

psychotherapy. One of my patients was a young man who had been thrown out of the Royal Navy and the Army for misconduct, who held up a taxi-driver with a pistol, and who took pot shots at station lights while passing in a train. I presume most people would accept him as being psychopathic. He came from a broken home, and with a year's psychotherapy changed into a responsible citizen who has behaved properly and not fallen foul of the police since.

Many psychopaths seem to me to be undeveloped schizophrenics and some never had any affection in childhood. Some appear to suffer from psychosexual abnormality. No doubt these illnesses have a common origin. I think that psychopaths need individual investigation, and it is improbable that those schools of psychiatric thought which devote their time to gathering statistics will make much progress with their elucidation.—I am, etc.,

London, W.1.

CLIFFORD ALLEN.

SIR,—May I be permitted to define a psychopath? I submit that he is a person who presents a character deformity whereby the clinical entity is an egoist and a social misfit who lacks foresight, is non-constructive and emotionally immature, and is basically anti-social. In a word, a character who has not outgrown the selfish behaviours and demands of childhood—a person who is constantly at war with society, either knowingly or unknowingly, depending upon his intellectual advance or retardation. A sheep in a lion's skin behaving like a jackal.—I am, etc.,

Retford, Nottinghamshire.

JAMES A. ROE.

Problems of Puberty

SIR,—Dr. Douglas Hubble's article (*Journal*, January 25, p. 191) shows a distressing fallacious trend in modern materialistic medicine. He condones masturbation and homosexual activity by youths as being normal, and advocates heterosexual licence for adolescents. I agree with him that the urge is normal—but so is the urge to take what one wants, be it a loaf of bread, a diamond ring, or another man's wife, and to kill if necessary in order to do so. Perhaps the "conventions of our society" will soon accept theft and murder as being normal, and therefore not requiring restraint.—I am, etc.,

Portarlington, Australia.

L. D. RENOUF.

The Stiff-man Syndrome

SIR,—I was interested to read the paper on "The Stiff-man Syndrome" by Drs. T. M. L. Price and E. N. Allott in the *Journal* of March 22 (p. 682). In spite of many chemical investigations, calcium analysis does not seem to be done; nor in the variety of treatments used empirically does parathormone or corticotrophin seem to have been tried. Phosphorus metabolism was reported to have been abnormal.—I am, etc.,

London, W.1.

J. D. REDMILL.

Long-acting Sulphonamides

SIR,—Recently several sulphonamide compounds have been introduced to practitioners. Various claims have been made for these substances, the chief being that only once-daily dosage is required. It is suggested that they may be effective for long-term prophylaxis against streptococcal infections—e.g., in cases of acute rheumatism or in known rheumatic heart disease—to reduce the risk of bacterial endocarditis. Recent experience leads me to suggest that in clinical practice these drugs may not be effective.

In four cases of scarlet fever in different families I treated all the family contacts with sulphamethoxy-pyridazine ("Iederkyn"), except for several infants too young to swallow tablets; these latter children received suspension sulphamezathine. In each of these families at least one of the contacts developed scarlet fever, and two mothers had acute pharyngitis with pyrexia. These cases occurred 4 to 11 days after the contact and in three of them sulphamethoxy-pyridazine was being taken at the time. In the other three cases it had been discontinued after 7 days—

i.e., one to three days before the onset. None of the contacts who received sulphamezathine were infected.

In view of these cases I did not think it justified to continue using sulphamethoxy-pyridazine as a prophylactic, so that statistically my results may lack significance because of the small numbers concerned. It is, however, an experience worth noting, and suggests further clinical trials with this drug before it can be claimed to provide the known protection afforded by sulphamezathine and sulphadiazine against streptococcal infections.—I am, etc.,

Newcastle upon Tyne.

A. J. WATSON.

Tetanus

SIR,—I have read with interest the letters of Dr. W. A. Hanna (*Journal*, February 22, p. 460) and Drs. H. A. Reid, D. P. Bowler, and L. T. Scott (*Journal*, March 29, p. 773) in which they further draw attention to the difficulty of assessing any method of treatment in tetanus. While I agree that many cases of tetanus must have died from over-sedation, I feel that this has been largely the result of inadequate medical and nursing care. In areas where the incidence is high, it is well-nigh impossible to give the individual attention which is so necessary in the proper treatment of tetanus. To withdraw sedation altogether in these circumstances would certainly increase the suffering and probably not decrease the mortality. In the present state of knowledge the most effective means of reducing the mortality from tetanus lies in reducing the incidence by prophylactic immunization.—I am, etc.,

Stromness, Orkney.

D. D. JOHNSTONE.

Aphthous Ulcers

SIR,—Drs. S. C. Truelove and R. M. Morris-Owen are to be congratulated on evolving a simple and effective treatment for this troublesome group of disorders (*Journal*, March 15, p. 603). In this area a large number of these patients are referred for dermatological advice. A few drops of $\frac{1}{2}$ or 1% hydrocortisone in saline or as a skin lotion applied three or four times a day has proved effective in all but the most severe cases, which have been well controlled with the addition of tab. hydrocortison., 5 mg., dissolved in the mouth at bedtime. The success of such relatively inefficient methods confirms the experience of Drs. Truelove and Morris-Owen.

Patients with the minor form frequently volunteer that emotional upsets precede attacks, many of which can be aborted by applying hydrocortisone lotion. Inert lotion base often has an equally good effect. I would suggest that a trial of inert tablets for the maintenance dosage suggested by the authors might be illuminating. Before attempting suppression of such mucosal lesions with hydrocortisone, it is well to exclude underlying systemic causes and to recall that such lesions may be a manifestation of the pemphigus group of disorders.—I am, etc.,

Stoke-on-Trent.

E. M. DONALDSON.

Industrial Dermatitis

SIR,—Like Dr. Bentley Phillips (*Journal*, March 8, p. 583) I also was surprised that Dr. Edward Collier (*Journal*, February 15, p. 396) had no cases of sensitization dermatitis following the use of acriflavine, proflavine, and penicillin on his workpeople. My experience in Sheffield (*Journal*, January 25, p. 199) was quite different, and I think that the explanation must be the close supervision of the workers attending the ambulance rooms in Dr. Collier's factories. It is quite evident from his letter in your issue of April 5 (p. 831) that the medicaments are applied for a very short time. The development of sensitization dermatitis depends on several factors, the most important being contact with the sensitizing substance. The more prolonged this period of contact, the more likely is sensitization to occur. In Dr. Collier's treatment centres, not only will the substances be discontinued as soon as the wound has healed, or as soon as