

Power of adaptation is the keynote. Where the normal stable individual would skillfully tack, or take in sail, to meet life's sudden squalls, the "neuropath," imbued as he often is from the start with a spirit of congenital defeatism, tends to heel over and capsize. The remedy lies to hand, and involves (1) systematic inculcation of sound psychological principles during every student's hospital training; and (2) earlier detection of, and psychotherapeutic assistance for, the unstable type of individual who would otherwise drift into psychoneurotic or psychosomatic illness.—I am, etc.,

Boscombe, July 4.

W. V. HARKE.

The Unconscious Mind and Medical Practice

SIR.—The art of psychotherapy, like the art of other branches of medical practice, can only be learned through its exercise. The textbooks which Dr. G. Waugh Scott (*Journal*, July 2, p. 39) has read should have given him an insight into the general principles of analytical psychology. Every case, however, is a separate problem, and in the nature of things it is impossible to provide him with a *vade mecum* in which he has only to refer to the index to find a specified treatment for each symptom. Take the two cases which he brings forward as illustrations: both the man and the woman are punishing themselves by inflicting on themselves the thing they fear most, the thing most damaging to their respective egos. To clear up the condition one would have to discover the source of the childish unintegrated guilt which they are thus expiating, and investigate the current mental conflicts which have revived the latent ones.

My advice to Dr. Waugh Scott is to begin the investigation boldly on the general lines which he has learned, leaving the particular symptoms to take care of themselves. He will soon find that he is accumulating a wealth of material which will point the way to a cure. *Solvitur ambulando!*—I am, etc.,

Birmingham, July 4.

R. MACDONALD LADELL.

Men'al After-care

SIR.—May I be permitted to lay before readers of the *Journal* a brief account of the aims and activities of the Mental After-Care Association, the nature of whose work is inclined, unfortunately, to be known only to a limited public specially interested in mental or nervous illness. We feel that if a greater knowledge and insight were given as to the valuable assistance rendered through this association to patients leaving mental hospitals the sympathy of a very much larger public would be obtained.

The stormy progress of the mental hospital towards honourable recognition is becoming increasingly well known, and it was in 1879 that this association was founded with a view to helping patients leaving mental hospitals to readjust themselves to a great extent before they were expected to face the difficulties of normal life, from which many may be cut off for a period of years. Our convalescent homes enable those patients to spend a few weeks in an atmosphere less disciplined than that of hospital routine, and at the same time not so completely lacking in supervision as is expected when they leave to take up work in the ordinary way.

Unfortunately, it is still true that the layman is inclined to distrust the man or woman who has been in a mental hospital, no matter what the cause may have been; and in this respect we have, through our employment bureau, been able to assist patient and employer alike by placing

the patient in suitable work and by interviewing the prospective employer, who then feels that he can apply to us if he is dissatisfied, while each patient who passes through our hands knows he or she can look to us for a sympathetic reception should occasion arise. Our most recent addition has been the inauguration of a summer holiday to suitable patients still under treatment in hospital, and the experiment has been well justified. This summer we hope to give two weeks' holiday to over one thousand patients from various mental hospitals.

As your readers will readily understand, all this entails a great deal of expense, and if our high standard of efficiency is to be maintained we must look to our very many good friends to assist us. Even the smallest amount will be most gratefully received.—I am, etc.,

REGINALD WORTH,

Chairman, Mental After-care Association.

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Trafalgar Square, W.C.2.

Treatment of Pneumonia

SIR.—To quote from your leading article of June 25 (p. 1371): "If chemotherapy can equal or even approach serum therapy in efficacy serum will stand little chance of more extended trial." Certainly the results obtained recently by Dr. Telling and Dr. Oliver (*Lancet*, 1938, 1, 1391) and in a hundred consecutive cases by Dr. Evans and Dr. Gaisford (*ibid.*, 1938, 2, 14) indicate a definite superiority over serum treatment. The difficulties of treatment by specific sera are obvious. Sera have been used with success in America against many different types of pneumococci, but only Types I and II antisera have been much used in this country. If serum treatment is adopted typing is essential, but in many cases sputum is not obtainable early enough. Surely it should be possible to obtain the specific organisms directly from the pneumonic lung by aspiration with an exploring syringe. Serum treatment has other disadvantages—for example, the possibility of anaphylactic reactions occurring. The effects upon the pneumococci of the chemotherapeutic agent and of a type-specific serum are essentially similar. The specific serum combines with the capsule, upon which the virulence and type specificity depend, detoxicating the organism and making it vulnerable to phagocytosis. T693 also has a definite action on the capsule. In either case the pneumococci lose their virulence and are readily destroyed by leucocytes.

Professor Fleming (*Journal*, July 2, p. 37) recommends that specific immune serum should be used together with the chemical agent, because he found that human blood with the addition of T693 and immune serum could deal with a much larger infection than the same blood containing either T693 or immune serum only. Cannot the same effect as that achieved by a combination of serum and T693 be obtained by giving a larger dosage of the chemical agent? T693, according to Whitby, has a great advantage over sulphanilamide in being relatively non-toxic, although active, in small doses.

Evans and Gaisford in a few cases gave as much as 9 grammes in the first twenty-four hours with beneficial effect. There were no toxic symptoms with the exception of cyanosis—in about a quarter of the intensively treated cases—which disappeared when the drug was withdrawn. If it is possible to increase the amount of the drug when the infection is especially severe without detriment to the patient, surely there can be no necessity to supplement its action with serum.

It is upon the efficiency of the polymorphonuclear leucocytes that recovery from pneumonia ultimately