

easily outweighed by its other valuable properties, not least of which is its analgesic power.

The practical question is, How can the application of phenol to wounds be carried out actually in the field or trench? The protected swabs which I described in a recent issue of the *BRITISH MEDICAL JOURNAL* seemed simple enough, but perhaps even a less cumbersome plan may be the clothed glass capsule idea as advocated by Dr. Campbell Highet¹ for a weaker antiseptic solution. I should, however, suggest that in order to avoid soiling the fingers with the acid (which should be kept as much as possible from contact with the skin) one end of the gauze cover surrounding the glass capsule of pure carbolic acid should be secured to a small wooden skewer, which would serve as a "handle" to the swab. (The glass capsule would be broken inside its gauze cover before removing the impervious paper outer covering, and the gauze swab, saturated with pure liquid phenol, is then ready for use.) Messrs. Allen and Hanburys are making some of these swabs for me, and I shall be pleased to present some of them for actual trial at the front.

Another matter to which I wish to draw attention is the provision of an efficient anodyne, as well as an antiseptic, in the first field dressing of every soldier. I understand that in the German army every man is so provided. If this be the case, I cannot believe that we as a nation desire to be less thoughtful for our men, or less humanitarian than the Germans. The best anodyne, in my experience, is a combination of morphine sulphate, $\frac{1}{4}$ to $\frac{1}{2}$ grain, and hyoscine hydrobromide, $\frac{1}{32}$ grain, given hypodermically. Here again the practical difficulty arises of providing each man with a hypodermic needle and solution. This difficulty is, I consider, admirably solved by the use of Messrs. Allen and Hanburys' "hyposols"—sealed glass capsules containing a sterile solution of the desired drugs in the required dose and a wad. This is readily converted into an efficient impromptu hypodermic syringe by breaking off the drawn-out ends of the capsule; a small metallic stem fits into the end adjoining the wad and acts as the piston of the syringe, and a steel hypodermic needle (kept aseptically in another sealed glass tube) fits on to the other end, and completes the syringe, which can be made ready for use in less than a minute. It is, indeed, a triumph of forethought and ingenuity, and, as the cost is small, it should be at the disposal of our suffering heroes.—I am, etc.,

P. R. COOPER, M.D., B.Sc.Lond., F.R.C.S.Eng.

Altrincham, Jan. 3rd.

X RAYS IN THE DIAGNOSIS OF GUNSHOT WOUNDS OF THE LUNGS.

SIR.—In your issue of January 2nd (p. 36), where wounds of the chest are under discussion, I was rather surprised not to notice any reference to the assistance afforded by x rays in clearing up a doubtful diagnosis.

If the patient can be examined sitting upright, a screen being used, fluid can be seen as a horizontal line which alters its level as the patient is moved. Even if too viscid to show immediate movement, blood or pus will generally assume the characteristic horizontal line if the patient is kept upright for a few minutes.

On the other hand, in some cases in which fluid is suspected, the lung is found to show only some general lack of brightness when examined. Such cases are, of course, too ill to admit of being moved. Fortunately, however, they generally like to be propped up in bed as much as possible, and a large radiograph taken by a ward apparatus will often show the characteristic appearance of fluid, or definitely prove its absence. A pneumothorax produces a very striking picture.

X-ray investigation is not recommended as a substitute for clinical examination, but as an adjunct to it. In many instances in this hospital it has been the deciding factor for or against operation. Many patients are plainly doing well; others just as obviously require surgical aid. But there are numerous borderline cases when the diagnostic help afforded by skiagraphy and fluoroscopy is invaluable. I am, etc.,

Cambridge Hospital, Aldershot,
Jan. 4th.

F. HERNAMAN-JOHNSON.

POPULAR FREUDISM.

SIR.—It requires a considerable amount of courage, not to say temerity, to enter a field of battle in which

¹ *BRITISH MEDICAL JOURNAL*, December 26th, 1914.

Dr. Mercier is one of the combatants on the opposite side, more especially when one realizes and fully admits the great services he has rendered to psychology and psychological medicine. Dr. Mercier writes of the absurdity of "unconscious consciousness." He attributes the words to me, though I did not use them. I suppose he argues as follows: Mind is consciousness; therefore unconscious mind is unconscious consciousness. It depends, however, on the definition of the word mind, and no two psychologists agree on a definition. We do know that certain states, presumably mental and apparently unconscious, affect the consciousness. Dr. Mercier's letter is an example. In discussing Freud he brings in the names of Krafft-Ebing, Hegel, Nietzsche, Bethmann-Hollweg, Kraepelin, and the Kaiser, clearly showing that an anti-German bias influences his judgement of Freud. It would be an insult to the clever logician we know Dr. Mercier to be to suggest that he consciously allowed himself to be affected in this manner. We therefore say it was unconscious. The theory of the unconscious assists in systematizing many facts, and has proved its usefulness. I do not pretend to be an expert on Freud, who, after all, is not a German, but is of Jewish extraction, and lectures in Vienna; but I do plead for a greater study of those phenomena which are at present included under the heading of the "unconscious."—I am, etc.,

City of London Mental Hospital,
Dartford, Jan. 4th.

R. H. STEEN.

SIR.—Before replying to the pieces of Dr. Selve Bennett's rather confused letter that apply to myself, I feel that I must thank him for his startling compliment in comparing me to St. Paul.

The nomenclature of science has many instances of what, in ordinary language, would be a contradiction in terms, and some of these are, I am sure, used by Dr. Selve Bennett himself without a qualm. The first word in this connexion that comes into my mind is the word "atom." The meaning of this word is "that which cannot be cut." Yet an atom is regarded as having weight and extension, and it is therefore inconceivable that it could not be cut. The word, however, has a perfectly definite technical meaning, and it represents a fact.

With regard to Dr. Selve Bennett's other point, that "history shows that no fraud or imposture is too crude to lead astray the multitude if only it be advocated with sufficient insistence and impudence," I would submit that what I asked for was further investigation into the subject, that I suggested that there was chaff as well as grain, and that it would be well to sift them, whereas his sweeping remark begs the whole question. I would remind him that out of certain semi-fraudulent proceedings truth has come—chemistry out of alchemy, astronomy out of astrology—and as he is of a theological turn of mind, I would recommend him to read again the words which the learned Gamaliel said on the subject of stamping out new ideas.

The real sin which Freud has committed is, that when he found that a certain phenomenon occurred sometimes, he said it occurred always. What we want to know is the proportion of times in which it occurs.

To be mentioned by Dr. Mercier is like being mentioned in *Punch*. To that no one can object or reply. Why should anyone answer Dr. Mercier—the writer of the comic column in the *BRITISH MEDICAL JOURNAL*?—I am, etc.,

Ventnor, Jan. 2nd.

T. A. ROSS.

SIR.—In order to understand how the Germanic obsession has held a majority of our profession in thrall for so many years, a rough contrast of the British and German temperaments is useful.

We tend to take people at their own valuation; we are in the main somewhat modest, and we have a certain sense of humour. The Teuton, being in his own opinion the apotheosis of intellect, naturally does not consider the other person's point of view at all; he is, of course, consciously unconscious of the fact, or unconsciously conscious, one or the other. Again, that weapon, most essential to the armamentarium of the ancient wizard and present-day charlatan, qualified or not—namely, a certain air of ponderous secretiveness and impressive solemnity, which could only exist in a nature lacking to a very considerable degree a proper appreciation of the humorous. This characteristic flourishes exceedingly on Teutonic soil.