

(where 635 beds are allocated for civilian casualties), and the Royal Blind School, Leatherhead (900 beds). A few beds at Horton are at present occupied with ordinary cases transferred from King's College.

The change which has taken place at Horton with such celerity and efficiency has been, of course, repeated in many other places, but the size of this institution in Surrey makes it specially noteworthy. Behind the rearrangement of staff and bed accommodation lies a vast amount of detailed work concerning water supply, sanitary arrangements, heating and lighting, the installation of lifts, and other measures necessary for the reception of possibly very large numbers of injured persons.

Meanwhile—and mercifully—the casualties for whom these elaborate arrangements have been made do not arrive. There can be no shadow of doubt that this vast disorganization of the peace-time medical services was necessary at the very beginning of war. And no one can yet tell what calls will be made upon those who are now standing by—for the most part in a state of suspended activity. This in itself creates an immediate problem that may prolong itself for who knows how long. Care should be taken to ensure that mobilization of the profession should not be converted into a partial immobilization.

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## Correspondence

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### Treatment of Psychological Casualties During War

SIR,—Having had four years' experience of war neuroses, the last two in command of the Seale Hayne Hospital for functional nervous disorders, I was much interested in Dr. Maurice Wright's article on the treatment of psychological casualties during war (*Journal*, September 16, p. 615). But he gives a very unfair picture of what he calls the authoritarian method, as the harsh system adopted by Lhermitte was, so far as I know, never used in England. We gradually discarded both faradism and hypnotism as our experience increased, and their employment was never recommended to the medical officers sent to us for courses of instruction. Our psychotherapy consisted of simple explanation, persuasion, and re-education, and it almost invariably resulted in the complete disappearance at a single sitting of the hysterical symptoms, even when they had been present for a year or more. Only one of the ten medical officers who worked with me at Seale Hayne Hospital had had any previous training in psychology, and he proved no more successful than any of the others as a war-time psychotherapist. Many of the patients were sent to home duty, but the majority, having been already in hospital for many months when they reached us, had to be discharged from the Army, but they proved quite fit to return to their civilian occupations.

We did not find, as Dr. Maurice Wright appears to have done with his more psychological methods, that the patients "regressed to a level of infantile dependence and made mother figures of their nurses," from which they had to be "slowly weaned." They had no time for this, as they were generally restored to full activity the day after admission and were kept employed on the farm or workshops. Their attitude to the very small nursing staff was exactly the same as that of any other soldiers.

Dr. Maurice Wright repeats the common criticism of "the authoritarian method" made by psychiatrists who have had no experience of it—that it does not make for permanent cure. But in our experience relapse was very uncommon and new hysterical symptoms never developed. This has also been my experience with the many civilian patients with gross hysterical symptoms who have been treated by similar methods by my colleagues and assistants at New Lodge Clinic and at Guy's Hospital since 1919.—I am, etc.,

Sept. 18.

ARTHUR F. HURST.

### Disintegrating Emotions In War

SIR,—On behalf of a number of medical practitioners throughout the country, please let me thank you for your leading article in the *Journal* of September 9. The task of "preventing the disintegrating emotions of hate, fear, panic, and vengeance" is one that the profession as a whole must undertake.

At the beginning of the last war we had no hatred for the German people. But, as the atrocity stories multiplied and the casualty lists lengthened, the emotions aroused were expressed as hatred for the whole German nation. We are now at the beginning of a struggle which in length and frightfulness may exceed the last. If as a nation we do not conquer those "disintegrating emotions" a peace more bitter and vindictive will inevitably follow. Lord Halifax recently said, "Fresh insistence in thought and action on those principles of morality and faith, which are fundamental, will not only build national well-being but is the only source from which we may draw sure hope for peace and prosperity for a disturbed world." By these means, if we as a profession follow your lead, we can begin now to lay the foundations of a just and lasting peace in the place where, in truth, they must be laid, in the mind and will of the individual.—I am, etc.,

DAVID WATSON, M.B., CH.B., D.P.M.

### London Hospitals in War Time

SIR,—Your leading article on London hospitals in war time (*Journal*, September 16, p. 610) makes reference to all but a few of the teaching hospitals. Since omission might suggest a failure of service to the ordinary civilian sick, may I say that at St. George's Hospital we have not throughout ceased to admit any but very chronic cases. Our out-patient clinics, both general and special, have also continued to function as before with the exception of the children's and the ante-natal clinics. The latter will reopen as soon as the need arises.—I am, etc.,

London, S.W.1, Sept. 16.

C. BLAXLAND LEVICK.

SIR,—With reference to your leading article on London hospitals in war time (*Journal*, September 16, p. 610), may I point out that the activities of the Western Ophthalmic Hospital have not been suspended even for a day. Work has proceeded uninterruptedly in all departments—out-patients, in-patients, including operations, laboratories, etc.—and it is the intention of the Committee of Management and the staff that it shall continue to do so.—I am, etc.,

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Marylebone Road, N.W.1.

\*\* The leading article referred to was intended to give a general impression of the present state of affairs, particulars being given to illustrate some of the points discussed. The absence of reference to any one hospital was not meant to imply that such a hospital was not offering services to the civilian sick.—ED., *B.M.J.*

### Malaria Therapy Centre in War Time

SIR,—Of recent years many cases of neurosyphilis have been treated by malaria therapy in the London general hospitals. Those facilities for treatment no longer exist. I am writing to say that the Ministry of Health, in conjunction with the London County Council, have made arrangements for the Malaria Therapy Centre at Horton Hospital, Epsom, to continue. Accommodation can be provided for private patients (at an inclusive cost of 4 guineas a week), voluntary and certified patients. All rate-aided patients should have a London settlement.

Inquiries regarding possible admission should be addressed in the first instance to the Medical Officer in Charge, Malaria Therapy Centre, Horton Hospital, Epsom, from whom the necessary application forms for admission can be obtained. Telephone number, Epsom 9872.—I am, etc.,

W. D. NICOL,  
Epsom, Sept. 18. Medical Superintendent, Horton Hospital.