

obstinate determination. Never had any generation been faced with a finer challenge, and he hoped that, like many Scotsmen who had gone before them, his listeners would accept the challenge with energy and courage.

### Crippled Children in South-East Scotland

The running expenses of the Princess Margaret Rose Hospital, Edinburgh, amounted last year to £15,726, which was met to the extent of £11,803 by maintenance charges, leaving a deficit of £3,923 to be provided from hospital funds and subscriptions. The hospital's endowment fund stands at £13,225 after the expenditure of £8,569 last year on necessary buildings and equipment. These figures were given at the annual meeting of the hospital, when it was also stated that the hospital would be required in war time for the treatment of air raid casualties, primarily for bone and joint injuries, and that existing patients would be removed to their homes or to houses in the country which had been approved by the Department of Health. Mr. W. A. Cochrane said that the services of the hospital had increased considerably during the past year, and that the work had nearly doubled since 1936. There were 277 admissions last year, and 1,500 out-patients were being dealt with (as compared with 100 in 1933) through thirty-five local clinics. Large numbers of patients suffering from infantile paralysis are now being treated at an early stage, and many of them were discharged with very little defect remaining. Many of the patients in cases in which there was not complete recovery could still be rendered fit to earn their living, especially if training institutes could be made available.

## Correspondence

### Clinical Research in General Practice

SIR,—The article by Dr. Percy L. Backus on psychoneuroses (*Supplement*, July 1, p. 1) and certain correspondence on the above subject which has appeared recently in your *Journal* prompt this letter. Dr. Backus states that the work on which he reports was carried out in the quieter months of the year because of the time involved in note-taking. As he seems to magnify the difficulty of the task which he undertook, and as this may deter others from undertaking similar or other investigations, I should like to suggest a simple method whereby such investigations can be carried out the whole year round, even in the largest of industrial practices.

For the purpose of any system of note-taking for medical records a definite method of investigation and interrogation must first be devised. This can be left to the inclination of the individual practitioner, but once devised, if strictly adhered to, then positive findings only need be recorded. Questions which give negative answers can be ignored, and so also can negative investigations. Such records can be of little use without the "key," but with the "key" very few words can convey a vast amount of information to the reader, and this no matter how many years may elapse between the recording and the studying of the recorded observations. Note-taking need never be a handicap, and in retaining the confidence of the patient it can be time-saving.

Dr. Backus supplies a series of figures which he says require a correction to be kept in mind. Even with this correction in mind they are difficult to analyse, and perhaps impossible to use as a standard of comparison. For this reason may I suggest a method which is quite simple to carry out and capable of general use. It is by means of "signals," and what I think is described in

commercial undertakings as the "block method" of analysis. Many of these signalling systems are on the market, but they are rather expensive. I have found paper clips with little bits of different-coloured strips of gummed paper attached to them are quite effective, and a complete signalling system of these only costs a few pence. The analysis which Dr. Backus wished could be carried out with one colour of "signal," and utilizing three different positions on the record card—the left edge, the middle, and the right edge. These would give the "three main classes of disorder," and if a division of the second is desired this could be accomplished by two different colours. In practice the method is to begin a new list for each week, and at the end of the week to count the signals. The numbers of these will be the bases of the analyses. At the present time in my own work, in order to investigate some points of clinical interest, four colours and five different positions on the history sheet are being used, and out of those possible combinations fifteen graphs are being constructed. I do not think that this particular study takes up more than half an hour of work in the week.

These suggestions are being put forward because I have always found that where simple methods of investigation and analysis can be devised, extensive clinical research in general practice can be carried out with little effort, and it is, of course, very fascinating.—I am, etc.,

Halifax, July 5.

A. GARVIE.

### Treatment of Gonorrhoea in General Practice

SIR,—The introduction into the treatment of gonorrhoea of a series of new chemotherapeutic substances may be said to have revived the interest of the profession in that disease. One or two recent undocumented letters from medical men, recording failure to reproduce in their practices the 80 to 90 per cent. successes claimed in the published reports of recognized specialists, make it apparent that the modern treatment of gonorrhoea is not quite so simple a thing as the mere swallowing by patients of a number of tablets for three or four days. Although the opinions of the specialists are still somewhat fluid on the questions of optimum dosage and reliable tests of cure, their views have crystallized to the extent of being able to lay down certain broad rules for the use of sulphonamides in gonorrhoea. It is painfully evident to many of these specialists that those rules are unknown and unobserved by practitioners who have neither the facilities nor the training for making accurate diagnosis or tests of cure. To secure proper use of these potent new remedies for gonorrhoea the co-operation of general practitioners, medical officers of health, and venereologists is desirable. To that end I commend to the notice of all interested the letter addressed by the medical officer of health for Birmingham to practitioners in his area. I am obliged to Dr. H. P. Newsholme for permission to quote from his letter:

*Cautions in relation to the Use of Sulphonamides (including M & B 693) in the Treatment of Gonorrhoea*

I am advised that the attention of practitioners should be drawn to certain difficulties and dangers attending the use of sulphonamide drugs (including M & B 693) in connexion with their present extensive application to the treatment of gonorrhoea in both males and females. While such treatment can yield almost startlingly rapid effects, both immediate and on occasion ultimate, it should particularly be noted that unless proper care is taken the results can be disastrous. In the majority of cases the symptoms of the disease will quickly disappear with this form of therapy, but this does not mean

that the patient is cured. Frequently the patient is in the position of a "carrier," and is a menace to the general public, and especially to his own immediate family. To obviate such dangers practitioners are urged that no patient should be discharged as cured, or should be told that he or she is cured, until proper tests of cure have been made and the patient has been under observation for at least three months after cessation of treatment.

