

### DOCTORS AND THE ISLAMIC PENAL CODE

SIR,—Dr Lykkeberg (Feb. 24, p. 440) raises serious questions about the professional role of doctors in the affairs of a country whose Government introduces a law which may not be agreeable or suitable to another people. For example, in Saudi Arabia and Pakistan, abortion is an act of killing. But in Denmark and the United Kingdom abortion on social grounds is legal. I do not think that a Saudi Arabian or a Pakistani has a right to bring here the World Medical Association's 1975 Declaration of Tokyo which prohibits doctors' involvement in such practices.

What about circumcision, practised by Jews and Muslims universally, purely on religious grounds? It can be done by doctors, without any medical indication, under local or general anaesthesia. To some, this practice could be an assault or torture.

Capital punishment has been abolished in many countries, but is retained in some Western democracies. The United States has not abolished the electric chair and France still has the guillotine, but anyone who is against capital punishment has no right to call these practices barbaric.

People should be allowed to make their own laws in their own country in the light of their own conditions.

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SIR,—Dr Lykkeberg's letter must have left your readers with the impression that the *Shariat*, the Muslim religious law, is the legal code for a barbaric way of life which is being followed by a proportion of religious fanatics. People without knowledge of the Islamic way of life have no right to pass judgment on these matters. What are "acts of cruelty"? The innocent shopper who has a leg amputated after a bomb explosion, the victim of rape, murder, or arson—all experience injury more atrocious than is the punishment for these crimes. No society will thrive by hiding criminals under protective declarations in the name of human rights and freedom. One country (Saudi Arabia) has practised Islamic laws for long time, and it has the lowest incidence of crime in the world.

Every nation treasures its religious beliefs; doctors would be wise to refrain from involvement in politically exploited issues of a religious nature.

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\*\*Both Dr Naqvi and Dr Hashmi surely miss the point. The right of sovereign states to make laws is not in dispute. The question is whether any *doctor* should use his skill to participate, actively or passively, in mutilation as an act of punishment. Dr Lykkeberg thinks not, and so do we.—Ed.L.

### WHAT PUTS STUDENTS OFF PSYCHIATRY

SIR,—Medical graduates today, like myself forty years ago, may be not so much "put off" psychiatry (your editorial of March 3) as blissfully unaware of most of the clinical problems that psychiatry encompasses. Unlike physical illnesses such problems are not part of their day-to-day experience. No doubt when I comprehended how common mental illness is and appreciated what psychiatry is about I became a better physician. Perhaps my appreciation was unusually delayed even for one of my own generation, but my experience as a teacher and my observation of the skills and attitudes of many of our best graduates over the past thirty years suggest that my lack of perception as a student was and still is the norm rather than the exception. Recognition of mental illness and acceptance of

psychiatry as a subject for study may require a more extensive experience of life and a better understanding of personal relationships than the average medical student has had. The ability to cope on a one-to-one basis with an emotionally or mentally disturbed person requires greater personal resources than most students and many young doctors possess. Psychiatry may be better practised in maturity than in youth. If that premise is correct, it may have implications for recruitment to psychiatry.

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### AMERICAN PSYCHIATRY

SIR,—Since I had the pleasure of collaborating briefly with Dr Murray during his travelling fellowship in the U.S.A., I particularly enjoyed his thoroughly referenced "reappraisal" of American psychiatry.<sup>1</sup> It is gratifying to hear that "the new realism" has at last reached colonial shores with an ensuing dispersal of "the dark clouds which enveloped American psychiatry". Some of Murray's observations show insight, but the tone of other of his views seems excessively critical. Psychoanalysis has never been an omnipotent Machiavellian system which has enslaved the minds of otherwise rational physicians (though some adherents have been accused, and perhaps been guilty, of "ideologic parochialism"<sup>2</sup>). Rather, psychoanalysis may be considered a psychotherapeutic technique—a theory, and/or a research technique which has its applications and limitations. Not being a psychoanalyst, I must leave to others the defence of the field of honour.

While the era of psychoanalytic supremacy may, in fact, be past, the teaching and supervision of psychoanalytically oriented psychotherapy continue to be important elements in the educational programmes of, I hazard to say, most American psychiatrists-in-training. It is interesting to speculate that it is just these elements which may have contributed decisively to the possibility asserted by Murray that "American psychiatrists have much greater expertise in psychotherapeutic relationships than their British counterparts."

Having witnessed first-hand Murray's genuinely empathic manner with psychiatric patients and the strength of the "therapeutic alliances" his patients formed with him, I am hopeful that British psychiatrists-in-training will, in lieu of psychoanalytically oriented psychotherapy, emulate his example to enhance their abilities to form psychotherapeutic relationships. Indeed, I look forward to a future issue of *The Lancet* containing "A Reappraisal of British Psychiatry".

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### VANCOUVER STYLE

SIR,—In your issue of Feb. 24 you list several journals which, like *The Lancet*, are going to conform to the style proposed in the Declaration of Vancouver. From January, 1980, the *British Journal of Surgery* will also adopt this style. Notices will appear in the June, 1979, issue of the journal and these will indicate the date from which manuscripts should be submitted in the manner laid down in the Declaration.

*British Journal of Surgery*,  
Broadmead House,  
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Editor

1. Murray, R. *Lancet*, 1979, i, 255.

2. Casariego, J. I., Greden, J. F. *Compreh. Psychiat.* 1978, 19, 241.