approximately 150 cases, and I would say that it is safe if the following precautions are taken: (1) An attendant should be present during the administration; (2) it should be given only in small quantities if uterine inertia is present; (3) probably it should be avoided if there is evidence of liver damage—I am, etc.,

Northallerton, Yorks.

D. C. DEVITT.

Endogenous Depression in General Practice

SIR.—With reference to the two communications from Mr. H. I. Deitch and Dr. P. E. F. Frossard (Feb. 1, p. 208) under the above heading I think it is only fair to point out that since early 1945 we have been running out-patient clinics at the mental hospital for just this type of case, and have now had to increase our clinics to four days per week (two male and two female), where electro-convulsion therapy is used on an average of about fifteen patients per day.

Since this out-patient E.C.T. clinic started we must have treated some 200 patients with good results. Patients of this type appreciate tremendously the fact that they are able to obtain treatment without having to enter a mental hospital as a voluntary patient, and, of course, but for the day upon which they attend, they can continue their normal occupation for the remainder of the week. We ask them to have a light tea-and-toast breakfast, and stipulate that they must be accompanied by someone, owing to a confusion which may well occur after treatment. In fairness to other mental hospitals, I do not think the situation here is unique. No single patient has ever raised any objection to coming to a mental hospital for treatment as an out-patient.—I am, etc.,

Bromsgrove, Worcs.

A. SHEPHERD.

SIR.—I am obliged to Dr. A. Knyvett Gordon for his letter (Feb. 1, p. 198) in reply to mine, and appreciate that he writes sincerely and honestly. I submit that all that I have said is perfectly accurate and that my desire is to be constructively helpful, which certainly cannot be obtained by burying one's head like an ostrich and pretending that all is well. Dr. Gordon asks whether I have ever worked in a mental hospital. The answer is in the affirmative, that I have seen many cases treated by electro-convulsive therapy, that I have given this treatment to patients myself, that I have done most of the work for the D.P.M., and that I have refused temporarily several appointments as medical officer in mental hospitals for private reasons. I trust this will reassure Dr. Gordon.

Under the term endogenous depression, as your correspondent will know, may be ranged a large number of conditions, among which anxiety neurosis and manic-depressive psychosis may be placed in their proper perspective. But I am concerned not so much with nomenclature but with the accuracy of the diagnosis, which of course depends on the diagnostician; but of paramount importance, in my opinion, is a searching investigation into the conditions under which the diagnosis is made, which may make all the difference between tragedy and farce. A case of anxiety neurosis may be cured easily by an expert psychiatrist, but greatly aggravated by a bad psychiatrist. Circumstantial or false evidence may hang a man, and this may happen also in a neurotic case, where inexperienced psychiatrists may be misled into giving a turn to the actual facts of the case. As regards conditions in some mental hospitals, Dr. Gordon makes a very poor excuse for them. I myself have witnessed and can testify to unbelievable conditions which are corroborated by other people and a mass of correspondence. I quite agree that there are many intelligent medical officers who are keen on the curative side of their work, but I maintain that there are not a few who have been or are practising psychiatry or mental work who are quite unfitted for this dangerous subject for a variety of reasons.

Would Dr. Gordon really have us believe that he is satisfied with the system and law in mental hospitals as it exists to-day? I myself would suggest that it is chaotic and that it is manifestly clear that a Royal Commission on the whole system and mental laws is long overdue. Obviously if doctors are implicated they must be strongly tempted to whitewash themselves. The present system is left wide open to the abuse of unscrupulous people or practices. A serious defect in the existing machinery is that doctors habitually are influenced

by statements by relatives, although such statements may, unknown to the doctor, be motivated by pure malice. As regards the relative-doctor-patient relationship to which Dr. Gordon alludes, I know of a case where a man was brought to the verge of a breakdown by the abominable and vicious behaviour of his wife, who caused him and his family unbelievable sorrow and anguish, and then by a fantastic chain of circumstances secured his admission into a mental hospital. Yet this type of case can be multiplied many times; it constitutes a grave social evil which we are tackling the wrong way. The man came out of hospital a shocking wreck but recovered by keeping as far away as possible from a psychiatrist. It is very nice for psychiatrists to smugly have armchair discussions on treatment, but they forget the elementary principles which are essential in the rehabilitation of an injured patient, and these are that a man should have complete and prompt rectification of a conglomeration of injustices, and that the guilty should be punished.

I would note a few extracts from recent editions of the *Journal* made by psychiatrists themselves to the effect that the mentality of the mental hospital doctor is often far below that of his patient, the use of indiscriminate electrical treatment without previous psychotherapy is far too prevalent and bad, the tendency to ladle out electrical fits like aspirins must cease, the admission by the superintendent of a mental hospital that out of several hundred cases receiving electrical treatment in that hospital there was not a single patient that did not look forward to it without fear, that we now stood at the dividing line in medicine about which there could be no compromise, and that many experienced psychotherapists have stated that patients who have had electrical treatment have afterwards come to them without its having done them any good at all. Perhaps Dr. Gordon would kindly let me have his observations.—I am, etc.,

London, N.W.11.

A. LIONEL ROWSON.

Family Service Units

SIR.—One of the most baffling and intractable problems in rehousing the population is to be found in the below-standard families and homes still existing in our cities; the publication of *Our Towns* (Oxford University Press, 1943), with its revelations from wartime evacuation experience, must have brought this home to many people who were unaware of the facts. During the war, at Liverpool and Manchester, pioneer experimental efforts to develop methods of rehabilitating such families through intensive and patient personal service, combined with practical assistance and social education in the home, have yielded encouraging results. Of the particular sub-standard homes dealt with in the majority of cases an improvement in conditions has been brought about, and in a number of cases radical and permanent change was effected. In addition definite instances can be cited in which families were saved from deterioration and squalor by the timely intervention of the service.

With these results before us the time has now come to establish on a wider scale a service which it is proposed to call Family Service Units, and a responsible National Committee has been formed with the co-operation of the following organizations, who are directly concerned with the problem: the National Council of Social Service, the Family Welfare Association, the National Society for the Prevention of Cruelty to Children, the National Association for Mental Health, the British Federation of Social Workers, the Committee on the Neglected Child, the Salvation Army. Individual members of the National Committee include the Archbishop of York, Cardinal Griffin, Mr. John Watson (Chairman of the South-east London Juvenile Court), Sir Lancelot Keay (City Architect and the Director of Housing, Liverpool), Rt. Hon. Margaret Bondfield, Mr. Seebohm Rowntree. The co-operation of the Ministry of Health, the Ministry of Education, the Home Office, and the Assistance Board has been promised.

The service will not be costly compared with the cost of these families to the community, to which, to quote from *Our Towns*, "they are a menace out of all proportion to their numbers"; or compared with the alternative cost of prisons, institutions, homes, and other efforts to deal piecemeal with the problem; still less compared with the value of homes saved