

to appreciate this fairly obvious fact must mean that "real" pain will receive real treatment and "imagined" pain will receive imagined treatment. That, indeed, is what only too often happens. The physician is as self-deceived as his patient if he fails to recognize that subjective realities are, in their own way, as "real" as any other sort of reality.—I am, etc.,

Glasgow, Dec. 5th.

D. YELLOWLEES.

\*\* We understand from Dr. Robert Hutchison that what he said was: "The presence of real (or, if you like, 'severe') pain as opposed to mere discomfort may almost be said to negative," etc.

#### CHILD GUIDANCE CLINICS

SIR,—I have followed this correspondence with interest. I had no intention of taking part in it till I read Dr. E. Rowland Fothergill's letter in your issue of December 5th. That letter contains the surprising suggestion that the work of child guidance should be relegated to the private practitioner.

As far as my own experience goes, most private practitioners are very ready to admit that their knowledge of psychopathology in the child is limited. With adequate study and training many of these could no doubt do a great deal to cope with the simpler maladjustments of childhood. In the absence of such knowledge, and in the severer cases, the child guidance clinic fulfils an important function. I submit that its essence is team work. The psychiatrist does not pretend to have the technical knowledge of the working psychologist, nor yet the leisure in which to visit the homes and collect the family histories which constitute the function of the social worker. But apparently the general practitioner is not only to know more than the psychiatrist, but also to have more time at his disposal.

If the child guidance movement is essentially on wrong lines, and if the work would more properly be done by the private practitioner, I would ask Dr. Fothergill to explain the following points: (1) Sir George Newman, in his 1930 report, devotes five pages to the subject of child guidance clinics without making the suggestion that the proper man to treat the behaviour problems of children is the private practitioner. (2) A large number of private practitioners refer cases to our children's department, and appear to appreciate our efforts. (3) School teachers are increasingly prone to advise parents to take their difficult child to a child guidance clinic. (4) Magistrates of juvenile courts make extensive demands on our resources, but I have still to learn that they would prefer to have a report on the mental status of a juvenile delinquent from a private practitioner.

Dr. Fothergill denounces "a mass treatment system" as "contrary to all the dictates of medicine." Perhaps he is right, but assuredly there is no shred of justification for describing the work of a modern child guidance clinic as "mass treatment." On the contrary, the amount of individual study each child receives is the most complete antithesis of the "mass treatment" to which many an overworked private practitioner is driven in coping with a large panel practice.

I am ready to believe that there are weak spots in the child guidance clinics now available in this country. It is possible that they have been modelled too closely on the American pattern. We hope that such defects will in time be eliminated. Two facts are, however, beyond dispute. The first is that they are doing work which the private practitioner could not hope to do as well, even if he attempted it. The second is that their methods can, in no circumstances, be described as "mass treatment." In controverting these points, Dr. Rowland Fothergill

reveals complete ignorance either of the methods of the child guidance clinics or of the requirements of the maladjusted child.—I am, etc.,

H. CRICHTON-MILLER,

Honorary Director, Tavistock Square  
Clinic.

December 7th.

#### CHILD PSYCHOLOGY

SIR,—Our attention has been called to an annotation in the *British Medical Journal* of October 10th, the opening sentences of which are: "It has been a common complaint of Continental and American visitors that there is no provision for the study of medical psychology in London. Especially is this true for those wishing to study child psychology." It is nowhere explained in the article that this complaint is unjustified, being based on misinformation. It is not our place to enumerate the many institutions in London at which some aspect or other of medical psychology is taught; but we wish to say that at the only institution in this country where instruction is given in psycho-analysis—the central theme from which the rest of modern medical psychology radiates—namely, the Institute of Psycho-Analysis, there is a special department in which child analysis is both taught and practised. Further, London is in some important respects the only place, not only in the British Empire, but in the world, where this important instruction is available. Therefore, while we agree with your implied conclusion that the teaching of medical psychology in London still leaves very much to be desired, we should like to point out that there is another side to the picture which is worthy of mention.—We are, etc.,

ERNEST JONES,

Director, London Clinic of Psycho-Analysis.

