practice the diagnosis of hysteria has as much discriminating value as one of headache. Slater's most unreasonable conclusion was that the concept of hysteria is at fault. It should be noted that it is not Slater but Sir Francis Walshe who, by opposing this view, impugns the diagnostic competence of neurologists.

Sir Francis writes of Dr. Slater, "He writes like a frustrated neurologist who has found himself defeated by the clinical difficulties of diagnosis and treatment. . . ." Ignoring the disparaging epithet, to put the record straight, it should be said that, to my knowledge, patients with hysterical symptoms who were treated in Dr. Slater's department usually did pretty well.—I am, etc.,

Newcastle General Hospital,
Newcastle upon Tyne 4. K. DAVISON.

Family-orientated Therapy with Hospitalized Schizophrenics

SIR,—The authors of this paper (18 December, p. 1462) have been kind enough to include my name in a list of persons who offered them helpful criticism and advice. They have not, however, thought fit to avail themselves of my major criticism. I pointed out that a recent follow-up study of hospitalized schizophrenics in Edinburgh¹ revealed a one-year relapse rate of 18%, which was remarkably close to their relapse rate of 17%. Our respective groups of patients had in common a greater frequency of contact with doctors and other psychiatric personnel during the follow-up period than was the case for the patients reported in the Medical Research Council Social Psychiatry Unit's follow-up studies. On the other hand, the Edinburgh patients did not experience the "systematic" clarification and undoing of communications that we take to be "schizogenic," which was the specific element in the family-orientated therapy of Dr. A. Esterson and his colleagues.

It is not good enough to brush aside our findings as due to biased sampling: the cases were all personally known to the two consultants who took part in our study; only those were excluded whose initial diagnosis of schizophrenia was changed as a result of clinical evidence which became apparent during their hospital stay. As in the M.R.C. Unit's studies, these were all diagnosed as schizophrenic at the point of discharge.

I suggest, therefore, that our studies both indicated the non-specific response on the part of schizophrenic patients to an increased amount of personal attention, for which there has been ample evidence since H. S. Sullivan's pioneer *Experiment in Social Psychiatry*.²—I am, etc.,

G. M. CARSTAIRS.

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REFERENCES

1. Renton, C. A., Affleck, J. W., Carstairs, G. M., and Forrest, A. D., *Acta psychiat. scand.*, 1963, 39, 548.
2. Sullivan, H. S., *Amer. J. Psychiat.*, 1931, 10, 977.

The Fifth Freedom

SIR,—Sir Dugald Baird's emphasis on the fifth freedom, from the tyranny of excessive fertility (13 November, p. 1141), raises in-

evitably the question of the availability of the contraceptive pill by prescription on E.C.10. When population control is seen as perhaps the most essential public health measure of the immediate future how can the argument be sustained that the pill is a luxury, like cosmetics, and therefore must be paid for by the patient? There certainly exist women, often the ones most in need of fool-proof contraception, who are deterred by the need to pay. They resort to cheaper methods, and unwanted pregnancies result.

It seems ludicrous that the State should allow a doctor to prescribe freely for his patient any number of useless bottles of medicine, tablets of all descriptions, etc., but when he wants to encourage his patient to make an intelligent response to the need for population control he has to tell her, "You must pay for this yourself."—I am, etc.,

S. L. HENDERSON SMITH.
Huddersfield, Yorks.

SIR,—Like Mr. A. L. Deacon (18 December, p. 1487) I am constantly being surprised at the lack of support by doctors and laity for the idea of male sterilization. I have asked non-medical men for their views on this subject, and apart from those based on religious belief their replies ranged from, "You can't do that sort of thing, old chap," to answers indicating fear of illegality, and supposition that the law cannot and should not be altered. I suspect that our world is still further male-orientated than we would like to admit, and the only effective way to change is for the women themselves to demand it, coupled with the threat of Lysistrata's sanctions.—I am, etc.,

Shrewsbury, Salop.

E. N. OWEN.

Splenic Rupture in Infectious Mononucleosis

SIR,—I was somewhat surprised that further correspondence on the subject of ruptured spleen following the letter by Dr. J. H. Wetherill (30 October, p. 1066) should amount to only one letter, and this prompts me to add a further case.

