brain surgery by the Plymouth surgeon James Yonge (29). The interest and importance of the matter in any abstract journal always depend upon the quality of original work available at a particular time, and in this respect the year 1682 seems to have been a fortunate one. In the latter half of the year the names of J. C. Peyer ("Peyer's patches") and J. C. Brunner ("Brunner's glands") figure prominently in the *Memorials*. Peyer's *Parerga Anatomica et Medica Septem* (Amsterdam, 1681-2) is noticed at length in Nos. 30 and 32; and the account of Brunner's *Experimenta nova circa Pancreas* occupies more than two-thirds of No. 37. Among other outstanding medical writers represented in the later numbers are J. J. van Meekeren, who was the first to record a bone-graft operation in 1668 and whose collected surgical observations, published at Amsterdam in 1682, are described in No. 43. High praise is given to the work of the celebrated Swiss physician Théophile Bonet, and the account of his *Mercurius Compitalitius, sive Index Medicopracticus*, a forerunner of our modern "systems of treatment," closes with the suggestion that anyone who translated and published an English edition "would do one of the best Pieces of Publick Service that ever has been perform'd in any Age; and next to the most Indefatigable and Learned Author himself, would deserve a Statue in all the Anatomical Theatres." The influence of the *Weekly Memorials* and the stimulus which it gave to English medical scholarship can be gauged from the fact that less than two years after this suggestion was made an English translation was published in a substantial folio volume by Thomas Flesher.

There is much else of medical interest to be found in these fifty numbers, but sufficient indication of the scope and value of the *Weekly Memorials* has already been given to prove that it warrants consideration as a medical journal. If general agreement is forthcoming on this point then it must in future be regarded not only as the first English abstracting journal but as the earliest in our long line of medical periodicals.

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THE QUESTION OF LAY PSYCHO-ANALYSIS

BY

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The publication of a translation of Freud's essay on lay analysis could not have appeared at a more appropriate juncture,* for the nationalization of teaching hospitals and clinics under the control of the Ministry of Health will sooner or later raise in an acute form the professional status of the lay worker. For the time being apparently the London Clinic of Psycho-analysis has "opted out" of the national service—a concession that could be the more readily granted in that the demand for trained workers in psycho-analysis is notoriously in excess of the supply. The purveyors of a commodity in short supply can practically dictate terms to the consumer organization. Sooner or later, however, the position will change. Psycho-analysis will be compelled to a closer affiliation with teaching organizations, and this in turn will involve a more official scrutiny of training methods and selection of candidates than at present exists. The recognition some years ago by a B.M.A. Committee that only students trained at psycho-analytical centres should be called "psycho-analysts" arose from an investigation of the alleged dangers of psycho-analysis during which it was established that these sprang from the practice of "wild" analysis by untrained persons. But it was in no sense a binding pronouncement, and in practice meant next to nothing.

Freud's Case for Lay Analysis

The arguments in favour of lay analysis "under conditions," presented by Freud in this essay, are roughly as follows. Starting from the premise that a quack is a person who undertakes

treatment without possessing the knowledge and capacity required for it, Freud pointed out that doctors themselves furnish the largest contingent of quacks in psycho-analysis. The training of medical students is almost exclusively in organic method, and the smattering of psychiatry they acquire is also non-psychological, certainly non-analytical, in tendency. Training in psycho-analysis is lengthy and could not very well be included in an undergraduate syllabus, which, incidentally, to meet psycho-analytical requirements would have to include specialized courses in anthropology, sociology, language, literature, and the like—in a word, orientation in the nature of cultural development. On the other hand, apart from the desirability of having a "fine ear" for mental processes, the essential prerequisite of practice is a thorough "training analysis." The analysed layman who has learned the delicate technique of analysis and knows how to handle "transferences" and "resistances" is, in Freud's view, "no longer a layman in the field of psycho-analysis."

He agreed, however, that diagnosis and recommendation of treatment must remain a medical responsibility and that organic emergencies arising in the course of an analysis must be referred to a medical specialist, implying thereby that the lay analyst must work under medical supervision; but he pointed out that in the matter of organic crises even the medical analyst, being debarred from physical examination of a patient in treatment, must refer the case to a colleague for an opinion. Moreover, in the field of child upbringing and education many disorders of adaptation are found where the question of medical knowledge does not arise. It would in any case be impossible to stop the activities of such pedagogic analysts.

