

waiting-lists for and local lack of child-guidance clinics. I have always been interested in child psychiatry—and this interest has grown whilst watching, with fascination, my two-year-old's development. I would willingly attend a training course at a child-guidance centre, whereas any sort of full-time residency would be out of the question. But I write this letter with a sense of frustration. There must be hundreds of women doctors like us willing and eager to do this work if suitably trained—but what authority is going to read our letters and *do* something about it? No, the cry will continue to the parent and G.P.—“This child will have to go on the waiting-list—we are so short of staff.”—I am, etc.,

London N.20.

BARBARA K. HOWELLS.

### Cat [Phobia]

SIR,—Dr. Edward Glover (August 27, p. 671) considers that I am guilty of a gross inaccuracy when I say that he disavows any claims to the therapeutic usefulness of psycho-analytic methods. In his book *The Technique of Psycho-Analysis*,<sup>1</sup> in the chapter entitled “The Therapeutic Criteria of Psycho-Analysis,” two very significant sentences can be found: (1) “I have included therapeutic efficacy in the list of unwarranted assumptions” (p. 376); and (2), “Having excluded the factor of therapeutic efficacy we are left with about 24 main factors with which to attempt a definition or standardization of psycho-analytic therapy” (p. 377). These sentences read in their context were interpreted as meaning that Dr. Glover has no confidence in the therapeutic efficacy of psycho-analysis. Difficulties of communication are notorious, and this may be a misinterpretation.

Dr. Glover has never seen the patient, yet he maintains that her conflicts are unresolved. One year after the commencement of treatment the patient is now a happier woman than she has been for many years; there is no evidence of symptom substitution, nor of incapacitating mental conflicts. My colleague, Dr. H. L. Freeman, adds that it would seem only reasonable to explore the usefulness of any method which might afford relief of a patient's psychiatric symptoms. We presented our conclusions tentatively with a view to stimulating discussion, but with no particular axe to grind.

In my discussion of the dream sequence a proof-reading error occurred. The patient was in fact able to tolerate larger and larger cats in her dreams *without* severe anxiety, and not as is printed “with severe anxiety.”—I am, etc.,

Institute of Psychiatry,  
The Maudsley Hospital,  
London S.E.5.

DONALD C. KENDRICK.

#### REFERENCE

<sup>1</sup> Glover, E., *The Technique of Psycho-analysis*, 1955. Baillière, Tindall and Cox, London.

### Huntington's Chorea

SIR,—I read with interest Dr. J. J. A. Reid's contribution (August 27, p. 650). In 1945, while acting as regimental medical officer to the Tenth (Royal Fusiliers) Medium Regiment R.A., I was stationed for a short time in the small town of Markela, some twenty miles west of Enschede in Holland. Through the courtesy of the local doctor I was privileged to see, with one exception, an entire generation of one family who suffered from Huntington's chorea, and neither of whose

parents suffered from the disease. In this case also the father was dead. The mother was 73 years of age at the time.

The family in descending order of seniority consisted of two sisters and four brothers ranging from over 50 to about 30 years of age. The only member of the family I did not see was the youngest brother, who worked in Enschede, although the doctor informed me that early signs of the disease were present in his case also. The progressive nature of this condition was exemplified in an unforgettable manner in this extraordinary family. From the eldest sister, who looked older than her mother and was quite demented, and who, like Dr. Reid's II 8, could make only unintelligible noises, down through the various degrees of mental deficiency, ataxia, and bilateral chorea, this was a complete clinical demonstration of Huntington's chorea.

The doctor told me that there was some evidence to show that the disease was hereditary on the mother's side of the family.—I am, etc.,

Renfrew.

DUNCAN R. MARTIN.

### Hypnotic Treatment of Asthma

SIR,—Dr. Griffith Edwards in his paper (August 13, p. 492) on the hypnotic treatment of asthma makes the plea for a controlled trial in hypnosis. Such a trial is described in the *British Journal of Diseases of the Chest* by Drs. Morrison Smith and Burns, in a paper<sup>1</sup> on the treatment of asthmatic children by hypnotic suggestion. One of the methods of objective assessment used was respiratory function tests. Hypnotic suggestion on four occasions at weekly intervals failed to give any objective improvement, either immediate or delayed, in a series of 25 children treated. The most interesting observation in the paper to my mind is that the psychiatrist confidently expected good results. This paper once again stresses the importance of the necessity for controlled statistical experiments rather than dogmatic statements on the results, cause, and treatment of asthma.—I am, etc.,

Allergy Department,  
The Wright-Fleming Institute of Microbiology,  
St. Mary's Hospital, London W.2.

A. W. FRANKLAND.

#### REFERENCE

<sup>1</sup> Morrison Smith, J., and Burns, C. L. C., *Brit. J. Dis. Chest*, 1960, 54, 78.

SIR,—I would like to compliment Dr. Griffith Edwards (August 13, p. 492) on his enterprising activities with regard to the hypnotic treatment of asthma. There is obviously a field for scientific investigation in this particular form of therapy, and I agree with Dr. Edwards that much of the literature on this subject has been, to say the least, rather fanciful and optimistic. However, I personally would assure Dr. Edwards that, if hypnotherapists could not obtain better results than he published, they would not be in practice for very long.

I would suggest that he was at fault in having chosen to use a hypnotic technique which we know to be generally unsatisfactory. The pattern of suggestions which he has described should not be expected to have a lasting effect, and hence his findings tend to give a false impression. On the basis of his technique he should have confined his findings to “immediate relief” only. But, against this, it is surely common knowledge