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LEADING ARTICLES

Screening for scoliosis	ROBERT A DICKSON	269
Acute self limited colitis	C D HOLDSWORTH	270
Surgical waiting lists	DAVID MORRIS	271

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Effective treatment of Wilson's disease with oral zinc sulphate: two case reports	TJAARD U HOOGENRAAD, CORNELIS J A VAN DEN HAMER, JAN VAN HATTUM	273
Observations on the mechanism of hypoxaemia in acute minor pulmonary embolism	G H BURTON, W A SEED, P VERNON	276
Persistent fetal haemoglobin and falsely high glycosylated haemoglobin levels	R B PAISEY, R READ, R PALMER, M HARTOG	279
The family history of uncomplicated congenital hydrocephalus: an epidemiological study based on 270 probands	JOHN LORBER	281
Comparison of reliability of tests to distinguish upper from lower urinary tract infection	G H C SCHARDIJN, L W STATIUS VAN EPS, W PAUW, C HOEFNAGEL, W J NOOYEN	284
Role of glucocorticoids in management of malignant hypercalcaemia	RICHARD C PERCIVAL, ASHLEY J P YATES, RICHARD E S GRAY, FRANK E NEAL, A ROBERT W FORREST, JOHN A KANIS	287
Tamoxifen and liver damage	A M BLACKBURN, S A AMIEL, R R MILLIS, R D RUBENS	288
Severe peripheral ischaemia during concomitant use of beta blockers and ergot alkaloids	C P VENTER, P H JOUBERT, A C BUYS	288
Metformin and glibenclamide: comparative risks	I W CAMPBELL	289
Unreviewed Reports		290
Rethinking Established Dogma: Vocational training for general practitioners: I	MICHAEL A VARNAM	291
Measles in the Southern Health Board—implications for resources	WILLIAM W M MCCONNELL, VINOD K TOHANI	293
GPs and Their Staff: Rights of the expectant mother: legal labyrinth	NORMAN ELLIS	296

MEDICAL PRACTICE

Urinary tract infection in children	W MCKERROW, N DAVIDSON-LAMB, P F JONES	299
ABC of Poisoning: Preventing absorption	JOHN HENRY, GLYN VOLANS	304
For Debate: AIDS: an old disease from Africa?	KEVIN M DE COCK	306
Lesson of the Week: Unrecognised femoral fractures in patients with paraplegia due to multiple sclerosis	SIMON COCKSEGE, STEPHEN FREESTONE, JOHN F MARTIN	309
Letter from Chicago: Facts	GEORGE DUNEA	310
Any Questions?		311
Materia Non Medica—Contributions from KENNETH MACRAE, HENRY R ROLLIN		303
Medicine and Books		312
Personal View	REYNIR TOMAS GEIRSSON	315

CORRESPONDENCE—List of Contents	316
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OBITUARY	328
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NEWS AND NOTES	
Medicolegal—What should a doctor tell?	325
Medical News	326
BMA Notices	326
One Man's Burden	MICHAEL O'DONNELL 327

SUPPLEMENT	
Issues in nursing management	YVONNE MOORES 330
JCC elects new chairman	333
Mobilising pharmacists' expertise	333
GMC's professional conduct committee	334
MPs criticise health spending	334
Association Notice: Associate specialists subcommittee (CCHMS)	334

