

Correspondence

THE *JOURNAL* AND ITS CONTENTS

DEAR SIR,

Dr. Mackie's letter and your reply (*Journal*, November 1967, p. 1317) reflect a situation that causes a great deal of concern to many psychiatrists. At the risk of some over-simplification, it can be said that British psychiatric literature separates "two cultures". A "scientific" one has research dominated by the rigours of statistical and experimental methods but with little apparent connection with what people are about. The other, the psychodynamic, consists mainly in descriptive and interpretive studies concerned with people as persons, and in particular with their difficulties in achieving good relationships.

It has been most unfortunate for British psychiatry that these two approaches have developed with such marked divergence. One result is that, in your reply to Dr. Mackie, the critical issue for psychiatrists today, namely, the implications of the current position in which leading psychotherapists do not consider the *British Journal of Psychiatry* a congenial medium for at least some of their contributions, is not considered. The origins of this situation are complex, and I do not wish to embark on these. What is much more important than dwelling on past history is to take constructive steps for the future. I suggest that something along the following lines might be contemplated. The Bye-laws for our proposed College envisage three specialist areas, Psychotherapy, Child Psychiatry and Subnormality, along with General Psychiatry. Could not each of these divisions have an editorial group with an allocation of *Journal* space and with the three groups co-ordinating their work with the editorial group for the General section?

I believe that contributors to technical journals are influenced by two considerations. They want their work to reach the relevant audience; but they also like their articles to appear in a journal in which the very fact of publication within its pages indicates a certain standard of work. In my view this latter is fulfilled only when an editorial group itself possesses, and is seen to possess, an expertise acceptable to the best contributors. However good the intentions of the present editors may be towards the psychodynamic culture, I think that leading contributors would not want to use the *British Journal of Psychiatry* until a demonstration of interest in their approach is built into the editorial structure. (I would support your

view from my own editorial experience that soliciting articles is not a reliable method for establishing a journal tradition.)

The adoption of a policy such as I have outlined would have many merits. Not only would it present to all psychiatrists a sample of the best work going on in the various sections of psychiatry, but the existence of editorial groups within the different specialties would be of great value for the morale of each, for achieving closer relations between them and general psychiatry, and hence for benefiting the development of all sections.

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DEAR SIR,

It is undoubtedly fitting that proper attention, respect and encouragement should be given to reports of work done in those areas of psychiatry where statistical methods and other instruments developed in the mathematical and physical sciences are applicable. Nevertheless, it must surely be faced that much of the work of psychiatrists does lie in unavoidably subjective situations, where intuition has its part. The only way of communicating what is experienced within not a few human interaction situations may be to construct an anecdote. An independent sociological expert, observing the same situations objectively from without, would report them quite differently, and be able, perhaps, to report in terms of trends and numericisms.

By no means the majority of psychiatrists find themselves in a position to practise that limited form of their art which could take place in a real or imagined laboratory situation; the field is *people*, and their individuality defies statistical corroboration. The being of consciousness is the consciousness of being (J. P. Sartre) and is realized as in some respects inaccessible to enumeration and statistical comparisons. Statistical instruments handle and clarify experiences when they are reduced to numerical data, in a world seen as consisting of determined variables, not of human individuals being themselves in groups.

Some psychiatrists see their primary commitment as trying to help patients to exist themselves in a more

contented, more civilized, honest and profound mode. This kind of experience *can* be reduced to other forms than the broadly anecdotal one, but only at the price of disguising and distorting the actual experience.

If it were the policy of the *Journal* to exclude the intuitive, the subjective, the anecdotal, the green-fingered, the personal, then it would set a very severe constriction on the scope of its representation of British psychiatry as it is practised in the field.

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MATERNAL AGE AND PARENTAL LOSS

DEAR SIR,

Professor Moran, in his discussion (*Journal*, this issue, p. 207) of my study on parental age and schizophrenia (*Journal*, September 1966, pp. 899-905), raises some questions which call for comment.

The first is concerned with whether or not the distributions of parental ages of the schizophrenics differ to a statistically significant degree from those of the sibs. Professor Moran himself has pointed out the difficulty in determining this. My own calculations showed trends suggesting that schizophrenics had the older parents, but, using the Chi squared test, the differences did not prove statistically significant. I am happy, however, to accept Professor Moran's criticism of the method used and his conclusion that my figures for schizophrenics are probably significantly different from those on the controls.

A second question is whether or not the differences found are due to artefact, and in particular to the inclusion of incomplete sibships. This possibility was considered in my paper, but because the trends did not appear significant at the time it was not investigated further; it seems appropriate to do so now.

The method employed, of comparing probands

with sibs, is similar to that used by Greenwood and Yule (1) for the investigation of birth order effects, which McKeown and Record (2) have shown can be modified to detect parental age effects. Like the Greenwood-Yule method, however, the inclusion of incomplete sibships would tend to produce an artificial association between the probands and advanced parental age. An incomplete sibship is one into which further members are born after the data have been collected (in this case, after the time of admission of the proband to hospital). If data on these later sibs eventually became available, their inclusion in the study would tend to raise the parental age of the control group. Thus if there are a large number of incomplete sibships the parental age of the sibs will be artificially low, and the probands may seem to have the older parents.

We can test the hypothesis that the results obtained are due to this bias, because the older a schizophrenic is at the time of his admission the more likely he is to come from a complete sibship; in particular, patients aged 30 years or more at that time are likely to have complete fraternities because their mothers would then be at least 45 years of age and probably outside the reproductive period. To test the hypothesis, the parental ages of patients admitted before they were 30 years were compared with the parental ages of their sibs, and, similarly, comparisons were made between the over-30 probands and their sibs. In each comparison adjustments were made to the distributions to eliminate any effect of sibship size, in the same way as described in the original paper.

The table sets out the results. In each case the difference between the mean parental ages of the schizophrenics and their sibs is greater for the under-30s than for the over-30s, in some instances strikingly so. These findings are consistent with artefact due to incomplete sibships and do not indicate a true parental age effect in schizophrenia.

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Standardized Mean Parental Ages (in Years) of Schizophrenics and Their Sibs

| | Maternal Age | | | | | | Paternal Age | | | | | |
|----------------------------|--------------------------------|----------|-------------------------------|----------|--------------|----------|--------------------------------|----------|-------------------------------|----------|--------------|----------|
| | Probands under 30 at admission | | Probands over 30 at admission | | All probands | | Probands under 30 at admission | | Probands over 30 at admission | | All probands | |
| | No. | Mean Age | No. | Mean Age | No. | Mean Age | No. | Mean Age | No. | Mean Age | No. | Mean Age |
| Male probands .. | 202 | 31.515 | 174 | 30.996 | 376 | 31.275 | 199 | 35.033 | 167 | 34.777 | 366 | 34.916 |
| Sibs of male probands .. | 202 | 29.971 | 174 | 13.030 | 376 | 30.461 | 199 | 33.577 | 167 | 34.421 | 366 | 33.962 |
| Difference .. | .. | +1.544 | .. | -0.034 | .. | +0.814 | .. | +1.456 | .. | +0.356 | .. | +0.954 |
| Female probands .. | 184 | 29.835 | 268 | 30.840 | 452 | 30.431 | 174 | 34.218 | 251 | 34.558 | 425 | 34.419 |
| Sibs of female probands .. | 184 | 29.211 | 268 | 30.332 | 452 | 29.876 | 174 | 33.480 | 251 | 31.487 | 425 | 34.075 |
| Difference .. | .. | +0.624 | .. | +0.508 | .. | +0.555 | .. | +0.738 | .. | +0.071 | .. | +0.344 |