Finally Freud maintained that psycho-analysis deserves a better fate than to be "swallowed up by medicine and to find its last resting-place in textbooks on psychiatry—under the heading 'Therapy.'" The theory of the unconscious mind "may become indispensable to all the branches of knowledge having to do with the origins and history of human culture and its great institutions." "At all events, it would be unreasonable to sacrifice all other uses to this one [the therapy of neuroses] merely because it touches the field of professional medicine."

Future Status of Psycho-analysis

Reviewing these arguments at a distance of over twenty years (the essay was originally published in 1926) it is interesting to note that Freud's uneasiness about the future status of psycho-analysis was not altogether without foundation. Partly because psychiatrists have in the meanwhile come to recognize that a knowledge of clinical psychology is essential to their work, and partly because of the fillip given to it by the second world war, psychiatry has gained a not altogether warranted prestige and authority in psychological matters. True, its tardy dalliance with the principles of psychology has since undergone a considerable regression, stimulated no doubt by experience of various electrical and drug therapies. But the authority of psychiatry in mental medicine has come to stay. This is in many ways unfortunate. Although a sound knowledge of psychiatry is essential to the understanding of early mental development, psychiatry has no prescriptive authority in general psycho-analysis. Indeed, there is considerable evidence that an absorption in clinical psychiatry dulls the "fine ear" for therapeutic processes. On the other hand, lay workers, not being registered medical students, are debarred from acquiring even that bare minimum of psychiatric experience that is obligatory in the medical curriculum.

An equally interesting development has occurred in the field of child-psychotherapy. As happened in the case of psycho-analysis of adults, the practice of child-analysis was soon bowdlerized; groups of so-called "play-therapists" whose technique bears a very remote resemblance to that of child-analysis have sprung up all over the place; indeed, play-therapy now receives the blessing of most directors of psychiatric centres and child-guidance clinics. Admittedly this form of treatment is carried out "under supervision;" nevertheless its official recognition indicates that psychiatrists have departed very considerably from the intransigent attitude they once adopted towards lay therapy.

Now, for all practical purposes these changes cancel each other out, leaving the issue of lay analysis very much where it

*Sigmund Freud: *The Question of Lay Analysis*. Translated by Nancy Procter-Gregg. London, Imago Publishing Co., 1947 (pp. 81; 9s.).

was. Under these circumstances the best way to clarify the situation is to list the mental disorders treatment of which should be carried out exclusively by medically qualified psychoanalysts and those in which it could be carried out without medical risk by properly trained lay analysts. We can then consider the advantages and disadvantages of a medical training and of a lay approach respectively.

Medical Analysts

In the first place it may be laid down that psycho-analysis of the psychoses, of borderline or larval psychotic conditions, of psychotic character cases, of severe cases of psychopathy, of most conversion hysterias and some of the anxiety states, of the traumatic neuroses and psychosomatic disorders, of alcoholism and drug addiction, should, either because of the medical risk involved or because of somatic complications, be carried out only by medical analysts. The analysis of most anxiety hysterias, a few conversion hysterias, most obsessional neuroses, general character difficulties (excluding schizoid and paranoid types), of sexual inhibitions and perversions, of most antisocial disorders, and of childhood disorders (excluding psychosomatic and psychotic types) could safely be conducted by lay analysts, who in any case are free to carry out pedagogic analyses and analysis of normal persons for purposes of research or training.

Diagnostic considerations and medical risks apart, the main advantage of medical training is not so much the acquiring of psychiatric knowledge, important as that is, as the development of a "sense of illness." Unfortunately this is discounted to some extent by the fact that most medical students are not psychologically minded. This, however, is no argument against the medical training of persons who are psychologically inclined and wish to practise medical psycho-analysis. That existing medical curricula are practically barren of psychological orientation is merely an indication of the urgent necessity to reform these curricula. In any case it would be quite practicable for any medical student to start training in psycho-analysis at a recognized institute as soon as he had completed the first part of his M.B.

