

Correspondence

THE JOURNAL AND ITS CONTENTS

DEAR SIR,

I should like to join Dr. J. D. Sutherland unreservedly in his remarks on the future of the *Journal*. For far too long the *Journal* has purported to represent British Psychiatry. Those of us who are more interested in psychodynamics have had to turn to such journals as *Brit. J. med. Psychol.* and *Int. J. Psycho-Anal.* *The British Journal of Psychiatry*, however, enjoys considerable prestige among the younger psychiatrists who, having examinations to pass, find its contents more useful. For the most part these examinations demand knowledge of a "scientific method in which research is dominated by the rigours of statistical and experimental methods but with little apparent connection with what people are about".

Dr. Sutherland's suggestions would allow the young people to judge for themselves. Psychiatry is not a branch of medicine but an evolving science in its own right—it's time we stopped leaning on medicine for basic sciences and evolved our own—it's time we moved out of the 19th century into the 20th!

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DEAR SIR,

The Executive Committee of the Research and Clinical Section discussed the recent correspondence in the *Journal* concerning subject matter and editorial policy. It was felt strongly that in order to preserve a good *Journal* the editor must retain responsibility for the selection of articles for publication, with the advice of his editorial board, and that a policy of allocating *Journal* space to separate editorial sub-groups would spell disaster for the *Journal*.

While according with the idea of broadening the subject matter published in the *Journal*, where consistent with the preservation of its high standard, the Committee wished to express its satisfaction with, and appreciation of, the present editorship.

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WHAT KRAEPELIN REALLY SAID

DEAR SIR,

Being fascinated rather than bored by the dispute between Professor Fish and Dr. Hoenig (*Journal*, November, 1967, p. 1321; January, 1968, p. 125; March, 1968, p. 356), your Honorary Librarian felt that a little study of what Kraepelin really said might enable him to reconcile the opposing views. In this he has been unsuccessful, and he must come down very firmly on the side of Dr. Hoenig.

May I first remind readers that the question at issue is whether Kraepelin "defined his nosological entities on the basis of the course of the illness or the prognosis", or, as Professor Fish puts it, whether he "used the *criterion* of incurability to establish his concept of dementia praecox"—*not* just whether Kraepelin thought that the disease had a poor prognosis or always left some personality defect. These are separate questions; for example, Addison certainly held that his "idiopathic anaemia" was always fatal, but no one ever maintains that this, rather than his observation of the symptoms in the living patient, was the *basis* of his discovery.

I will now turn, as Professor Fish has done, to the 5th edition of Kraepelin's textbook—though the 8th edition is not to be despised (*die achte ist nicht zu verachten!*).

Here we are confronted straight away with a crucial discrepancy between Professor Fish's successive translations; for in his original review he misquotes Kraepelin as saying (p. 425) that dementia praecox and allied conditions all *led to* a peculiar kind of psychological defect (or enfeeblement), whereas in his later letter he quotes him correctly: "the common feature of these conditions . . . is the *rapid development* of a peculiar kind of psychological enfeeblement (or defect)". Now, since the author is going to tell us that the duration of the disorder is one of many months or years, it is on the face of it likely that this "rapid development of a *Schwächezustand*" is something that occurs at or near the onset, and that the reference here is not to the ultimate outcome of the disease.

When we go on to read the rest of the paragraph, and the next four pages, which deal with the milder forms of dementia praecox, we find this inference abundantly confirmed. Kraepelin says: "By the term 'dementia praecox' we designate the development of a simple state of mental weakness (*Schwächezustand*)