

suggests that a similar trend exists in the more temperate state of New South Wales, Australia.

A random survey of the records of first admissions to a large psychiatric hospital (Callan Park Hospital, Rozelle) was made. Only those who had been born in New South Wales subsequent to 1903, whose full birth date could be determined, and whose diagnosis was recorded on discharge were included, and a sample of 1,488 was obtained.

After correcting for the normal season-of-birth distribution of the general New South Wales population, a trend for schizophrenic and manic patients to show increased winter birth dates and decreased summer birth dates was apparent; this was not noted for other diagnostic groups.

Number of births per month of each diagnostic group was intercorrelated with the mean Sydney temperature for that month. The only diagnostic group to reach significance was schizophrenia ($r = -0.642$; d.f. 11; $p < 0.05$), with mania just failing to do so ($r = -0.547$; d.f. 11, $p < 0.10$).

It is emphasized that this study is a pilot one and that the numbers are insufficient to allow any definite conclusions to be reached. A study is now proceeding, examining data on all first admissions to all psychiatric hospitals in New South Wales from 1970 to 1973.

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STUDENT HEALTH SERVICES

DEAR SIR,

Dr. Myre Sim in his review of *Student Counselling in Practice* (*Journal*, May 1974, 124, 502) adopts an extremely proprietorial view of the medical profession's ability to help people (in this instance, students) in emotional or psychological distress.

After three years' experience of running a Student Health Service I would beg to contradict him. It is regrettably my own experience that psychiatrists are often, by their training and the time they can offer, among those least able to provide help for those in psychological distress, unless they are psychotic.

Dr. Sim's suggestion that those psychiatrists who would argue that a medical qualification is irrelevant to the practice of psychiatry should take themselves off the Medical Register is both absurd and irrelevant. However, I would hope that his views in this respect

are idiosyncratic, because the whole tone of his review has, in my opinion, both important and unfortunate implications for the future. He seems to feel that the acquisition of a medical degree and the conferment of Membership of the Royal College of Psychiatrists ordains people to meddle in the minds of others, and that people who have not been so ordained automatically do not have that right. His views are not dissimilar to those of the Roman Catholic Church in the Middle Ages, which was convinced that heretics should be tried by the Court of Inquisition and, if found guilty, should be burned at the stake because they were propagating the works of the devil.

To parody a famous quotation, 'Oh psychiatry, what crimes are committed in thy name'.

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DEAR SIR,

I will deal with that aspect of Dr. Payne's letter which he emphasizes, namely: 'He (Dr. Sim) seems to feel that the acquisition of a medical degree and the conferment of Membership of the Royal College of Psychiatrists ordains people to meddle in the minds of others, and that people who have not been so ordained automatically do not have that right'.

A medical degree is the result of a prolonged course of study and training directed to give the holder the competence to accept responsibility for his future patients. Membership of the R.C.Psych. is not 'conferred', but is again the result of a prolonged period of training and experience coupled with an examination in psychiatry in all its aspects. Such qualifications do not 'ordain people to meddle'; in fact, the reverse is the case, for the holders are only too aware of the dangers of meddling, and it is this awareness which makes them allergic to the meddling of others.

At the same time, one must recognize that psychotherapy in its many forms has attracted a host of workers who are non-medical, professional and amateurs. Unorthodox and even unqualified practitioners may practise medicine, but it is generally accepted that a sound medical training is an important if not an essential qualification. When it comes to psychiatric treatment people are less scrupulous. Diagnosis is either disregarded or dismissed as irrelevant, and treatment is regarded as the province of anybody who can spare the time. The medical practitioner is immediately dismissed as being too busy, and an army of willing helpers,

including psychologists, social workers, welfare officers, parsons, teachers, marriage guidance counsellors, hypnotists and evangelists have entered the field. They are backed by even greater numbers of enthusiastic amateurs whose need for a person in distress overcomes any inhibitions their lack of training and experience should create.

The public must like that sort of thing or it would not flourish. What we as psychiatrists should be very wary of is that we do not select one group from among them and by association give them an air of medical respectability. I would go further. I would seriously question the practice of taking part in their training, for once 'trained' one has precious little control over them.

Psychiatry has been ridden for years with the practice of the cult, but as doctors we are flexible enough to surrender or modify a useless model for a more useful one. If all psychiatrists had no medical qualifications and were committed entirely to, say, a dynamic model, how would recent psychopharmacological advances have been incorporated? We have problems enough in psychiatry without creating new ones. I would not forbid meddling, neither can I aid, abet or even condone it.

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PERSONALITY VARIABLES AND ALPHA ENHANCEMENT

DEAR SIR,

The paper by Travis *et al.* (*Journal*, June 1974) is interesting in that it claims to demonstrate a relationship between a personality variable, i.e. neuroticism, and feedback control of alpha rhythm. However, this conclusion is not justified on the basis of the evidence which they provide.

They do indeed demonstrate that over five training sessions an increase in alpha abundance occurred in both the high-N and low-N groups. However, Lynch and Paskewitz (1971) have pointed out that to select a period during which the subject is resting for measurements of baseline alpha is unacceptable in this context, so that the true measure of alpha enhancement is $d\alpha/dt$, i.e. the slope of the graph.

With this in mind, reference to the results of Travis *et al.* indicates that there is in fact *no* difference between the two groups. What they do demonstrate is that subjects with high N scores exhibit more eyes-open alpha.

It is also important to consider the significance of

an increased alpha abundance over time. In the light of the work of Cleland *et al.* (1971), who demonstrated higher alpha increments with non-contingent than with contingent feedback, it is impossible, in the absence of a non-contingent feedback control group, to ascribe such changes to feedback. An alternative and more parsimonious explanation is that anxiety about the experimental situation inhibits the production of alpha activity during the early part of the experiment, but as this anxiety habituates and the patient relaxes alpha abundance increases: Travis *et al.* have demonstrated that the rate of habituation is not related to N score.

This highlights some of the difficulties in the interpretation of results of brainwave feedback experiments: Lynch and Paskewitz (1971) feel that it is unlikely that true feedback control will ever be demonstrated unequivocally in man.

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REFERENCES

- CLELAND, C. S. *et al.* (1971) Alpha enhancement: due to feedback or the nature of the task. *Psychophysiology*, **8**, 2, 262.
 LYNCH, J. J. & PASKEWITZ, D. A. (1971) On the mechanisms of the feedback control of human brain wave activity. *J. nerv. ment. Dis.*, **153**, 3, 205.
 TRAVIS, T. A., KONDON, C. Y. & KNOTT, J. R. (1974) Personality variables and alpha enhancement: a correlative study. *Brit. J. Psychiat.*, **124**, 542.

NORTHERN IRELAND: MISLEADING 'PSYCHOLOGY'

DEAR SIR,

Dr. Arie's gentle review of Rona M. Fields' *Psychology of Northern Ireland* (*Journal*, July 1974, p. 107) underestimates the damaging effect of such a publication upon the credibility of psychology as a discipline. This book was published alongside a series of distinguished and useful publications in the field of education and psychology and as such may be accepted by many as having the same standing.

The obvious enthusiasm and concern of the author cloak her incredible naivety, and may lead less informed readers to accept such statements as that the internees were 'forced' to take pills which 'it turned out were Librium—a drug which has been found to have a debilitating effect on the parts of the nervous system involved in sexual arousal' (p. 154). The claims that 'no man or boy who has undergone interrogation, whether or not internment has followed, has not suffered a damaging personality