Correspondence

Physical Therapy of Mental Disorder

SIR,—Dr. D. W. Winnicott's onslaught (May 17, p. 688) on electric convulsion treatment and those who practise it appears to me to contain more fallacies than most psychiatric literature, and that is saying a good deal. What he says boils down to this: that he doesn't like E.C.T. because it is empirical. The empiricism I admit frankly, but I call his objection prejudice. When he starts to "condense" the vague and woolly sentimentality of his first two columns, he summarizes his objections as follows: (1) "I would not have it done to myself." This amounts merely to an admission of prejudice. (2) "It draws to psychiatry the wrong kind of doctors . . ." This comes to exactly the same thing, besides being arrant nonsense anyhow. (3) "It undermines the public's justification for relying on doctors to keep their scientific heads . . ." So far as this sentence has any meaning it is just as devoid of foundation as (2), of which it is merely a repetition. (4) "This form of therapy done here in England leads to mass treatments by the same methods . . . all over the world." This is an indictment of the whole medical profession outside England for which I see no justification and in which I perceive no truth. (5) "Physical methods of treatment represent a tendency away from scientific psychology." This is merely a reaffirmation of prejudice, not a fresh argument at all.

Now, Sir, I have no pretensions to being a psychologist. I took on psychiatric work for six years during the war as a means of putting such medical experience as I possess at the service of the country during the national emergency. As luck would have it I did a lot of E.C.T. treatment—about 9,000+ treatments of about 300 patients. I don't think I ever saw a cure of a genuine case of schizophrenia, but I did see a number of cases of marked improvement, mostly temporary. I am quite certain that it either caused, or at least greatly accelerated, recovery in nearly all my cases of puerperal insanity. I am equally certain that it really cured a small proportion of cases of melancholia and that this cure was apparently permanent.

I want to put to Dr. Winnicott a case of mine which was by no means an isolated one, but perhaps more inveterate than most others. This was a schizophrenic woman in the thirties who, when not under treatment, was foul and degraded in all her habits, passing urine and faeces into her clothing or her bed. She was destructive of the hospital property, and violently hostile to nursing staff, whom she would often wantonly attack. She was quite unemployable in any way, very difficult to feed, and miserably emaciated. She had been like this for some years when I began to give her E.C.T. After a course of this she became amenable to ward routine, clean and tidy in her habits, capable of needlework, and gained weight because she consented to eat. After a few weeks' cessation of treatment she would gradually slide back into her former state, from which she was rescued by a further course of E.C.T. This sequence of improvement and relapse went on for over two years, and for all I know may be going on still. If Dr. Winnicott or any other psychiatrist maintains that E.C.T. was not justified by its results in this and many similar cases which I saw, merely because the rationale of its action cannot be explained on any scientific hypothesis, so much the worse for the insane and for the psychiatrists. I hold no brief for E.C.T., and I deplore the exaggerations about it which immature psychiatrists have published; but at least I am sure that until something better can be devised it ought to be recognized as a valuable weapon in the treatment of (carefully selected cases of) insanity.—I am, etc.,

Tunbridge Wells.

HENRY ROBINSON.

SIR,—I should like to answer Dr. D. W. Winnicott's attack on physical methods of treatment in psychiatry (May 17, p. 688) with the following observations:

1. Dr. Winnicott admits that he has a personal prejudice against physical therapy; surely prejudice, personal or otherwise, should have no place in the mind of a scientifically trained man.

2. He makes two grossly inaccurate statements—namely, "Convulsion therapy is purely empirical. No one has the slightest idea how it works, when it does work." There is an increasing mass of evidence, as a result of biochemical investigations of brain chemistry and its abnormalities in the diseases under consideration, that they are organic brain disorders in which the underlying lesion is a disturbance of the oxygen-glucose metabolism of the brain tissues. In this connexion, I would refer Dr. Winnicott to my article on the shock-therapies and their mechanism (*J. ment. Sci.*, 1944, 90, 550).

3. Dr. Winnicott completely ignores the fact that all the great therapeutic advances of the last fifty years have been the discovery of specific physical and pharmacological agents—e.g., insulin, the sulphonamides, penicillin, and so on.

4. His criticisms are entirely destructive, and he does not offer any satisfactory alternatives to the treatments which he so sweepingly condemns.

5. His remarks regarding "magic" and "magical treatments" are surely misplaced. The earliest forms of "magical treatment" employed by primitive man before medicine became a science consisted of psychotherapy in the form of suggestion and persuasion; they are depicted in the paintings of Stone Age man, and are used by the tribal medicine-man among savage peoples to-day, differing in few essentials from the methods of some present-day advocates of psychotherapy.

6. He completely ignores the undoubtedly striking results obtained by modern physical treatments in the major mental disorders, all of which are completely refractory to psychotherapeutic methods. Would Dr. Winnicott, in accordance with his theories, advocate that patients with general paresis should be treated by psycho-analysis rather than by malarial and penicillin therapy?

Finally, as one who has worked for a number of years in modern mental hospitals, I can assure Dr. Winnicott that it is not physical treatments but the working conditions in these institutions which deter the right type of doctors from taking up this line of work as a career.—I am, etc.,

London, S.E.6.

G. TAYLEUR STOCKINGS.

SIR,—I was most impressed by the article on the above subject by Dr. Winnicott (May 17, p. 688), whose feelings towards these forms of therapy I share. My own experience is small, being confined practically to E.C.T. in the treatment of venereophobia, but his article encourages me to give it for what it is worth.

The venereophobe, it must be borne in mind, is almost invariably a man of high ethical standards—a decent, respectable, and respected citizen—who, when at the end of his tether, browned-off, homesick, depressed by what he'd already gone through, and viewing the immediate future with complete despair, got drunk and sought comfort and oblivion in the arms of the local Circe. This is followed by overwhelming remorse and the conviction that he has become infected. Clinical examination and reassurance by specialists, the ocular demonstration of negative blood-test results, cannot shake his conviction. He comes to psychiatric treatment depressed, obsessed, and more often latently suicidal than is comfortable for his medical officers. He has ruined his life, blotted his copy-book, blasted his domestic bliss, and there is no health in him.

Under my hands psychiatric interviews, narco-analysis, occupational and diversional therapy met with such total and invariable failure that even I was impressed. Group therapy was illuminating inasmuch as each patient in a group of venereophobes could appreciate that his fellows were in fact uninfected and ought to accept reassurance on this point, but each insisted that he himself was the exception; so it did not do much good. In despair and with great reluctance I came eventually to hand my cases one by one over to the electrocutioner, and I was struck (and inwardly dismayed) by the gratifying results. After the first treatment, patients who had been wont to mope about in corners I heard whistling in the corridors and joining in the singing in the ward kitchen. They asked for more of these treatments, feeling that it was doing them good. They did not lose their phobia at once. First of all they found themselves forgetting it for hours at a stretch.