

POINTS FROM LETTERS

Shortage of Nurses

SURGEON LIEUTENANT, R.N.V.R., writes: I wish to dissociate myself most strongly from the views expressed in the letter of "Ex-Q.A.R.N.N.S.R." (June 21, p. 903). Her sweeping and totally unjustified attack will be resented by a great number of patients, doctors, and Naval nursing sisters. The V.A.D. has done and is continuing to do a very good job of work. Having recently been in charge of a ward staffed by V.A.D.s I should like to bear witness to their not inconsiderable nursing skill and devotion to what is often a thankless job. The standard of nursing in any ward depends to a large extent upon the example and training given by those in charge, and for any lowering of that standard the sister must be held partly to blame. The educational and cultural level of the average V.A.D. compares very favourably with that of the first-year nurses whom I examined for the General Nursing Council. V.A.D.s often enrolled with the idea of making nursing a permanent career, but many have since been disillusioned, and such hasty and ill-conceived criticism and evaluation of their work may deter many others.

Miss DORIS C. HUGHES (Leamington Spa) writes: With reference to the letter of "Ex-Q.A.R.N.N.S.R." (June 21, p. 903), as a V.A.D. with 6½ years' service in the Navy I should like to point out: (1) I have received no encouragement whatsoever to take my training, and moreover when I applied to train at a well-known midland hospital in 1941 I was told, at an interview with the matron, that I was more use as a V.A.D. (2) At a sick quarters on the East Coast, where the staff was small and casualties frequently being admitted, V.A.D.s did all the dressings and assisted M.O.s with the cleaning up of wounds and burns in the dressing-room. There was a separate zymotic block in which we "specialled" cerebrospinal meningitis cases, nasal diphtheria with scalded throats—in fact, any fever case placed on the D.C.L. (3) Temperatures and medicines were always entrusted to a responsible V.A.D., and several sisters for whom I worked said that a capable V.A.D. was quite as competent as many S.R.N.s. I could cite several examples of "fingers instead of forceps" used by sisters. Many of my colleagues were so disheartened by their treatment with some sisters that any desire to train was crushed. If closer co-operation and less professional "jealousy" existed between S.R.N.s and V.A.D.s there would be many more nurses available now. . . .

Land of Excuses

Dr. G. C. PETHER (Colchester) writes: Dr. Bruce Williamson (June 28, p. 950) suggests that as a profession we failed to persuade the public to improve conditions of feeding, sanitation, and health. He then suggests that the public, sensing our neglect, has chosen to saddle us with a State service. I feel that this approach is unfair. Doctors know quite well that health comes largely from good houses built at reasonable cost, good food produced at a fair price and sold under hygienic conditions. Why should we, as a profession, be blamed for bricklayers who only lay 300 bricks a day and plumbers who are so incompetent that their pipes burst in winter? Why should we be blamed for the insane expenditure on films, greyhounds, drink, and tobacco? Why should we, who with the housewives work an eighty-hour week, be blamed by those whose contribution to the country's recovery is to work half this time? I resent very keenly the suggestion that these things are our fault. The country gets the politicians it deserves, and few of them have the courage to stress what I write here. Doctors have very little to do with health and our opinions on the matters described have been well known for years. If people will not listen it is not our fault. In conclusion many of us honestly believe that increasing interference by the State, which has neither soul to be damned nor body to be kicked, will aggravate many of our troubles. Let the plumbers and bricklayers get on with the job of promoting better health, and let their value in this matter be properly explained to them. Many houses built by the State are rotten.