The Lay Approach

So far the main arguments in favour of recognizing the treatment by lay analysts of mental illnesses that are not strictly "medical" are that lay analysts are not "spoiled" by organic training, that there is a shortage of medical analysts, and that by restricting practice to medically qualified persons some lay analysts of unusual capacity might be excluded. There is something to be said for the first argument. The advantage is, however, offset by the lay candidates' lack of scientific training, a fact which has led some Institutes to insist on an "equivalent" such as a degree in general psychology or a Ph.D. Unfortunately a training in normal psychology blunts the "fine ear" just as much as concentration on organic factors; and a Ph.D. is evidence of intellectual discipline only. More objectionable is the jealousy of their medical colleagues displayed by many lay analysts, who often take a pride in being more royalist than the King, regarding every cold in the head as being psychologically determined. Moreover, lay analysts tend to have a rather dim idea of professional codes.

Undoubtedly there have been a few lay analysts of outstanding capacity, but the percentage of these is not any higher than that found amongst medical analysts. The truth is that neither medical nor lay candidates conform to the standard of cultural development that is desirable for those undertaking the analysis of mental phenomena. Not, by the way, that it is any lower than the standard accepted for medical students. Nor can this situation be improved by adopting new-fangled and often ridiculous methods of selection. The most that teaching bodies can aim at is technical competence, and they are lucky if they get it. As for the shortage of medical analysts, this is a short-term argument of diminishing validity. It dates from the pioneer days when the medical profession was, almost to a man, violently antagonistic to the theories of Freud, which incidentally they had rarely read, and when some distinguished members of lay professions displayed their scientific temper and

imagination by devoting themselves to the study of psycho-analysis. Being already in the middle years of life, it was not to be expected that they should spend another five or six years acquiring organic disciplines which under the then existing system of selection of cases they would not have occasion to use. But times have changed and there is not now the same reason to exempt those who would adopt unrestricted psycho-analytic practice from taking a medical qualification.

Need for a Faculty of Medical Psychology

But when all is said the facts remain that non-medical disciplines are just as essential to the study of psycho-analysis as training in organic methods and that many groups of cases can be expertly analysed with little more than an educated layman's knowledge of organic medicine. It is clear, therefore, that the problem of lay analysis can be solved only provided universities and colleges create an alternative medical course. Above all, what is needed is the development of a Faculty of Medical Psychology. By this I mean not just the appointment of Professors of Psychiatry or Directors of Psychiatric Centres qualified to prepare students for third-rate "diplomas" in psychological medicine, but a faculty having power to confer special degrees in medical psychology. It is not beyond the wit of university authorities to devise a course in psychological medicine in which training in organic disciplines would be drastically shorn of superfluous detail, which would give the student immensely more training in clinical psychology than is at present the case, and which would include chairs in anthropology, social and sexual disorders, the history of cultural development, and all those ancillary studies which are essential to psychological training. No doubt the further training of those who wished to specialize in psycho-analysis would of necessity remain in the hands of psycho-analytical institutes and clinics affiliated to the faculty. But we might as well face the fact that the field of psychological medicine is as wide as if not wider than that of organic medicine and calls for elaborate and specialized training.

This new creation would, however, leave two problems unsolved—namely, how to control methods of selection of psycho-analytical candidates, and how to ensure that they are soundly instructed in classical psycho-analysis. Existing methods of selection should certainly be scrapped: they are conspicuously unsuccessful. The new degree in medical psychology would surely suffice for this purpose. As for ways and means of ensuring that psycho-analysis is soundly taught, that is a more ticklish problem. Even in this country at the present time it has not proved possible to exclude from psycho-analytic teaching ideas and methods which would not be accepted by training institutes in other countries. Possibly a system of exchange scholarships whereby a number of candidates could be trained at centres abroad would help to correct these parochial deviations from classical analysis. But perhaps it would be enough if medical faculties ordered their own training on sound psychological lines; psycho-analytical institutes might then feel constrained to follow their example.

The Liverpool Regional Hospital Board is to be congratulated on bringing out a well-printed booklet giving preliminary information about the hospital and specialists services provided by the Board. This contains a map showing the position of all the hospitals supervised by the Board, and details are given of the 19 hospital management committees in the area. The public and the medical practitioners in the Liverpool hospital region are told that it is not the Board's intention to bring about immediate sweeping reforms; in general they may expect to obtain their hospital services after the appointed day as they did before. Useful information is included about how the admission of patients both to general and to special hospitals should be arranged, and the method of obtaining pay-beds is described. Of particular value is the section on mental health services. This makes the new procedure of reception into a mental hospital appear simple. In the near future it is hoped to establish an emergency bed bureau service and to circulate among the practitioners in the area the names of those specialists who are prepared to undertake domiciliary consultations.