therapist. The patients worked until lunchtime. Facilities existed for carpentry, basket-making, toy-making, knitting, painting, woodwork, cooking and similar skills. A qualified carpenter was in attendance for supervising some of the patients. A few patients took part in gardening and grew maize as well as green vegetables in the 'farm' just outside the department. Twice a week, the patients cooked their own lunch and often tried a new preparation.

In the afternoons there were mainly recreational activities. These consisted of film shows, traditional dancing, group meetings, music and other entertainment programmes. Frequently the relatives joined the patients in discussion groups. A weekly assessment was made of every patient's mental state, social progress and occupational skill. Once a month the patients were taken out to visit the amusement park or nearby places of interest.

The adjoining department of psychiatry provided all the psychiatric treatment facilities. A patient who was on the verge of relapse could be offered immediate temporary transfer to the admission wards.

Whenever possible, the relatives were invited to join the group discussion and meet the nursing and occupational therapy staff and the social worker. The day hospital became so popular in the first three months that a waiting list had to be introduced.

Concluding remarks

Our day experience indicates that any present hospital or health centre in a developing country can offer day care services. It is not at all necessary to employ additional staff, buy expensive equipment or seek Government aid. The local voluntary organization will help once they are convinced about the project's advantages. At least for several years to come, the developing countries will have to look after a mixed psychiatric clientele and cannot separate special groups, such as neurotics or geriatrics, as day patients.

The health authorities should direct their planning, scarce skilled personnel and meagre financial resources to providing more day care facilities by involving the local communities and utilizing the existing health institutions. Lambo's (1956) remarks about day care, '. . . that the community can have the opportunity of watching the gradual process of recovery of the patients, thereby changing their views on the alleged causation and course of mental illnesses perhaps by exhibiting more tolerance', were made 25 years ago but are still appropriate to our situation.

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*'Where Stands Psychiatry?'**

By G. P. S. Fernando, Consultant Psychiatrist, University of Otago, Wellington, New Zealand

Of recent years psychiatry has been assailed from many sides. Psychologists, political philosophers, social workers have had their say, but the most hurtful have been assaults from within the citadel itself, such as the forceful views expressed by R. D. Laing and Thomas Szasz. The essence of their argument is that mental disorder is not a disease nor an illness and should not therefore be the concern of doctors.

Psychiatrists have responded to these often bitter criticisms in various ways, ranging from utter disdain to attempts to justify and defend their positions (Ironside, 1977; Roth, 1973; Ellis, 1977).

However, turning over the pages of history, one cannot but be impressed by the fact that in ancient times it was philosophers such as Empedocles (5th century BC), Plato (427-347 BC) and Aristotle (384-322 BC), historians such as Plutarch (46-120 AD) and other non-medical authorities who have discoursed at length on mental illness. Later, during the European Middle Ages, theologians, both reformists and counter-reformists, believed that mental illness was a diseased condition of the soul and so needed to be purified by fire. But as always these were more enlightened times, too. Juan Luis Vives (1492-1540), philosopher, humanist and courtier of Catherine of Aragon, figures largely in Zilboorg's *History of Medical Psychology*, and of him Sir William Hamilton wrote: 'Vives' observations regarding mental disorder comprised in brief nearly all of principal moment ever said before or since'. In the 17th and 18th centuries, the Age

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of Reason, the philosophers, Bacon, Descartes, Hobbes, Locke, Spinoza and Leibniz laid the foundations of the new science of psychology. But of these, only Locke was a physician.

It would, however, be an injustice to fail to mention the work of Hippocrates (circa 460-370 BC), Galen (130-200 AD), the Arab physicians Rhazes (860-930 AD) and Averrhoes or Ibn Rosh (1125-1198 AD) and many other physicians who throughout history have contributed from time to time to the study of mental disorder. Johann Weyer (1515-1588) could lay claim to being the first psychiatrist, being a physician whose major interest was mental illness. But their voices were few and far between and it was only from the 17th century onwards with the growth of scientific knowledge, that the medical nature of mental disorders was given wide credence. Even as recently as 1798 Immanuel Kant was insisting that disorder was the field of philosophers and not physicians. However, ultimately, due to the work of medical men such as John Brown (1735-88), Reil (1759-1813), Langermann (1768-1832), Anton Muller (1757-1827), Vincenzo Chiarugi (1759-1820), Philippe Pinel (1745-1826), medical psychology came of age, and psychiatry, established as a science, laid exclusive claims to be able to understand and treat mental disorder.