At the beginning of July this year a young Irishman aged 18 came to the casualty department of the Royal Infirmary, Preston. He said that he had gone to bed feeling quite well on the previous night, but had woken at 6 a.m. with abdominal pain and pain in both shoulders. This was the only history, there being none of even the slightest trauma.

On examination he had a pulse rate of 100/min. and a temperature of 99° F. (37.2° C.), and signs of peritonism. He had no enlarged lymph nodes or sore throat. Obviously he had some intra-abdominal condition, and as his clinical state was deteriorating he was taken to theatre undiagnosed. A laparotomy was performed and a ruptured spleen of about 300 g. removed. This spleen showed characteristics of infectious mononucleosis on histological examination.

The day following the operation he was still unable to think of any injury which may have caused his illness, and since he had been in bed for some six to eight hours it seems likely that this rupture must have been "spontaneous." However, he did at this time have enlarged cervical lymph nodes.

—I am, etc.,

Department of Anatomy,
University of Newcastle upon Tyne.

D. P. FOSSARD.

Enuresis

SIR,—In your excellent leading article on nocturnal enuresis (4 December, p. 1326) you omitted to mention one cause which is worth bearing in mind. I recently had referred to my psychiatric out-patient clinic a boy of 10 with a history of nocturnal enuresis and facial tics. The so-called tics were clearly petit-mal epilepsy attacks occurring very frequently. An electroencephalograph showed a characteristic wave and spike pattern. He was treated with ethosuximide and the facial movements (fluttering of the eye-lids) and nocturnal enuresis promptly ceased completely. There has been no more bed-wetting since.—I am, etc.,

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London N.18.

S. BOCKNER.

Leucopenia and Indomethacin

SIR,—I wish to report the occurrence of a febrile illness with late leucopenia in a patient on indomethacin therapy in general practice.

A 52-year-old housewife with a 27-month history of rheumatoid arthritis developed an acute pyrexia of 102° F. (38.2° C.) without initial localizing signs. She had received indomethacin for the previous eight months in a daily dosage of 50 mg. for the first five months, 75 mg. for three months, and 100 mg. for two weeks prior to the febrile illness. Prior to the indomethacin she had received hydroxychloroquine sulphate and phenylbutazone for 12 and seven months, respectively. There was no known contact with any febrile illness nor did any of the patient's contacts develop a similar illness.

On the third day the temperature rose to 103° F. (39.5° C.) and she complained of a very painful throat, the only objective finding being a slight diffuse infection of the pharynx. Indomethacin was stopped and phenoxymethylpenicillin given in a dosage of 250 mg. four times daily. The fever and sore throat settled gradually and she remained afebrile after the seventh day, though prostrated. There were no chest symptoms or signs at any time. A blood count on the ninth day showed Hb 81%, while blood cells 2,700/c.mm. (neutrophils 24%, lymphocytes 67%, monocytes 9%; no primitive white blood cells seen; red cells showed slight anisocytosis). On the eleventh day white blood cells were 2,800/c.mm. (neutrophils 40%, lymphocytes 60%). On the seventeenth day she was quite well when the Hb was 80%, white blood cells 6,500/c.mm., with a normal differential.

In the absence of serological tests the cause of this patient's illness remains speculative, but it seems worth inquiring if others have noted a similar association, which has not to my knowledge been previously reported.—I am, etc.,

Birmingham 22.

D. MILLINGTON.

Pneumatic Tube Systems

SIR,—The use of pneumatic-tube transmission systems in general and in hospitals in particular is by no means new. Some of the earlier hospital systems received very adverse criticism, and this undoubtedly delayed progress of this efficient and speedy service so far as hospitals were concerned.

Recently a two-way point-to-point tube system by Dialled Despatches Ltd., Gosport, was installed in this department for the specific purpose of conveying exposed but undeveloped x-ray films from an x-ray room at a return clinic area to a developing-room fitted with an automatic processing unit some 100 ft. (30 metres) away at the other