

Rheumatoid Arthritis as a Psychological Disorder

SIR,—In your leading article (July 23, p. 221) entitled "New Problems in Rheumatism" you state, "Some physicians have considered that rheumatoid arthritis is a psychological disorder. The results of clinical tests with cortisone, during which any possible psychological effect was carefully eliminated by giving control substances for certain periods—with relapse in each instance—has disproved this theory."

Such a statement is surely somewhat facile and likely to be misleading, for it takes an altogether too superficial view of the psychogenesis of disease. The effectiveness of cortisone in rheumatoid arthritis in fact goes some way in support of the work of Selye¹ and the evidence of others he compounded in his conception of the "general adaptation syndrome." In this work he recognizes the potentiality of emotional stress at least as one of the causes of the syndrome.—I am, etc.,

London, W.14.

J. W. PAULLEY.

REFERENCE

¹ *J. clin. Endocrinol.*, 1946, **6**, 117.**Concussion and Hypertension**

SIR,—My remarks in the discussion on head injuries were inadequately reported in the summary of the Proceedings of the Sections of Surgery and Neurology and Psychiatry at the Annual Meeting of the B.M.A. at Harrogate (July 16, p. 164). A short résumé of what I said is as follows. Eighty-three per cent of severe cases of post-concussional syndrome examined had a blood pressure higher than the standard of their age. Seventy-eight per cent of 33 men submitted to the CO₂ inhalation test proved to be hyper-reactors. The hypertension develops several weeks or months after the trauma, and appears to be a permanent sign, with a tendency to increase. The hypertension is neurogenic and is probably caused by a lesion of the hypothalamus or the medulla oblongata. Since the symptoms of the post-concussional syndrome and of hypertension are similar, it is likely that headache, giddiness, etc., after concussion are caused frequently by hypertension. The therapy should therefore be directed towards combating the latter. Hypertension and hyper-reactivity are often the only objective signs of the post-concussional syndrome, and have, therefore, a diagnostic and prognostic value.

In contrast to the hypertension, which is a late sequel, I found that the increased permeability of the blood-brain barrier, as shown by the fuchsin and fluorescein tests, is manifest only in the acute stage of concussion.—I am, etc.,

Lytham St. Annes, Lancs.

D. ENGEL.

Influenzal Meningitis Treated by Penicillin

SIR,—Influenzal meningitis being comparatively common, and streptomycin not being readily available, the demonstration of its successful treatment with penicillin is of great importance. The article by Drs. Frances Braid and R. B. Meyer (July 2, p. 11) prompts me to report this case, which was very severe and recovered completely following penicillin treatment.

An infant, 7 months old, had been ill for three weeks before admission to hospital (refusing food, feverishness, loss of weight). Two weeks before admission weakness of left arm and leg, twitchings of face, and repeated vomiting occurred. She was treated with sulphathiazole by her own doctor and sent to hospital on Dec. 7, 1948. She was then listless, but resented examination. There was no obvious neck rigidity. The anterior fontanelle was tense and bulging, and the cranial sutures were separated widely. Temperature was 100° F. (37.8° C.). Lumbar puncture showed purulent fluid with numerous *H. influenzae*.

Some streptomycin was then available, and it was used as follows: intrathecally, 50 mg. on the first day and 25 mg. on subsequent days; intramuscularly 20 mg. per lb. (0.45 kg.) of body weight daily. On second, third, and fourth day of treatment the spinal fluid was sterile. On the fifth day the fluid contained many *H. influenzae* with well-marked pleomorphism. At this stage it was assumed that the organism had become resistant to streptomycin (actually it was later found that the *H. influenzae*, which was of a Pitman type B, was sensitive to streptomycin and also to penicillin in concentration of 20 i.u. per

ml.). Penicillin treatment was started with 40,000 units daily intrathecally and 120,000 units intramuscularly 3-hourly. Sulphadiazine (1 g. 4-hourly) was also given. The spinal fluid became sterile after 24 hours and remained so. After nine days the intrathecal treatment (which was mainly done by puncture of the lateral ventricles) was discontinued, and several spinal-fluid samples remained sterile. Systemic treatment was discontinued on the 19th day of treatment. By this time the child was very well and eating and behaving normally. The hydrocephalus, which had been very marked, was hardly apparent.

She has been seen regularly for five months and seems perfectly normal, and even advanced, for her age. She is now 13 months old, can walk fairly well, understands many words, and seems very bright and intelligent.

—I am, etc.,

London, S.E.10.

E. T. BASSADONE.

The Children Act

SIR,—Belatedly, and with great astonishment, I learn that under the Children Act, 1948, responsibility for the needs of children deprived of normal home life is vested in the Home Office, and that local authorities are to set up *ad hoc* committees and appoint children's officers. Britain used to lead the world in hygiene, but if the care of children, and especially those in question, is not the prime concern of the health authorities, then my conception of health and hygiene, including mental hygiene, must be wide astray. The Home Office certainly has an alluring title.—I am, etc.,

Melbourne.

JOHN DALE,
Medical Officer of Health.**The Triumphs of Psychotherapy**

SIR,—I have just read the paragraph (July 2, p. 37) dealing with the most inspiring service held in Canterbury Cathedral on June 25, at which I was privileged to be present. One hesitates to question the pronouncement of a president of one of the Royal Colleges, but I feel that Lord Moran's statement, that when physicians had tried to follow the workings of the mind and its many aberrations he could tell of no comparable triumph as had been shown in dealing with disease of the body, cannot go unchallenged.

It is true that psychiatry is a young science and that there are many schools of psychological thought. But surely the very striking successes resulting from carefully arranged electric convulsion treatment and insulin-shock therapy in various forms of neuroses and psychoses, and more recently the benefit derived from prefrontal leucotomy in wisely selected cases, are veritable triumphs in the psychiatric realm. It would be very instructive to know what Lord Moran had in mind when he made this rather pessimistic statement. One does feel that considerable advances in psychotherapy will take place in the fairly near future, and that the outlook is not as black as the learned President has suggested in what was a very masterly address that should be very carefully pondered by all thoughtful people.—I am, etc.,

Epsom, Surrey.

J. B. GURNEY SMITH.

POINTS FROM LETTERS**The Medical Directory**

The editor of the *Medical Directory* writes: To maintain the accuracy of our annual volume we rely upon the return of our schedule, which has been posted to each member of the medical profession. Should the schedule have been lost or mislaid we will gladly forward a duplicate upon request. The full names of the doctor should be sent for identification.

Prefrontal Leucotomy Incision

Dr. A. P. BERTWISTLE (Birmingham) writes: Why is the incision for prefrontal leucotomy made vertically? Nothing could be more obvious, particularly when bilateral. A somewhat longer incision made along the creases of the forehead would hardly be noticed, especially as part would be through the scalp. The superficial temporal artery could easily be drawn aside or ligated. That important landmark, the coronal suture, would be easier to find. The temporal muscle would, of course, be split in the line of its fibres. . . .