**Psychopathic Personality**

_Sir,—_Editorial juxtaposition of book reviews on psychopathic personality, forensic science, and social anatomy (22 January, pp. 223 and 224) provides an opportunity to suggest that “social surgery” may be the correct analogy for the management of “character disorders.” Whatever the origin of underlying delay in maturation of emotional control, these patients are presumably more to blame for their condition than is a child with congenital heart disease for his.

This is not to condemn the community nuisance of their socially disruptive behaviour far from it—but rather to use, develop, and refine the tools provided by our legislative “instruments” makers. The operative procedures involved can be as successful as those of cardiac surgery, not forgetting the important role of nursing and special after-care for a gradually lessening disability, nor the need to use suitable drugs such as chloridiazepoxide as “anaesthetics.”—I am, etc.,

J. P. CRAWFORD.

**REFERENCE**

*Rosen I. M.,_ Dist. nerv. Syst.,_ 1965, 26, 221._

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**Woodworm and Dysentery**

_Sir,—_I was interested to read Dr. Mair Thomas’s letter “Woodworm and Dysentery” (1 January, p. 52). A school toilet room which is warm, kept airy, and supervised is, I fear, a counsel of perfection, desirable though it most certainly is. Many rural areas have only just emerged from the ‘Elan’ age, and equipping them with running water and water closets has been an expensive business. Unfortunately even where large sums have been expended deterioration and a poor standard of cleanliness are very common. Devoted caretakers at the dying or dead race and lavatory cleaning is usually very perfunctory and far below the standard we should expect in our own homes. I feel, therefore, that there should be an entirely new concept in the structure of school and other public lavatories. Many if not all of Dr. Thomas’s improvements should be aimed at, but above all the prime object should be “cleanliness.” It should be possible to clean sanitary blocks with a powerful hose and an entirely alleviate any mechanical equipment which necessitates cleaning by hand, which is inevitably distasteful. Such construction would initially be expensive, no doubt; but I feel that unless this concept is accepted lavatories will continue to be a menace to health.—I am, etc.,

_Cirencester, Glos._

MARY E. WALTERS.

**Hypochondriasis**

_Sir,—_In your issue (15 January, p. 167) Dr. N. B. Kreitman describes a patient with paranoid features in addition to his hypochondriasis, and notes that this is a combination that Bleuler stated had occurred. Although it is true that Bleuler stated this, this should be looked upon as a curiosity rather than a clinical fact.

Kreitpin describes such cases in 1915, making a point that hypochondriasis is often connected with the delusional system. For example, that his body complaints are due to someone destroying his nervous system with electricity. In his survey in 1936 Brown describes a paranoid psychosis with hypochondriasis and submits detailed case reports in his appendix. Nor can the occurrence of a paranoid psychosis with hypochondriasis be looked upon as a rarity. In his recent study Kenyon describes paranoid personalities in 11.8% of his patients with primary hypochondriasis, and in 9.6% in those with secondary hypochondriasis.—I am, etc.,

The Maudsley Hospital, London S.E.5.

**REFERENCES**


Brown, E., _J._, _Psychiat._, 1936, 82.


**Intrauterine Contraceptive Devices**

_Sir,—_An unusual complication from an intrauterine contraceptive device (I.C.D.) has recently come to my notice. A 35-year-old woman, para nine, had a standard-size Margules spiral inserted in June 1965. Since the uterus was very bulky no beads were cut off the tail, because it was felt that otherwise the whole device might be drawn inside.

Six weeks afterwards the I.C.D. was in a satisfactory position and the patient was quite happy. Later, however, her periods became much heavier, until in January 1966 she was admitted to hospital with “flooding.”

At this time the end bead was discovered to be buried in the lateral vaginal wall to a depth of 5 mm., and moderately strong traction was required to dislodge it. One feels that had the tail been directed posteriorly instead of laterally the end result might eventually have been a recto-vaginal fistula.

It is realized that the usual practice of leaving only 1 or 2 beads protruding was not followed in this case, in which 5 beads were left outside the cervical canal. In addition, the patient was not a suitable candidate for the use of an I.C.D. because of menorrhagia due to her abnormally large uterus. Nevertheless, it is felt that attention should be drawn to the danger of the possibility of fistula formation with this particular device if such tail remains in the vagina.—I am, etc.,

The Ulster Hospital, Dundonald, Belfast.

M. R. NEELY.

**Trials of Physical Therapy**

_Sir,—_I was interested to read your leading article on “Vaccine Therapy in Asthma” (22 January, p. 186). For over 25 years a large number of asthmatics have been treated by breathing exercises at the Victoria Hospital for Children, and while the Paediatric Physical Medicine Department at St. George’s Hospital, Tooting, Ages ranged