CORRESPONDENCE

What price psychotherapy? S R Hirsch, FRCPsych..... 316	FRCS; A M Mukhtar, and G Orr, FRCS; J N L Simson, FRCS..... 319	"First vacant, first cut" C G Clark, FRCS, and N L Browne, FRCS.... 322
Quality control of home monitoring of blood glucose concentrations J Anderson, MRCP, and Eva Kohner, FRCP; A S Hutchison..... 317	No ladies or girls please—just women N F Perks, MB; Mary Knowles, MB..... 319	Points Major disaster planning (M A Hocking; R H C Robins); Treatment of acute scrotal pain (D J Jones and B T Morgans); Risks of intrauterine contracep- tive devices (G Bhardwaj; Pat Thompson); Mesothelioma due to domestic exposure to asbestos (A R Gellert and R M Rudd); Idiopathic ulceration of the small bowel (J M Dixon and A B Lumsden; J N Thompson and others); Orange periods (I A Greer); Paunches and the prediction of coronary heart disease (Keith Ball); 323
Mitral valve prolapse R Grahame, FRCP, and Anne Child, MD... 317	The Wormwood Scrubs Annexe M M Glatt, FRCPsych..... 320	Ulnar nerve palsy in a haemophiliac (Neil Watson); Self help (B Edsall); Associate specialist grade (J A Tallack); Laparotomy (B N Catchpole); Banning of boxing (J R Axon); Neutropenia due to β lactamine antibodies (B Rouveix and others); Drug treatment in Parkinson's disease (M Hildick-Smith); Tuberculosis of the breast (C H Collins and others)..... 324
Is routine episiotomy necessary? A T Morgan, MB..... 317	Women in prison Susan Kramer, MRCPsych..... 320	
Britain's failure to prevent deaths from cervical cancer Angela Mills, MRCOG..... 317	Treatment with insulin pumps versus intensive conventional treatment J J Bending, MRCP, and others..... 320	
The rattled CSM should think again G Struthers, MRCP, and others..... 318	Evaluation of general practice records J J C Cormack, FRCP; J R Clayden, DRCOG; D du Feu, PhD..... 321	
Late failure of vasectomy J C Gingell, FRCS; R Hole, FRCS; D J Sherlock, FRCS, and R T J Holl-Allen, FRCS 318	Nuclear extinction or boxers' brains? D B Stewart, FRCOG..... 321	
Management of obstructed balloon catheters W B Ross, FRCS; D G Arkell, FRCS; P W J Houghton, FRCS, and M E Foster, FRCS; Elizabeth Burd, MB, and D A R Burd,	Modifying risk of lung cancer by changing smoking habits P R J Burch, PhD..... 321	
	Does delta infection play a part in the pathogenesis of hepatitis B virus related hepatocellular carcinoma? A Craxi, MD, and others; R Esposito, MD, and others..... 322	

We may shorten letters to the editor unless the authors specifically state that we may not. This is so that we can offer our readers as wide a selection of letters as possible. We receive so many letters each week that we have to omit some of them. Letters must be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

What price psychotherapy?

SIR,—Professor Michael Shepherd makes a plea for more research into the efficacy of psychotherapy, a worthy sentiment (17 March, p 809). But it is based on his conclusion that controlled studies indicate that psychotherapy offers no more than a placebo, and that more research is needed for the protection of consumers. Coming from such an important spokesman for scientific research in psychiatry, this should not go unchallenged.

What Professor Shepherd does not tell us is that most of the earlier negative research was poorly designed, used inexperienced therapists, and employed treatments which were generally too brief to be a fair test of most forms of psychotherapy. Even more important is that few studies used adequate criteria to test the efficacy of psychotherapy and that most are based on unrepresentative samples. In contrast to such earlier studies three recent controlled trials have shown significant benefit to patients using different psychotherapeutic techniques but employing skilled therapists with well defined and testable goals.¹⁻³ The first showed significant benefits to sufferers of severe chronic bronchitis and emphysema which varied according to the

form of verbal intervention.¹ The other two showed that the relapse rate for schizophrenia could be significantly reduced by various forms of education and family intervention based on group interaction,² personal support,^{2,3} and behavioural techniques.³

In contrast to many protagonists of psychotherapy the authors of these studies made no claims that the illness was altered by this treatment. Rather, the aim of the treatment in each case was to affect the patients' internal feelings and response to others directly or by altering the response of the family to the patient. If one accepts that psychological and social factors can affect the course and prognosis of many illnesses,⁴ then the studies quoted are evidence that psychotherapy can alter such factors.

In this sense psychotherapy is more like physiotherapy and social work in that it has an important role as an adjunct to medical treatment which sometimes obviates the need for medical treatment but is not to be equated with it. The corollary is that such treatments are helpful to a wider range of clientele, many of whom often don't fall into the category of the medically ill yet derive benefit and feel

they function better as a result. Professor Shepherd is right to say that more research is necessary, but he is wrong to suggest there are no well controlled studies supporting its efficacy. We must, nevertheless, ask whether the benefits are purely non-specific and general, as he reminds us others have suggested, or whether they are specific, as each of the schools of therapy suggests. This remains an open question.

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¹ Denford J, Guz A, Heslop A, et al. Breathlessness and psychiatric morbidity in chronic bronchitis and emphysema: a study of psychotherapeutic management. *Psychol Med* 1983;13:93-110.

² Leff J, Kuipers L, Berkowitz R, Eberlein-Vries R, Sturgeon D. A controlled trial of social intervention in the families of schizophrenic patients. *Br J Psychiatry* 1982;141:121-34.

³ Falloon IRH, Boyd JL, McGill CW, Razani J, Moss HB, Gilderman AM. Family management in the prevention of exacerbation of schizophrenia: a controlled study. *N Engl J Med* 1982;306:1437-40.

⁴ Hirsch SR. Psychosocial factors in the cause and prevention of relapse in schizophrenia. *Br Med J* 1983;286:1600-1.