

Correspondence

Letters for publication in the Correspondence columns should be addressed to:

The Editor, British Journal of Psychiatry, 17 Belgrave Square, London, SW1X 8PG

PSYCHIATRY AND THE CONCEPT OF DISEASE

DEAR SIR,

Professor Kendell (*Journal*, October 1975, 127, pp 305–15) has given us a lucid synopsis of the development of the concept of disease and the criticisms made of the use of this concept in psychiatry. However, the argument of the entire piece appears to contain several flaws.

He seems to believe that to define disease is in some way to describe the proper area for medical concern. Yet medicine is not restricted to dealing with diseases; as he himself points out; no-one would deny the right, indeed the duty, of medicine to be involved in childbirth, yet equally no one would wish to consider it a disease. Similarly the physician who refused to treat post-herpetic neuralgia or psoriasis on the grounds that they do not fulfil Scadding's (1967) criterion of disease would rightly be considered heartless if not negligent.

Does then this definition indicate a minimum area within which medicine must operate? This may at first appear so, but applied strictly—as it must be to serve any purpose—the definition is equally valueless for this purpose. As Kendell points out, family planning is an important part of contemporary medicine. Yet sterilization fulfils his criterion of disease; it is a deviation from the norm placing the individual at a biological disadvantage (at least in Kendell's terms), the inability to reproduce. Should then sterilization be considered an iatrogenic disease? Similarly, it is not only the behaviour of schizophrenics or homosexuals that reduces fertility, but also that of all who voluntarily refrain from procreation. Should we therefore consider a vocation to the religious life as a mental illness?

The attempt to define a biological disadvantage independently of social factors is also doomed to failure, for the selection which determines whether a statistical abnormality is advantageous or disadvantageous depends upon the environment, and this surely must include the social milieu.

Further, because a condition confers a 'biological disadvantage' does it necessarily follow that a

medical practitioner is 'better equipped to understand and treat it' than anyone else? The removal of biological disadvantage is not the primary concern of medicine, at least not as Kendell defines biological disadvantage. It is rather to prevent and relieve suffering and to prevent premature, avoidable death. Why, then, is a biological disadvantage necessarily a medical responsibility?

Surely what medical practitioners are particularly equipped to do is to approach a problem in a particular way; to bring their biologically-oriented training to bear on it; in fact to apply the 'medical model'. In certain situations this may be the only conceivable approach, as in a case of bronchopneumonia, broken leg or childbirth. In others it may be one of several possibilities; for example anxiety may be treated by drugs or psychotherapy. There may be other cases where an alternative approach may clearly be more suitable—perhaps a spider-phobia.

There will, no doubt, be areas of disagreement between those who think like Eysenck or Laing and those who favour the medical model. Is this not analogous, however, to the differences of opinion between proponents of medical and of surgical treatment for certain conditions, and to the often even more vexed question of 'to treat or not to treat'? Certainly it is more fruitful to concentrate on this more practical question than to chase the wild goose of a simple definition of disease, whether it is designed to include or to exclude mental illness.

PETER D. TOON.

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London, S.E.5.*

DEAR SIR,

The interesting article by Professor Kendell (*Journal*, October 1975) gives a thoughtful and realistic account of the difficulties which attend the various solutions suggested by different writers. His solution, which essentially entails acceptance of Scadding's 'biological disadvantage' criterion, does not in the least conflict with my own position, although Kendell maintains that the 'presence of a lesion' criterion is implicit in my reasoning. I was not concerned so much to try to solve this ancient