

likely to be achieved by clinicians. With the notable exception of the field of immunology such an opinion is scarcely substantiated by past experience, and there seems no reason to doubt that future progress will similarly be shared between clinicians and pathologists.—I am, etc.,

London, E.2.

HERBERT LEVY.

Insulin Treatment for Schizophrenia

Sir,—In the *Journal* of May 31 (p. 779) a letter by Dr. L. F. Donnan was published in which it was stated that I had informed the writer that the relapse rate after insulin treatment for schizophrenia is greater than in those cases which recovered spontaneously. This statement was not made by me to Dr. Donnan or to anyone else.

Insulin treatment of schizophrenia has been carried on in this hospital for the last ten years, and the results go to show that it is by far the most successful form of treatment for schizophrenia. Schizophrenia does not differ from any other form of disease in that a certain proportion of cases that have recovered relapse. The experience of this hospital goes to show that the rate of recovery is much greater in cases treated by insulin than by any other method and that the relapse rate shows no proportionate increase.—I am, etc.,

Dublin.

JOHN DUNNE.

On Complete Removal of the Prostate

Sir,—Following perusal of Mr. H. S. Souttar's article (June 28, p. 917) it seems to me that many surgeons lacking experience in prostatic surgery might be led to try the procedure he describes, with results which would be far from beneficial, and in fact might be disastrous, to the patient.

The very first paragraph of Mr. Souttar's article contains assumptions regarding the extravesical approach which are not generally accepted. The extravesical approach does not present considerable advantages over the transvesical methods; the post-operative period is not shorter and easier and bleeding is not more readily controlled. Mr. Souttar seems to have no wide experience of the modern operations (Harris, Hey, or Millin) which make possible immediate closure of the bladder. It seems a retrograde step to consider substituting the difficult and probably dangerous technique he describes for these comparatively simple and safe methods, but it might have a place in the eradication of early prostatic carcinoma, and indeed some months ago I heard Mr. Millin describe a technique for this condition somewhat similar to that now described by Mr. Souttar.

It seems strange that Mr. Souttar should be unaware of the correct spelling of Mr. Millin's name; one presumes that he is referring to Mr. Terence Millin.—I am, etc.,

Glasgow.

WALTER W. GALBRAITH.

In-patient Treatment of the Maladjusted Child

Sir,—In reply to the letters of Drs. W. H. Whiles (June 21, p. 898) and J. A. McCluskie (July 5, p. 29), I would like to say that since the article was written we have now a special children's admission villa in the grounds of the hospital in addition to the annexe already described. This villa, which is entirely self-contained, possesses a pleasant garden and also an area of about 1/6 acre, which is fenced off and in which the children have plenty of scope for outdoor play.

Incidentally, however, with regard to the particular point raised by Dr. McCluskie as to the effect of chronic psychotic females on the children, I can assure him that matters were not at all as he anticipated. In fact, several of these ladies manifested much more tact, forbearance, understanding, and consistent handling of the children than is exhibited by the average parent. The point of course does not arise now that there is no longer any contact between the children and adult patients in the hospital. I must explain to Mr. G. A. Foulds (June 21, p. 898) that the article was written on very general lines and was only meant to give an outline of the work. As regards the child with the intelligence quotient of 170, this point was only included to indicate the fact that some of the children at least can be classed as brilliant. The test, which was form L of the Terman-Merrill Revision, was not carried

out at this hospital, but a few months later a similar test on form M gave the result of 159.

It may be helpful to add that the term "returned home" indicated that the child was fit once more to live a normal life in his own home environment, and when it is realized that 95% of these children were unable to do this despite adequate out-patient treatment, not only in this city but in some of the best-run child guidance clinics in the country, I think it will be appreciated that the "benefit" was not inconsiderable.—I am, etc.,

Portsmouth.

W. LIDDELL MILLIGAN.

Causalgia of the Face

Sir,—Mr. J. A. W. Bingham (June 7, p. 804) is to be congratulated on his neat demonstration of a possible afferent path for painful sensation in the cervical sympathetic. Most surgeons dealing with the sympathetic nervous system for causalgic states, advanced Raynaud's disease, and particularly erythromelalgia are probably led to much the same opinion, but few have so definitely advanced the matter towards final solution. Mr. C. H. Cullen (July 5, p. 32) might like to consider a recent article by Dr. Threadgill, which in general supports Mr. Bingham's thesis by some interesting animal experiments and supplies the basic references.—I am, etc.,

Dublin.

PATRICK FITZGERALD.

REFERENCE

Threadgill, F. D. (1947). *Surgery*, 21, 569.

Health of Young Workers

Sir,—Dr. C. H. Hoskyn (July 5, p. 29) invites further opinions on the subject of health supervision of juveniles in industry, and as I have for some years past undertaken such work as part of my duties as an industrial medical officer I can say with confidence that a close liaison between school health services and industrial health services is of great importance. This point has been emphasized in a recent paper entitled "The Change from School to Industry" (Lloyd Davies, T. A., and Newth, A. A. E., *Public Health*, 1947, 60, 177), and if it is agreed that a knowledge of the conditions and environment under which the young person is to work is essential to enable a satisfactory assessment to be made of his fitness for the occupation which he seeks to enter, then clearly the industrial medical officer is the person to carry out the examination.

Under Section 48 of the Education Act, 1944, a duty is imposed on the local education authority to "provide for the medical inspection at appropriate intervals of pupils in attendance at any school or county college maintained by them," but such supervision has long been carried out by the medical services in progressive firms, and indeed forms one of the most satisfying duties which fall to the lot of the industrial medical officer.

Under Section 69 of the Education Act, 1944, the Minister is empowered to make Regulations about the conduct of medical examinations for the purpose of the Act and provision may be made "requiring that any class of such examinations or inspections shall be conducted by duly qualified medical practitioners having such special qualifications or experience as may be duly prescribed." I would have thought that the special knowledge and experience of the industrial medical officer would have enabled him to play a useful part in this work, perhaps as a part-time officer of the school medical service.—I am, etc.,

Ripley, Derby.

GERALD F. KEATINGE.

Sir,—In the publication *School and Life* (H.M.S.O., 1947) the Central Advisory Council for Education (England) has made certain recommendations on the supervision of health during the early years of employment, and Dr. C. H. Hoskyn (July 5, p. 29) rightly draws attention to the challenge these recommendations make to industrial medicine, the main concepts and developments of which were summarized in your leader "Whither Industrial Medicine?" (June 14, p. 853). While the recommendations of the Central Advisory Council apply particularly to England and Wales, the pattern of legislation to-day is such that, should the responsible Minister accept them, they would be adopted for the country as a whole. Accordingly