

### *Psychopathology of the double*

DEAR SIRS

We read with interest Beveridge's account of the psychopathology of the double as described in James Hogg's novel *The Private Memoirs and Confessions of a Justified Sinner* (*Psychiatric Bulletin*, June 1991, 15, 344–346). We would like to draw attention to another literary description of this phenomenon in Shusaku Endo's novel *Scandal* (1988). Endo is one of Japan's foremost writers. He was born in Tokyo in 1923 and converted to Catholicism in his youth. *Scandal* is regarded by some as his best work.

In this novel he recounts the story of an ageing Christian writer, Suguro Sensei, who is enjoying the fruits of a successful literary career in contemporary Japan. To what extent the novel reflects the personal experience of the writer is a matter for conjecture; certainly there are explicit parallels.

The novel opens at a prizegiving ceremony held in honour of Suguro, during which he glimpses a face in the audience which he recognises as his own. He is subsequently tormented by the shadow of his invisible 'double' who appears to be frequenting Tokyo's hotels and bars. He is reported as indulging in sado-masochistic acts with a group of women who claim to recognise this 'double' as Suguro. The 'real' Suguro denies these reports; the 'double' is everything that Suguro is not and the achievements of a lifetime are threatened by the reports of unacceptable behaviour ascribed to this 'double'. The climax of the novel occurs in a Tokyo hotel where Suguro discovers that the 'double' is none other than himself, and that the sado-masochistic actions of the 'double' are his own actions. In this scene he encounters and comes to accept the disowned parts of himself.

Endo succeeds in his use of the phenomenon of the double as a literary device to explore the complexity and polarity within the human psyche. He recognises the relationship between sin as transgression and the unconscious need for self-expression of "people who are suffocated by the lives they lead". There is much psychological insight of value to practising psychiatrists in this novel.

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#### *Reference*

ENDO, S. (1988) *Scandal*. London: Penguin Books.

### *Training schemes*

DEAR SIRS

The article by Birchall & Higgins (*Psychiatric Bulletin*, June 1991, 15, 357–359) provides a particularly good example of an efficient well-run scheme.

I am concerned that the organisers of the Liverpool Training Scheme have decided that after only two failures at the Part I examination, trainees must leave the rotation. I accept that failure in this exam may indicate unsuitability for psychiatric practice, but surely each case should be dealt with individually. Ill health, family problems, poor exam technique and even difficulty with the language may all adversely affect a candidate's performance. Psychiatrists should be aware of the dangers of "rigid inflexibility".

Psychiatry requires trained doctors of all grades. Training on a rotational training scheme is suitable for equipping a potential staff grade doctor or sessional clinical assistant/general practitioner with important and useful skills necessary for psychiatry.

It is vital that all organisers of schemes recognise that many post-membership registrars "are suitable for consultant grade but are unable to obtain senior registrar posts because of the shortage of such posts". I consider it imperative that these very assets are protected and not lost to psychiatry.

Training scheme organisers need to be sympathetic and abandon rigid guidelines. The authors' figures indicate that some trainees take as long as six years and four months while the mean time is four years four months! – four months longer than the length of the 'old combined rotations'.

In Nottingham, during the four years I have been here, all those who have completed four years of training have passed the membership examination – a record that is probably hard to beat.

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### *Appeals against Section 2 of the Mental Health Act 1983*

DEAR SIRS

I read with interest the letter of Drs O'Dwyer and Neville (*Psychiatric Bulletin*, April 1991, 15, 225–226) but was unclear whether the patients in their study who appealed against detention were representative of all who submitted appeals during that time or just those who reached the stage of Tribunal. Certainly their data coincide with previous findings (Mawson, 1986) that Tribunals discharge 17% of all cases they hear. This, however, may be misleading. Recent preliminary data from my own study, gathered from one hospital in the Mersey Region, seem to show that the impact of an appeal against detention may be greater than previously thought.

I studied the legal outcome of all appeals of patients detained under Sections 2 and 3 (1988–1990). Early results show that of 73 patients who