keep his symptoms; he may even have them confirmed.

In our own *Handbook* we did stress that it was an introduction to the subject. The primary object was to show what can be achieved by hypnotic techniques in medicine, and practical ways of bringing it about, although we tried to be as fair and objective as possible.

Having ourselves witnessed the results over many years of the practice of suggestion and hypnosis, we are still able to retain some of that enthusiasm which Dr. Edwards rightly points out was a feature of Victorian practitioners. It may be that, after all,

this was not such a bad thing. Perhaps our contemporary largely rootless and agnostic generation could, with profit, take a leaf or two out of that 'dim Victoriana'. We have even heard whispers in some psychiatric circles that lack of enthusiasm, lack of faith, may be factors in the modern increase in mental illness and stress disorders of all kinds. What do your readers think?

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GORDON AMBROSE.

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DEAR SIR,

The objections which Dr. Newbold and Dr. Ambrose raise to my review of their book are I think largely past the point. No one will deny that a general's blind self-confidence may get men to march to Moscow—heaven help them on the retreat—or assist the practice of the faith healer, but the matter in dispute is in fact quite otherwise: it is whether uncritical self-assurance is an aid to accurate assessment of the results of therapy. To offer a placebo with enthusiasm may increase the chances of the patient's placebo response, but it is no good then arguing that the study of the results of placebo treatment is best helped by wild enthusiasm and the abandonment of all critical faculties.

And surely even two very distinguished practising hypnotists are a little over-confident in the power of suggestion when they hope to produce in us the illusion that the desecration of scientific method constitutes a sure bulwark against atheism?

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PSYCHODYNAMIC CHANGES IN UNTREATED NEUROTICS

DEAR SIR,

I am intrigued by D. A. Malan's reply to N. McConaghy's letter (*Journal*, January 1969, p. 122).

- (1) If psychotherapy is said to have any effect, such an effect must either be demonstrable or imaginary.
- (2) If psychotherapy is said to be a *therapy* there must be something which it cures.
- (3) Symptomatic relief seems a prime candidate.
- (4) If symptomatic relief cannot be shown, this in itself is grounds for regarding psychotherapy as not being a therapeutic procedure.

It is suggested that one of the effects of psychotherapy is that successfully treated patients take on more responsibilities, thus generate more stress, which in turn generates symptoms. Evidence would have to be shown before one could attach importance to this view. One would have to clearly show that the patients 'took on' more. No evidence has been produced. Hypotheses are weakened by contrary facts, not by contrary hypotheses. However, it would be interesting to consider what such effects would in fact show. It seems inappropriate to say that a person has been cured when he persists in dealing with real life situations in a way which generates symptomatic complaints. Stress is a reaction to life, not an object in the world. If a person generates symptoms, his reaction to life is still maladaptive.

The most interesting problem posed by this hypothesis is how dynamic normals could exist. Surely, on this argument, the more normal a subject the more he takes on, the more stress the more symptoms, hence therapies are successful if they generate symptomatic complaints. Finally, what is surely crucial is not the extent of the person's responsibilities but the way he manages them. If he manages them in such a way that he generates symptomatic complaints he is still in need of treatment. Therefore, even if evidence were brought forward to suggest that treated patients 'take on' more subsequent to treatment, there would be small grounds for believing that this was therapeutic, if they continued to generate symptomatic complaints.

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PARENTAL AGE OF HOMOSEXUALS

DEAR SIR,

Abe and Moran (*Journal*, March 1969, 313-7) find that maternal age in their group of homosexuals was higher than expected, and rather surprisingly conclude that 'these observations provide no support for any hypothesis that a cause of male homosexuality may be found in a biological factor related to the mother's age, e.g. by causing a chromosomal abnormality'.

The connection between the higher maternal age and homosexuality is, of course, ambiguous and need not be biological in nature, but this is not the reason for the authors' negative conclusion. They arrive at it because they find that the higher maternal age is secondary to a higher paternal age.

The chromosomal hypothesis of the aetiology of homosexuality, put forward by Slater (1958), is