That such a claim was at last acceptable was largely due to the scientific standing of medicine as a discipline, which had been established in Europe in the 18th and 19th centuries. However, particularly in the latter half of the present century other branches of study such as psychology and sociology with its offshoot social work, have asserted their own right to scientific status and hence responsibility for the care of the mentally disordered. One might infer that it is only because mental disorder is not in fact a unitary concept, but wide-ranging in its application, that it is possible for such a variety of methods and disciplines to claim success in its treatment in greater or lesser degree. In this context it becomes an urgent necessity for psychiatrists to orientate themselves in relation to the broad field of mental disorder and to other practitioners in that field. Part of the difficulty is that all attempts so far at defining the limits of mental disease (Kendell, 1975; Kräupl Taylor, 1971; 1976) have not been satisfactory. 'Large border territories exist which are equally and perhaps desirably of interest to workers on both sides of the line' (Mayer Gross, Slater and Roth, 1969). In passing one may note that similar attempts to define the confines of general medical disease have also met with difficulties (Scadden, 1967).

So, at least for the present, any attempt to define the field of psychiatry with any degree of accuracy appears futile and rather than seek such taxonomic clarity one should make do with an operational definition. One that is attractive is 'psychiatry is that branch of medicine in which psychological phenomena are important as causes, signs and symptoms or as curative agents'. (Mayer Gross, Slater and Roth, 1969). The key phrase is 'branch of medicine'. Such a definition presupposes that the practitioner of psychiatry has had a formal medical training and so looks for and responds to signs and symptoms that constitute recognizable syndromes, that he is aware of a multiplicity of aetiological factors in the origin and continuation of the condition he is treating, and that he has at hand an assembly of well-tried and proven physical and chemical remedies with which he could supplement his psychotherapeutic endeavours. He would be one who, in common with other physicians, has comforted and assuaged the suffering of ailing persons in unfortunate circumstances and of those whose lot has been pain and suffering. But, unlike other physicians, he has undertaken to concern himself mainly with conditions where psychological factors predominate.

At this point a note of warning needs to be sounded. Although the psychiatrist has many and varied skills in his armamentarium this still does not fit him out to be competent enough to deal with the whole range of ills that beset humanity. He should therefore restrict himself to that part of the total spectrum of disordered mental life which he might appropriately designate mental illness, being conditions where psychological phenomena predominate but also suitable for the application of medical skill and his training in medical science would enable him to recognize such conditions. When he oversteps these limits, he is wandering in those borderlands commonly held with other mental health disciplines and he may soon encroach upon territory in which conditions are more responsive to the professional skills exercised by those other workers (Newsome, 1980). A problem heavily loaded with social case work requirements or one where, for instance, marriage guidance is called for are obvious examples where other counsel should prevail. This may be taking a too limited view of a psychiatrist's work, and many experienced colleagues would object to this attitude. It could be maintained, however, that such views possibly are expressed by those psychiatrists who have supplemented their traditional medical skills, to their own and their patients' satisfaction certainly, nevertheless outside their recognized role as physicians. But a psychiatrist should guard himself from being seduced by feelings of universal love or almighty power, for, as Sir Aubrey Lewis said in his Harveian Oration (1963), no other branch of medicine found it so difficult to say 'no', yet was so often blamed when it said 'yes'.

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Correspondence

Statutory registration of psychotherapists

DEAR SIR,

It sometimes seems that the tower-block elitism and the rococo fancies of certain schools of psychotherapy are matched only by the wilful and gothic misunderstandings evinced by their opponents and detractors. Professor Shepherd's dexterous survey (November *Bulletin*, p 166) of this area is more comprehensive than constructive, appearing to threaten beliefs and practices that have demonstrated their value (if also their failings) over years. Dr Sutherland's *Psychodynamic Image of Man* (1980), for example, attempts to provide a liberal and logical framework within which psychiatrists and other care-givers can operate, become aware of their own and others' 'complexes', and develop ways of helping those whose troubles, being often irrational, fail to respond to strictly 'scientific' approaches. But, if even the simple assertion is not acceptable that the art of psychotherapy demands a much more intimate personal involvement than, say, the learning of French or a surgical technique, and that the experience involves personal change in the therapist, then the whole debate on training and recognition becomes a futility. Yet, in these matters, wise decisions were never more necessary. For example, it should be possible to reach a wide agreement about the important, even central, role of psychoanalysis in the training of psychotherapists, without accepting claims that are arrogant or exclusive.

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Psychiatric opportunities in New Zealand

DEAR SIR,

I have recently returned from four months as a visiting consultant in New Zealand, and while there became aware of quite exceptional clinical opportunities for well-trained general psychiatrists interested in taking responsibility for a comprehensive service, and also for psychotherapists and academically-minded psychiatrists. One position might well offer scope for a major piece of action research, with a controlled experiment into community versus hospital-based psychiatry. I should be pleased to correspond or meet with any member of the College who would like to know more about these positions, and perhaps offer some liaison with appropriate people in New Zealand.

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The Conservation Society

DEAR SIR,

The Conservation Society has a small 'Psychological Working Party' whose object is to discover areas where psychological understanding can contribute to the effectiveness of practical or educational aspects of conservation. We meet thrice annually on a Saturday in NW London and I shall be glad to hear from any psychiatrist who may be interested to join us.

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