The tests of cure after completion of treatment should include at least three films and three cultures; it is emphasized that films without cultures are not reliable. A blood examination, Wassermann reaction, and gonococcal complement-fixation test should also be carried out. It is recognized that cultural tests are difficult for the practitioner to undertake, as the medium must be specially prepared and the specimen incubated forthwith. This difficulty can be met by sending the patient to a venereal diseases clinic for the tests to be performed there and the practitioner informed of the results. It has also to be remembered that the sulphonamide compounds are toxic to certain individuals, and the recipients should be seen regularly and watched carefully for any signs of toxæmia, particularly gastric symptoms, dermatitis, leucopenia, etc.

It is to be hoped that other medical officers of health will follow Dr. Newsholme's lead. One would add the suggestion that administrative medical officers should assist general practitioners by providing a diagnostic outfit transmissible by post to the public health laboratory. The bacteriological tests of cure are of too delicate a nature to allow of such provision being made for them; but practitioners should be advised to arrange for these and other necessary tests to be made privately or to refer the patients (with adequate case notes) to the nearest venereal diseases clinic. The advent of these new remedies should, as Sir Edward Mellanby pointed out in the recent report of the Medical Research Council, result in a notable reduction in the occurrence of gonococcal infection. Wisely used, early, and with every patient kept under observation until cure was certain, the result should be a fall in the incidence of gonorrhoea vastly greater than that obtained in syphilis in the course of the last twenty years. Wisely used! Already the percentage of defaulting patients has risen sharply at many clinics since the introduction of these sulphonamide drugs. It would seem that some measure of legal compulsion will be required before one of the most easily preventable, and now one of the most readily curable, of all diseases is finally conquered.—I am, etc.,

Essex, July 3.

ROBERT FORGAN.

### Sulphanilamide in the Air: A Warning

SIR,—This class of drugs when given in full doses or in conditions of idiosyncrasy is liable to interfere with oxygen exchange by the production of methaemoglobin or sulphaemoglobin in the circulating blood.

I have recently seen a pilot who was noticed to be suffering from the symptoms of severe anoxaemia as a result of flying at the moderate altitude of about 13,000 feet. It was found that he had been taking full doses of sulphanilamide for septic tonsillitis just previous to flying. Similar cases have been noted in America and, I believe, in our own Air Force. A full dose of one of these drugs taken shortly before flying is said to lower an aviator's "ceiling" by about 5,000 feet. Persons intending to fly as passengers or, more particularly, as members of an aircraft crew should be warned of the danger of taking these drugs within a few days of flying. I presume that a few days would suffice to ensure elimination of the drug from the system.—I am, etc.,

F. P. MACKIE,

Croydon, July 7.

Medical Adviser, Imperial Airways Ltd.

### Lay Psychotherapy

SIR,—The published conclusions of the British Medical Association Mental Health Committee with regard to the training and recognition of lay psychotherapists were recently considered by the committee of the British branch of the International General Medical Society for Psychotherapy (I.G.M.S.P.), who would like to submit the following comments for consideration.

While admitting the present disproportion between patients requiring psychological treatment and those qualified to give it, the solution of this problem by the training of lay psychotherapists is open to the following objections.

1. The proposed lay psychotherapist, unlike other medical ancillaries, will in fact carry out work which is indistinguishable from that undertaken by the medical psychotherapist, and consequently must come into direct competition with him.

2. The possibility of relegation of this work to a lay assistant lowers the status of psychotherapy and so of psychological medicine as a whole, with the result that the present endeavours to improve both undergraduate and postgraduate teaching in this subject may be relaxed, to the detriment of medicine as a whole.

3. There are serious practical difficulties in the proposed relationship between the diagnosing physician and the lay therapist which may be fraught with serious danger to the patient. Psychiatric diagnoses can often only be arrived at in the course of prolonged observation while the patient is undergoing treatment, and it is difficult to see how the lay psychotherapist could be trained in a reasonable space of time to undertake this and at the same time assess the importance of physical factors which so frequently intervene.

4. The important issue at present is to increase the facilities for and adequacy of the training of medical psychologists, since at present there are lamentably few who are really competent to supervise treatment by a lay psychotherapist. The provision of training for the latter may only prove a makeshift policy which will delay the major necessity. Furthermore, it seems premature to institute training for the laity when the criteria for medical training for the specialty have not yet been settled.

Finally, it is still more important to awaken the public to the importance of adequate precaution and treatment in the mental health field.—We are, etc.,

E. B. STRAUSS,

President, British Branch, I.G.M.S.P.

H. CRICHTON-MILLER,

Vice-President, I.G.M.S.P.

R. HARGREAVES,

Secretary, British Branch, I.G.M.S.P.

July 6.

SIR,—In the discussion about the merits of medical and lay psychotherapy the economic factor is often overlooked. The cost of training and setting up a medical psychologist is in the region of several thousand pounds. Five years of medical training will cost £300 a year, a minimum of two years' postgraduate study of psychopathology will cost even more, as the student must pay the heavy fees necessary for a self-analysis, often amounting to £200, and there are no effective house-appointments available for this branch of medicine. If he buys a general practice the capital outlay needed for introduction and house purchase will be perhaps £4,000; if, on the other hand, he is aiming at consultant work the young psychotherapist must wait some years before he can even meet his expenses, and several more years before he is earning sufficient income to give an adequate return for his invested capital. During these years of study and practice he could as a black-coated worker have earned salary totalling over £2,000, which must be added to the debit side of the balance sheet. Altogether the successful prac-