

not react to light. The corneal reflexes were absent. Respirations were four to six a minute, and saliva was collecting in the pharynx, giving rise to cyanosis and lividity. The heart rate was about 12 per minute. The feet were raised to allow the saliva to drain out of the mouth and the patient immediately transferred to hospital, where, while the respirator was being prepared, a lumbar puncture was done. The fluid was clear, pressure 220 mm., 40 lymphocytes per c.mm., chlorides 690 mg.%, protein 50 mg.%; globulin absent; sugar present.

The patient then quite suddenly became conscious, with normal breathing, swallowing returned, and the colour became good. Trismus, however, persisted. In the afternoon he became restless and was given rectal paraldehyde, 4 dr. (14 ml.). He woke up in the evening quite rational with no paralysis. Kernig's sign was now slightly positive and there was a little blurring of both optic discs. Abdominal reflexes absent. On the following day he was quite normal except for a positive Kernig's sign and nystagmus to the left. These signs disappeared in 24 hours and he was discharged home. He is alive and well to-day.

On July 24—a day after his initial symptoms—he was prayed for at a parish church. On July 27 arrangements were made at another parish church for a votive mass to be said for the poliomyelitis epidemic then prevalent. On the morning of July 28, when the patient was moribund, the patient's name was given in for specific mention at this service, and the employees at his father's factory prayed for him at work—and at least one sinful person attending him did the same.—I am, etc.,

Leicester.

J. VERNON BRAITHWAITE.

SIR,—There are several books on the cures at Lourdes which Mr. A. E. Sawday (*Journal*, May 26, p. 1240) might consult. There are two small pamphlets published by the Catholic Truth Society, which can be obtained for a few pence—viz., *Miracles* by Rev. R. Knox, and *The Miracles at Lourdes* by Rev. F. Woodlock. Larger books are *Twenty Cures at Lourdes* by Dr. F. de Grandmaison, and *Medical Proof of the Miraculous* by Dr. Le Bec. In these Mr. Sawday will perhaps find the answer to his question, "What constitutes a miracle?" Precise definition of this was one of the faults of the report. He will also read the case of Pierre de Rudder, whose compound fracture of the left leg of eight years' standing was suddenly cured at a Lourdes shrine in Belgium. The medical Bureau des Constatations at Lourdes is open to doctors of any nationality, religion, or none. It certifies cures that cannot be explained by any methods known to science. It does not certify them to be miracles, neither does the Catholic Church. That was the purpose of introducing the Bishop of Tarbes into "The Song of Bernadette" (written by a Jew fleeing from the Nazi terror). Catholic doctors are under no obligation to believe that the phenomena at Lourdes are miracles. They can accept or reject them. The evidence, however, collected by the Bureau is hardly capable of any other interpretation. There are, however, people like Zola, who said that if he had seen all the sick cured at Lourdes he would not believe in miracles. He saw in fact a horrible case of lupus. I cannot recollect having seen any "paranormal" phenomena. Such occurrences are rare and cannot be produced to order.—I am, etc.,

Smethwick.

EDMOND CONDON.

SIR,—With reference to Dr. A. E. Sawday's letter (*Journal*, May 26, p. 1240), the case of Peter de Rudder would seem to fit his requirements as a patient with an ununited open fracture of his left tibia and fibula which underwent spontaneous and complete cure while he was praying at the Shrine of Our Lady at Oostacker, near Ghent, in Belgium.

As this occurred in the seventies of the last century there was no x-ray confirmation, but his own doctor, a free-thinker, had copious notes of the condition and was fully satisfied that a gap existed between the ends of the ununited bones. There were many subsequent witnesses of the occurrence, and the lower limb showed a scar but no shortening. After de Rudder's death the leg was exhumed and the bones are, I believe, at present available for inspection. This occurrence is described briefly by Sir Arnold Lunn in his

book, *The Third Day*, and is referred to in several other of his writings, and there is also a Catholic Truth Society pamphlet on it, entitled *A Modern Miracle*. Professor J. B. S. Haldane, though refusing to admit a supernatural agency, at least allows that the evidence points to an unusual event.

Similar cases, as of sight recovered in the presence of complete optic atrophy, are recorded, mostly from Lourdes itself, but it is quite true, as Dr. Sawday remarks, that the number of cures attributed to miraculous intervention are extremely small, and the popularity of Lourdes as a centre of pilgrimage depends more upon the spiritual than upon the material benefits derived from a visit there.—I am, etc.,

Darlington.

JOSEPH V. WALKER.

Unconscious Mental Activity?

SIR,—It has been said that Freud had an "insight into unconscious mental processes," and that this has formed the basis of psychoanalysis and other psychological treatments. What Freud meant is apparently clear to some, but has remained unacceptable scientifically to others, if only by reason of its contradictory terms—for how exactly can any form of unconscious activity be regarded as mental activity? Would Dr. E. Stengel (*Journal*, May 5, p. 1000) give us an unambiguous redefinition of this "insight into unconscious mental processes," to enable Freud's contribution to the study of the mind to be properly assessed?—I am, etc.,

Bournemouth

F. A. PICKWORTH.

Treatment of Chronic Pain

SIR,—I have to thank Dr. Mariella Fischer-Williams (*Journal*, May 12, p. 1108) for her courtesy regarding my article "Relief of Pain in Incurable Cancer." The quotation error made in her excellent article was partly my fault, owing to a certain lack of clarity in the personal communication.

I would like to add, however, that, whatever intrathecal method is employed, it will always remain as a Cinderella of therapeutics until it is realized that delay with injection causes intractability. The latter arises from invasion by carcinoma cells in the root ganglia, with consequent "sheltering" of pain fibre cells from the action of the phenol agent. This fact was the main feature in the conclusion of my first article.¹

If injection is made within one month of pain onset, all cases are relieved at most sites in the spinal length. It is probably common experience, however, that a large proportion of cases referred for injection have a long delay after pain onset, hence the present haphazard results with intrathecal methods.—I am, etc.,

Rochdale.

R. M. MAHER.

REFERENCE

¹ Maher, R. M., *Lancet*, 1955, 1, 18.

Housing of Immigrants

SIR,—As South African affairs are currently in the news, are we really entitled to throw stones? True, we do not oppress coloured people, but by a policy of drift we are allowing to develop miniature "Sophia towns" which are a danger to public health now, and in the future will be a grave problem.

The sequence is a logical one. Housing being terribly short (many of our own people having to wait 10 years for a new flat) the alternative is for any Jamaican or other immigrant who can raise the deposit to buy up an old house. Syndicates are usually formed to do this, and the house is then crammed from ceiling to basement with tenants, such houses bringing in up to £40 per week for the owners. Sanitary conditions must be seen to be believed, since, apart from the overcrowding, many through no fault of their own have never learnt the principles of urban hygiene. Small