

experiments by Culler (quoted by Wolpe²) it has been shown that conditioning "is subserved by the development of conductivity between neurones in anatomical apposition," and further that the process of learning can be explained in the same way.—I am, etc.,

Johannesburg, S. Africa.

S. SAMENT.

REFERENCES

- ¹ Hull, C. L., *Principles of Behaviour*, 1943, p. 20. D. Appleton-Century Co., New York.
² Wolpe, J., *S. Afr. med. J.*, 1950, 24, 613.

Freudian Concepts and Brain Physiology

SIR,—In his letter on this subject (*Journal*, September 1, p. 548) Dr. Ernest Jones says that "most of our life is taken up with operating in terms of thoughts and emotions without any reference to the brain."¹ The expression "without any reference" is ambiguous. I assume that he does not hold the view that the products of our conscious state—that is, our thoughts and emotional ideas—are produced in independence of processes which the physiologist locates in the brain. Unless he holds this view he can hardly resist the plea that the correlation of the physiologist's studies with those of the clinical psychologist ranks first among the problems presented to both. Surely the hope for a rational psychiatry depends upon the development of a physiology of the nervous system. Does not physiology deserve its old title "institutes of medicine," in this as well as in other acknowledged respects?

Elsewhere¹ I have developed the opinion that the human being produces two views, the one personal, the other impersonal and sensory, which converge to give him the fundamental concepts of a dynamic life in a dynamic world. To his personal view are owed the concept power and the concept persisting in time; to his impersonal view are owed the concepts of spatial relation and individuality. These are complementary notions; it is their union which gives the notion of life and existence. Physiology will never "explain" the production of ideas, nor will thinking ever explain itself; but in so far as it is without contributions from physiology will not psychiatry remain a system of speculations and shots in the dark?—I am, etc.,

Faringdon, Berks.

K. W. MONSARRAT.

REFERENCE

- ¹ Monsarrat, K. W., *On Human Thinking*, 1955. Methuen, London.

Antibodies Against Cancer

SIR,—The letter from Dr. E. R. Jones (*Journal*, August 25, p. 479) reporting an experiment with an antigen from an adenocarcinoma of the colon which gave positive results with the Wassermann technique is of interest. This is noteworthy in view of the remarks made by Dr. P. Bassoe in 1926¹ during a discussion following a paper on secondary tumours of the brain: "I do not know of any kind of tumour in which I have so often had a report of a false positive Wassermann test where necropsy failed to reveal any sign of syphilis."—I am, etc.,

Glasgow C.3.

W. I. B. ONUIGBO.

REFERENCE

- ¹ Bassoe, P., *J. Amer. med. Ass.*, 1926, 87, 653.

Pregnancy Test

SIR,—Dr. H. G. Britton (*Journal*, August 18, p. 419) suggests that harm may be done by the administration of a mixture of synthetic hormones for differentiating between pregnancy and amenorrhoea. I would like to mention the outcome in one case where this method was used. I am sure that this was a coincidence, but I feel I ought to mention it in view of the favourable report on the use of these hormones.¹

A gravida-2, aged 33, came to the surgery when her period was 14 days overdue. As so often in these cases, I was asked to state whether she was pregnant. A vaginal examination being inconclusive, I prescribed the combined hormones in the advertised dosage, but the amenorrhoea persisted. Pregnancy was uneventful until the 37th week, when

a breech presentation was discovered. This was confirmed by x-ray examination and an easy external version performed. Three weeks later (on the actual expected date of delivery) the foetal movements ceased, and auscultation confirmed the foetal death. Medical induction was followed by the delivery of a macerated grossly deformed foetus.

I repeat that this was almost certainly a coincidence, but strongly believe that such cases should be reported.—I am, etc.,

Aberystwyth.

JOHN H. HUGHES.

REFERENCE

- ¹ Starritt, A., *Med. ill. (Lond.)*, 1956, 10, 475.

Calomel in Teething Powders

SIR,—Mercury has been omitted from most, if not all, proprietary teething powders with a view to preventing pink disease, but all loopholes do not seem to have been stopped. I have recently seen two cases of pink disease and found that they had had teething powders made up by local chemists. On inquiring, in confidence, of these chemists I learned that the teething powders they were in the habit of supplying contained calomel, and in one case the chemist volunteered that in future it would be omitted now that he knew of its danger. These two cases may be of interest to practitioners who may meet pink disease from time to time through chemists not being aware of this danger.—I am, etc.,

Ayr.

A. W. ABRAMSON.

Treatment of Measles

SIR,—I am writing to support Dr. C. R. Lynn (*Journal*, August 11, p. 359) in his advocacy for the routine administration of sulphonamides in measles against the report of the College of General Practitioners. After twelve years in other branches of medicine I entered general practice five years ago. Since then I have had to deal with two epidemics of measles. The first spread over eleven months and included 97 cases. There were two main waves, each containing roughly a third of the cases, covering the first two and the last two months. The second epidemic included 86 cases in three months, so that my series totals 183 cases. Clinically, the second epidemic seemed less severe.

The first fifteen cases I visited every day, and reserved sulphonamides for complications. Four cases developed an acute secondary bronchitis or early bronchopneumonia, as typified by the respiration remaining rapid or increasing, and the fever remaining high—103°–104° F. (39.4°–40° C.)—with signs in the chest, on the third day of the rash. But, when 22 fresh cases developed on two successive days, plus all the other ordinary visits and work of a busy scattered semi-rural practice, daily visiting became impossible, and I instituted routine prophylactic sulphonamides in all but the mildest cases. In the remaining 168 cases there have only been two cases with complications, both cases of otitis media in children who refused to take the sulphonamide. Moreover, the course of the illness has been far smoother and easier, the cough less troublesome, and recovery quicker and more complete with the temperature always normal by the third day of the rash. The cost is fully justified by the ease brought to the patient, the relief to the parent, and the lessening of anxiety to the doctor. It might be as well also to remind ourselves of the published incidence of complications in untreated measles. My pre-war copy of *Taylor's Practice of Medicine*¹ gives bronchopneumonia as 16.2% and otitis as 8.3%, which accord with my own figures very well.

This subject is allied to the question of whether sulphonamides and antibiotics should be withheld in cases of otitis media. You have had correspondents, Sir, who have so advocated because sometimes the condition may not resolve. Though the symptoms abate, the ear remains full of pus, unknown until some serious complication develops. Perhaps your readers thought such advice too stupid to merit reply, as none was forthcoming. I feel it must have come from some very young E.N.T. specialists, without experience of general practice or pre-war conditions.