

Since I see almost 200 acute appendices in children annually, I therefore see some eighteen cases in children under 5 years. I operate on some thirty-six to forty cases of acute intussusception each year: not more than 1 in 9 is over 18 months. The number of cases of appendicitis in children under 5 is about half that of all intussusceptions, whilst if cases under 18 months can be excluded the numbers of the appendices outnumber the others by  $4\frac{1}{2}$  to 1.

The age of the patient should have no effect on the diagnosis of appendicitis, which always depends on early umbilical pain, vomiting, localized tenderness, and late pain. The localized tenderness gives a definite indication as to the site of the appendix, and while it is generally in the right iliac fossa, it may be in the pelvis, toward the mid-line; retrocaecal, high up under the liver; or in the left iliac fossa. Careful inquiry and patient examination, even repeated, will almost invariably yield the required information: 80 per cent. of the mothers and children readily give it; of the others, the garrulous mother can be quietly controlled, the fractious child gently subdued, and all made to do their part.

So many of these cases have been missed by an all too summary dismissal from the mind of the practitioner of the likelihood of appendicitis ("the child is much too young") that for a number of years one has laid down to the students the following dogma: "All children with umbilical pain, followed by vomiting, have appendicitis until you prove that they have something else, and then they have appendicitis also." In intussusception the periodic colicky pain and the presence of a tumour are diagnostic; in the majority of cases both are present, though in some experience is necessary to feel the tumour with certainty. The vast majority of intussusceptions occur in the first year; fortunately, 90 per cent. of these children pass almost pure blood, and consequently are brought quickly to the doctor. We facilitate their dispatch to hospital or nursing home by instilling into the minds of students and house-surgeons that all children under one year who pass blood per rectum have either got intussusception or flat feet. A few ask, "Why flat feet?"

So long as a statement accelerates diagnosis, compels earlier treatment, and ensures better results, it is sufficiently accurate to be justifiable.—I am, etc.,

Liverpool, June 18th.

W. A. THOMPSON.

### Facts and Fancies in Psychotherapy

SIR,—Dr. Mapother would like to have the best of both possible worlds. In his, now notorious, address he made an attack on those who accept a psychological system in isolation from physiology, declared their views to be superstition, and in the last analysis merely a disguised form of animistic belief. A genuinely scientific psychology, he affirmed, could only be attained by the correlation of the processes of consciousness with the sequences of behaviour, and pointed to the psychologists' erroneous Conceptualist attitude in comparison with the Nominalist, which alone is scientific. He now claims (in his letter in the *Journal* of June 22nd) that all he meant was that his ideal of a scientific psychology was a remote objective, and that no one is more enthusiastic than himself in encouraging the purely psychological methods as the best forms of treatment at present available.

No, Sir; Dr. Mapother cannot have it both ways. The whole implication of his address was that, in comparison with the study of neurological mechanisms, psychological processes are mere epiphenomena (witness his four neurological principles) and psychological systems of treatment simple superstition.

There is, however, even more humour in the situation than appears at first sight, for, while strenuously insisting that psychologists were pitiable conceptualists and the true scientist a nominalist, Dr. Mapother had to admit that "consistent nominalism is itself a conceptualist fiction." We seem, therefore, all to be in the same boat—a motley company!—I am, etc.,

London, W.1, June 22nd.

FREDERICK DILLON.

SIR,—In the controversy between Dr. Mapother and Dr. Crichton-Miller as to the probable kind of future investigators in the field of psychology—physiologists in the wider sense "rather than Freud, Jung, and Adler," thinks Dr. Mapother—it may be of interest to learn that Freud himself inclines rather to Dr. Mapother's view. After pointing out that, especially in the psychoses, "we know quite well where we ought to apply the levers, but they are not able to lift the weight," Freud proceeds: "In this connexion we may hope that in the future our knowledge of the action of hormones . . . will provide us with a means of coping successfully with the quantitative factors involved in these diseases" (*New Introductory Lectures on Psycho-analysis*, p. 198).

Sir Walter Langdon-Brown has recently criticized the psychotherapists for their "fissiparous tendencies," whilst "dictatorships, heresy hunting, and excommunications have been all too prevalent" (*British Medical Journal*, May 4th, 1935, p. 911). Dr. Crichton-Miller echoes this criticism so far as the Freudians are concerned. In the work from which I have quoted Freud writes (p. 196): "As a psychotherapeutic method, analysis does not stand in opposition to other methods employed in this branch of medicine; it does not invalidate them nor does it exclude them." I believe this is the view of psycho-analysts in general, and if I may speak of my own practice it is to advise patients to seek a non-Freudian psychotherapist when the case seems unsuitable for psycho-analysis. In 1932, in an address on "The Management of the Nervous Patient," I endeavoured to lay down some guiding principles in this matter. I would not be misunderstood. Though the psycho-analysts are thus eclectic in choice of therapy there is no such eclecticism in our own practice nor in our own theoretical concepts. Analytic practice and theory have certainly undergone great changes in the last ten years, but the fundamental concepts remain unaltered. As a parallel one might say that malariology has undergone great changes in the last decade or two, but the fundamental pathology, based upon the work of Manson and Ross, has remained unaltered. Indeed, the pathologist who maintained that malaria is due to poisonous emanations from soil would be "excommunicated" pathologically, whatever dose of quinine or quinine substitute he gave.

Dr. Berg is mistaken. Courses of lectures on psycho-analysis, limited to medical practitioners and students, are held every year at the Institute of Psycho-analysis; Dr. Karin Stephen has given similar courses for medical practitioners and students at Cambridge. Admission to *membership* of the Psycho-analytic Society is dependent, it is true, upon a stringent testing of the candidate, but that is a procedure familiar to the medical student.—I am, etc.,

London, W.1, June 24th.

M. D. EDER.

SIR,—Dr. Mapother states that my article on psychotherapeutic clinics is "obviously propaganda." If this idea gives Dr. Mapother any satisfaction I have no objection to his entertaining it. On the other hand, I greatly regret that he should think that I have misrepresented his views. I endeavoured to indicate that