

The *Year Book* is an excellent institution in that it allows the busy practitioner to keep in touch with world thought in obstetrics and gynaecology. Dr. Greenhill is to be congratulated on the 1945 edition.

### PSYCHOSOMATIC MEDICINE

*Emotions and Bodily Changes. A Survey of Literature on Psychosomatic Interrelationships. 1910-1945.* By Flanders Dunbar, M.D., Sc.D., Ph.D. Third Edition. With Supplementary Introductions and Additional Bibliography. (Pp. 604. \$7.50 or 50s.) New York: Columbia University Press; London: Oxford University Press.

The appearance of a third edition of Dr. Dunbar's survey of the literature of psychosomatic medicine bringing it up to 1945 is very welcome. In it we can find a mine of useful information culled from the opinions of many leaders of medicine both in America and other countries. It is well selected and arranged, so that there is every opportunity for those who wish to undertake research, which is so very necessary in this field, to get plenty of ideas and those who are perplexed by clinical problems will find authoritative opinions. An extensive bibliography at the end will point the way to further study. It is perhaps indicative of the youth of this branch of medicine that out of 432 pages of text only 11 are occupied by the section on therapeutic considerations.

The main point of this study is that, if medicine as a whole is to be progressive and really promote health and efficiency, the removal of symptoms of disease must no longer be the goal of the physician and surgeon: the patient must be regarded as a whole and his total reaction to the environment must be kept efficient, or if impaired must be repaired. As is very well stressed, the complaint of the doctor going into the Services that he gets no practice in medicine is a reflection on our medical education. What could be better medicine than keeping 1,000 men fit for service in the field and maintaining their morale so that they are ready to face the most violent and disturbing changes in the environment?

In addition to the necessity for further investigation into means of preventing such already well-recognized psychosomatic conditions as peptic ulcer, asthma, hyperpyrexia, and the like the author points out that this field covers such conditions as accident-proneness, liability to colds, and tendency to abortion, etc. In relation to accidents he quotes figures which show that by shifting 5% of drivers with the highest accident records to other jobs the accident rate fell by 80%. Nevertheless this 5 percentage of the employees who were moved to different jobs continued their high accident record, no longer through driving cars, but through slipping, falling, shutting fingers in doors, or in other ways, either at home or in going to and from work. Here there is obviously room for intensive personality studies to the great benefit not only of the individual but also of the community as a whole.

In more difficult cases it would seem that deep analysis is necessary for cure of psychosomatic disease, but in the earlier stages a good deal can be done by the much easier method of suggestion. Unfortunately, as the author points out, the conscious use of suggestion as generally understood by physicians is considered both dishonest and unscientific, being discussed usually in connexion with cults. The "scientific way" is to tell the patient "to buck up," "that there is nothing the matter except his imagination," that he seems to have "one of these troubles we do not yet understand." Clearly it is very necessary to get rid of prejudices and make a concerted effort to prevent and treat these conditions, having regard to the personality of the patient as a whole rather than to the symptoms of which he complains.

### Notes on Books

*Hereditary Hypochromic Anemia* by I. LUNDHOLM was reviewed in an editorial in these columns in 1941, as it was first published as Supplement C II to the *Acta Medica Scandinavica* in 1939. It is now available in the form of a monograph (Uppsala: Boktryckeri-aktiebolag; no price given). Its contents are described in the subtitle as a clinical-statistical study, and it provides an extremely useful analysis of the frequency of different signs and symptoms in idiopathic hypochromic anaemia. Lundholm's purpose is to emphasize the importance of constitutional factors in the aetiology, but he has gone too far in renaming the condition hereditary hypochromic anaemia; as well speak of peptic ulcer as hereditary ulceration of the stomach.

Those who saw the recent March of Time film called "Life with Baby" will be glad to possess *How Baby Grows* (Hamish Hamilton Medical Books; 10s. 6d.), a pictorial record of child development during the first five years of life, with a skilful commentary by Dr. ARNOLD GESELL. The natural appearances of the babies and children is most convincing, and parents should find the book a valuable record against which to check the achievement of their own children. It is emphasized that the children chosen represent average trends and that every baby is an individual with his own way of growing up. All workers with children, medical and lay, will find something of value in this excellently produced volume, which attains the usual high standard of publication from Yale and the famous Gesell clinic.

### Preparations and Appliances

#### PENICILLIN OINTMENT FOR OUT-PATIENTS

Dr. I. LLOYD JOHNSTONE, M.C., D.O. Oxon, honorary surgeon, Worcester Eye Hospital, honorary ophthalmic surgeon, Guest Hospital, Dudley, writes:

To overcome the difficulties of dispensing penicillin in the form of an eye ointment for use at home some sort of small container which would not easily become contaminated by non-sensitive organisms and would not affect the potency of the penicillin was required. During the war small porcelain ointment pots were not available, and they are not free from the objection of possible contamination when the lid is removed and a particle of ointment taken for each treatment. The price of such pots would probably be prohibitive.

Penicillin is destroyed by most metallic substances, so that the use of collapsible lead tubes appears to be questionable. There are other well-known collapsible tubes for oculenta and recourse has been made to one of these, namely a glyco-gelatin capsule of roughly one gramme capacity in regular use by Philip Harris, Ltd., of Birmingham, for dispensing eye ointments. These capsules of penicillin ointment have been in use experimentally since March, 1945, and are proving useful within limitations for the purpose for which they were intended.

Three different bases have been tried. The first contained 30% of lanette wax SX, but this irritates some skins. Next anhydrous eucerin was tried, but this had the same objection. This difficulty might be overcome if the pH of the sterilized base were carefully adjusted, but we next turned to a vaseline, lanolin, and liquid paraffin base (30% of each) with distilled water making up the remainder. This does not irritate the skin, but it is quite possible further improvements can be made. Possibly the lanolin could be reduced or omitted with advantage. Finality for the base is not claimed. Strength of penicillin used has been 250 O/u per gramme at first, 500 O/u latterly. The only penicillin used was sodium penicillin made by Glaxo Laboratories. The new British Pharmacopoeia ointment, with only 10% of lanolin and no water, contains 1,000 units of the calcium salt per gramme.

Tests for potency have been carried out week by week with the same capsule of ointment kept in a dwelling house at room temperature. A very small patch of ointment inhibited growth in all directions to a distance of 0.5 to 1 cm. No marked drop in its power of inhibition on the standard staphylococcus aureus was found till the seventh week, when inhibition ceased abruptly following a "heat wave." A further test is about to commence to compare the new British Pharmacopoeia base containing no water with the above base containing 10% of water.

Clinical results are satisfactory so far as the last ointment base is concerned. It is free from undesirable irritation of the skin. The therapeutic effect in blepharitis is variable. Some cases respond well, others not at all. In many cases cultures of the organisms have been grown and sensitivity to penicillin tested, but the quickest and best test is to try either penicillin or thiazamide ointment and change over if the response is not satisfactory. More cases of blepharitis, including styes as well as the chronic scaly and pustular forms of blepharitis, are clinically cured by thiazamide than by penicillin ointment at present.

The Penicillin Clinical Trials Committee of the Medical Research Council has provided the penicillin for this and other clinical research carried on concurrently. Messrs. Philip Harris, Ltd., have very kindly given the full benefit of their experience in making eye ointments and capsules, and have made, supplied, and filled the capsules without charge and on the understanding that they have no restrictive rights to information obtained. Dr. McMenemey and his staff in the Pathology Department of the Worcester Royal Infirmary have carried out the many tests with real interest and enthusiasm. To all these my sincere thanks are tendered.