Euphoriant for Depression

Dr. MARGARET A. QUINE (Torquay) writes: I wish to congratulate Dr. G. Tayleur Stockings on his able and illuminating work (June 28, p. 918) on the relief of depression through the medium of the euphorizing drug synhexyl. In this work, however, there seems to me something much more far-reaching than the empiric dose—this is the link he furnishes between mood and metabolism. Other illnesses that have a definite "affect" tone in addition to a demonstrable lesion in the brain are disseminated sclerosis, with its early facility; Kinnier Wilson's hepato-lenticular degeneration; subacute combined, with its depression; and in G.P.I. the grandiose euphoria or depression. Three at least of these are known to have frank disease or dysfunction of the liver. Is it not possible that before long we shall prove that the ancients were right in believing the liver to be the seat of the soul?

Obituary

JOHN THOMSON MACCURDY, M.A., M.D., Sc.D.

Dr. J. T. MacCurdy died on July 1 after a brief illness. For some years he had occupied the position of Lecturer in Psychopathology at Cambridge, but his standing in psychiatry rests more upon his writings and his work in the war than on his lecturing, which did not absorb much of his time. His early experience in psychiatry was obtained in Canada and the United States. In Canada he took his B.A. in biology at Toronto University in 1908, and after attending the famous courses at the Johns Hopkins University, where he proceeded M.D. in 1911, he continued his studies in Germany. He then returned to a fellowship at Johns Hopkins and later lectured at Cornell University. In the war of 1914–18 he passed from the Psychiatric Institute of New York to the American Army, in which he held the rank of captain in the Medical Corps.

He came to England in 1922 after his election to the Presidency of the American Psychopathological Association. From then Cambridge became his home, and in 1926 he became a Fellow of Corpus Christi College, where he spent most of the rest of his life. He was always an esteemed member of this College, both for his high intellectual qualities and for his social attributes, which played a large part in his interesting personality. His contributions to psychology, although not widely known, display a discriminating mind and a fine philosophical attitude towards a subject which can so easily become a happy hunting ground for the dilettante and the indiscriminating. His book *The Psychology of Emotion* broke new ground as well as sounding a firm critical note of then existing theories; although time has proved his criticisms and views were not always tenable, his honesty of purpose was transparent. He followed this later in *Common Principles in Psychology and Physiology*. He attempted to explore the no-man's-land between the two disciplines where so many acrimonious battles have been fought. In his book *Mind and Money*, published in 1933, with both daring and wit he handed economics over to the applied psychologists; and later, during the last war, his volume entitled *The Structure of Morale* exhibited a deep knowledge of current affairs and an equally shrewd insight into national character. During the war he did much work on psychological warfare, assisting Government Departments, aiding the B.B.C. in their efforts to undermine German morale, and devising tests for the R.A.F. He looked forward to a time when the Army Council would have a psychiatrist on its Board, who would influence the conduct of war not merely by suggestions but almost in framing a war policy. That he did not succeed was not his fault. While Army psychiatry achieved much in many unexpected fields, MacCurdy's hopes could not be achieved in his time. Prejudice dies hard, particularly where concepts about human behaviour are concerned.

Dr. MacCurdy was a big-framed, athletic-looking man, though giving an impression of indolence. But under his apparent façade of cynical inaction there resided a deep thinker who preferred clear concepts to therapeutic adventures. He married in 1914 Winifred, daughter of Mr. David B. Jones, of Chicago, and leaves a son and a daughter.

Dr. FRANCIS ELLIOT FOX, who died on April 27, was medical superintendent of Brislington House, Bristol, a private mental hospital which has been owned and administered by his family for several generations. His father, Dr. Bonville Fox, died when Francis Elliot was a boy, and the succession from father to son was further delayed by service in the 1914–18 war. On leaving Winchester F. E. Fox joined the Army, where he reached the rank of captain. While stationed in Persia towards the end of the war he received grave head injuries, but he made a good recovery and was able in 1919 to begin the study of medicine at Cambridge. From Caius College he went to the London Hospital and qualified in 1924. After holding a clinical assistantship at the London and a house appointment at the Bethlem Royal Hospital, he was for a time assistant medical officer at Peckham House before he returned to Bristol to take up the work for which he had trained. In 1940 he published in the *British Medical Journal* a paper describing his clinical