EDWARD GLOVER,

Assistant-Director, London Clinic  
of Psycho-Analysis.

SYLVIA PAYNE,

Secretary of the Institute of  
Psycho-Analysis.

London, W., Dec. 2nd.

#### EDUCATION IN QUESTIONS OF SEX

SIR,—It is so seldom that the Church visits our province of medicine and makes such a welcome practical contribution toward the solution of a medico-social question that I have been moved to re-read the address delivered at the Eastbourne Meeting of the British Medical Association by the Rev. Wentworth Pym, published in the *Journal* of August 1st. Anyone engaged in mental medicine must be struck with the large percentage of patients with nervous and mental illness whose history discloses that the foundations of derangement were laid during the sheltered period of childhood and adolescence. Canon Pym, however, deals with only a section of the trouble, which he lifts out of its natural setting, and which could, perhaps, be more adequately treated by inclusion in a bigger and more comprehensive survey of the world scheme.

All life, at all levels, is really a struggle to live, and, though civilization brings the necessities to our doors, the ambition for social success and eminence merely replaces the simple needs by something more specious but equally clamant. The well-meaning parents in the tender love of their offspring shield them from a knowledge of the actualities of life, and unwittingly lead them to unhappiness and destruction by an over-pampering care and worship, resulting in Narcissism and self-omnipotence—an egocentric incapable of dealing with anything it cannot overcome. So is formed the first barrier against discipline and proper parental control and relationship.

Although far removed from primordial life we are, nevertheless, the inheritors of every level from the simplest to our own crowning heights in humanity, and are inherently furnished with the means of living in an environment swarming with battling factors, which we should be capable of overcoming, and also adapting ourselves to our surroundings. All life is one vast brigandage, the greater absorbing the lesser; but these natural phenomena, seemingly cruel by our human standards, should be explained as part of the scheme of the universe, and not hidden from developing youth.

It is reproduction which replenishes this wastage and reveals a unity of purpose which we can observe but neither explain nor understand. Examples of natural forces constantly working can be demonstrated—such as gravity, magnetism, polarity, and the affinities of the elements of which our bodies are composed. The school chemistry experiments serve to show the perpetual flux in the inorganic kingdom; also plants flowering, seeding, and springing up again. To the more advanced youth the ties of companionship, affection, love, and passion may be dwelt on and explained in their setting of romance and tragedy, and he may be shown how links can be forged in the mind which survive when passion and love have faded. A background of this kind of abstract texture gives the subject of sex a fitting place as one of the most profound mysteries, and without which life would be poor indeed. Unfortunately the subject is approached too directly, and with insufficient delicacy, or is treated as though it were altogether taboo, producing shock and embarrassment in a matter which can be made beautiful; for there is nothing improper in nature—it is only the mind that makes it. Later on, with no apprenticeship to life as it is, and little knowledge of the facts, the rough-and-tumble comes as an astonishment, and there is inability to adjust matters; the usual problem of undeserved suffering presents itself, and either Job's attitude is taken, or his wife's, which is frequently the prelude to a mental home. There is nutritional hunger and sex hunger, and with some, who are more highly charged, it is almost as dangerous to renounce the one as the other, for there is that insistent inarticulate quest which will assert itself at times for satisfaction and full-orbed development of self.

Canon Pym has given most valuable assistance towards handling a very hushed subject, and these humble suggestions are made as a plea for extending and further clothing the subject, without in any way clashing with modern Church doctrine or morality. In my experience I have been forcibly led to the opinion that with many people the mere mention of "sex" envisages the organs of reproduction rather than one of the most wonderful mysteries in creation; and (as stated in the address) it is to the quality of the mind of the educator that we must look for suitable presentation of this interesting and important theme.—I am, etc.,

Armagh, Nov. 28th.

