

## Correspondence

### Ethics and Psychiatry

SIR,—The two controversies, concerned respectively with the ethics of leucotomy and the mechanism of conversion, which have recently been running a parallel course in the *Journal* have released an impressive amount of moral indignation. Readers are moved to protest at the violation of the traditional concept of the relationship between doctor and patient implicit in certain approaches to treatment, and to proclaim the right of the individual to decide what shall be done to his own body or mind. For this at least we can be thankful.

But whence comes our profession's concern either with ethics or with the value of the individual? What in fact is the source of that moral sense which many of us take so much for granted? Morality does not lack a fundamental basis: but where else can that basis be found but in the religious background to human thought and feeling—in the idea of God Himself?

It is surely the failure to meet this issue squarely that is responsible for so much of the confusion evident throughout the course of these controversies. The Freudians deplore the mutilations of the leucotomists, while the experts in physical treatment attack the dialectical rigidity of psychoanalysis: but both schools in fact share a mechanistic and determinist philosophy and borrow their moral standards from a religion whose central creed they ignore.

The idea that the individual has a unique value rests, as Rex Warner has pointed out (*The Cult of Power*, 1946, p. 140), "on a belief in a God for whom every soul is valuable. . . ." Moreover, the idea of man's spiritual work derives ultimately from a belief that he has a soul which is created in God's image and links him to God unless he denies or rejects that union. If we lose or ignore these beliefs we cannot expect indefinitely to preserve the morality founded upon them. We have only to look around us to see the direction in which failure to appreciate this fact is leading mankind.

One may regard both physical methods of treatment and psycho-analysis as potentially valuable techniques, without either subscribing to the materialist philosophy of Freud or accepting Dr. Sargant's mechanistic explanations as the ultimate truth about man. But in the long run we cannot maintain an ethical basis for our professional decisions about treatment, or indeed for our lives at all, if we refuse to recognize that the sole source and origin of morality is ultimately religious.—I am, etc.,

London, S.E.1.

DAVID STAFFORD-CLARK.

### Poor Results with Dihydrostreptomycin

SIR,—Since our introduction of streptokinase as an adjuvant to streptomycin in the treatment of tuberculous meningitis, until the beginning of 1950 we used streptomycin sulphate both intrathecally and intramuscularly. This choice was merely because the salt mixed with streptokinase without precipitate formation, and for no other reason. At the beginning of 1950 our stock of the sulphate was exhausted, and as dihydrostreptomycin sulphate mixed harmlessly with streptokinase and was readily available we turned over to this.

With the introduction of streptokinase we standardized our intrathecal streptomycin administration in six-week courses, and this regime has been continued up to the present. For purposes of comparison we have a series of 40 cases which received intramuscular and intrathecal streptomycin sulphate, and 14 admitted during 1950 which received dihydrostreptomycin sulphate intrathecally. Seven of these 14 had the streptomycin calcium chloride complex intramuscularly and seven had dihydrostreptomycin sulphate intramuscularly.

Late in 1950 it became apparent that our results were much poorer than those obtained earlier, and the results could not be correlated with the stage of the disease or resistance of the organism to streptomycin. We therefore reviewed our treatment, and the main difference between the two sets of cases appeared to be that the first had had streptomycin sulphate and the second dihydrostreptomycin sulphate. Of the 40 treated with streptomycin sulphate 23 (later reduced to 22) survived. Of the 14 treated subsequently three have survived. Of the 22 surviving patients treated with streptomycin sulphate none is deaf. Of the three survivors treated with dihydrostreptomycin sulphate two are deaf. These three survivors were all treated by dihydrostreptomycin by both routes. Further, one child treated only intramuscularly with dihydrostreptomycin (for tuberculous peritonitis) is also deaf.

The numbers from one centre are, of course, small, and we are accustomed to bad runs of cases. Yet we are perturbed by our poorer results and the increase in deafness since dihydrostreptomycin was introduced. It is unfortunate how seldom are precise details of the streptomycin preparations used included in the reported series, and this hospital has been no exception in this respect. Quite fortuitously we are able to pinpoint the time at which the change from streptomycin to dihydrostreptomycin sulphate was made, and our results incline us to retrace our steps.

In spite of the claims of lesser neurotoxicity made for dihydrostreptomycin, the risk of deafness cannot but be worrying. We did not expect, however, that concomitantly our results would deteriorate, and we would be interested to learn if other centres have had similar experiences.—We are, etc.,

The Hospital for Sick Children,  
Great Ormond Street, W.C.1.

I. A. B. CATHIE.  
D. H. GARROW.

### South Bank Manners

SIR,—I write to make clear that neither I nor any officer employed by the Lambeth Borough Council is in any way responsible for the conditions described in your annotation (September 8, p. 596). The Festival of Britain Ministry arranged everything. Not until the volume of complaints raised the issue was entry to the South Bank by June 19 extended to the staff of the public health department. The Exhibition was then in full swing and of course only minor improvements were possible. The managements of the catering establishments there have worked hard under such adverse conditions to feed the public that your condemnation of them is unfair.

The Festival Gardens on the other hand have worked from the beginning in close alliance with the staff of the Battersea Borough Council not only in planning the kitchens, stores, staff amenities, and other behind-the-scene premises, but also in the day-to-day running. No complaints of any substance regarding the standard of catering in the Gardens have been received in consequence.—I am, etc.,

A. G. G. THOMPSON,  
Medical Officer of Health,  
Lambeth and Battersea.

### Examination of Male in Nullity Suit

SIR,—It may be that the practice and requirements of the High Court, Probate, Divorce and Admiralty Division (Divorce) varies in different registries. I imagine this possibility to be remote, since I have examined, in Manchester, both petitioners and respondents whose causes were filed in London.

If I am correct in my surmise, the answer given ("Any Questions?" September 1, p. 557) is out of date and misleading. It is no longer the practice to appoint two examiners. One is now usual, and the examination ordinarily takes place at his consulting-rooms.

The questioner does not say if he is the appointed examiner or the independent witness in a contested suit.