ARTHUR KING, M.D.

#### THE CREOSOTE ENEMA IN PNEUMONIA

SIR,—In recent papers and lectures on pneumonia no mention appears to have been made of Schoull and Weiller's method of treatment by the creosote enema. No one imagines that the use of creosote in respiratory affections is new, for fifty years ago it was advocated in the treatment of pulmonary tuberculosis. But these authors, in their small brochure<sup>1</sup> of 70 pages, advise its use, not in chronic lung infections, but in the acute, particularly those due to the pneumococcus. Their method, briefly, is as follows. In pneumonia, after a wash-out enema, forty drops of pure creosote, well shaken for

<sup>1</sup> Published by Maloine, Paris.

several minutes in 2 ounces of warm milk, are injected slowly well up the rectum. The enema should be retained about two hours. If not retained longer than half an hour it should be repeated, and in the adult ten drops of tincture of opium may be added to it. This dose in an adult should be repeated twice in twenty-four hours. In children under 1 year two to ten drops is the dose, twice daily; in second infancy and adolescence five to ten drops, with an extra drop for each year. In old age less than forty drops may be given. The action of creosote in the purely pneumococcal conditions seems to be almost specific, like serum; when it fails, a streptococcal infection must be feared. It is interesting to note that in pneumococcal peritonitis Daru, Loederich, and Mamont<sup>2</sup> also advise its use for its selective action on the pneumococcus.

In the *Presse Médicale* (November 11th, 1931) there is a useful summary of the value and details of the method. When our attention was called to this use of creosote we at once obtained some striking results in the treatment of pneumonia at all ages. We then applied it as a prophylactic in post-operative pulmonary complications. It quickly clears up catarrhal states in patients awaiting operation, and is now part of our routine preparation for all laparotomies or major operations of general surgery. In 150 cases of laparotomy of all types under open ether no case occurred of post-operative pneumonia. But in two cases in which the enema was omitted by mistake pulmonary complications occurred—a broncho-pneumonia in a simple inguinal hernia, and a severe and prolonged congestion of the right lung in a gastrectomy for hour-glass stomach. Both patients recovered, creosote being given at once on the appearance of the lung trouble. In urgent surgery we try to give the enema before the patient goes on the table if there is time; if not, immediately after operation.

Bassett<sup>3</sup> has also recently called attention to the value of creosote; in 174 operations, mostly gynaecological, no death occurred from lung complications when the drug was administered for some days before operation. Kocher,<sup>4</sup> over twenty years ago, evidently believed in its efficacy, for he then wrote:

"We do not hesitate to give large doses of creosotal when necessary; two and a half drachms may be administered night and morning in the form of an enema with milk. Dr. Rollier, who has carefully investigated the action of this drug for some years, has shown it prevents complications, and acts beneficially on the course of a pneumonia."

In these days, when economy is necessary and three doses of Felton's serum cost approximately £10, it may be worth while giving another trial to creosote, administered in this simple way.—I am, etc.,

Huelva, Spain, Nov. 17th.

IAN MACDONALD, M.D.

#### THE "SOBERING-UP" RATE

SIR,—A matter of considerable medico-legal importance is raised by the question whether persons under the influence of alcohol "sober up" at the same rate, or whether individual variation may be exhibited in this particular, such as is well known to occur in the process of becoming intoxicated. From inquiries made, the latter view appears to be held widely, and although I am unable to find any statement in current literature to the effect that the sobering-up rate is constant for all persons, I venture to suggest that all the experimental evidence at our disposal supports that view.

Schweissheimer, Mellanby, and others have shown that there is a close relationship between the concentration of alcohol in the blood at any given time and the symptoms

<sup>2</sup> *Journ. de Chir.*, October, 1931, xxxviii, No. 4.

<sup>3</sup> *Bull. et Mém. Soc. Nat. de Chir.*, November 22nd, 1930, lvi, No. 29.

<sup>4</sup> Kocher: *Operative Surgery*.