precipitate recourse to therapy which is not understood must be guarded against, and the older orthodox methods must not be discarded too readily because it is easier "to press a button." Let empiricism proceed along scientific lines, and let us avoid its becoming the whipping-boy of those colleagues whose unconscious guilt (over therapeutic impotence) determines a sanctimonious resistance to therapeutic innovation.—I am, etc.,

London, W.1.

ELLIS STUNGO.

SIR.—The restatement on a systematic basis of arguments which have led Dr. D. W. Winnicott (May 17, p. 688) to become a fervent opponent to physical therapy in mental disorder deserves a thorough consideration on its merits. Physical therapy in mental disorder is deprecated and stigmatized as being "unscientific" and encouraging the belief in "magic."

It is doubtful whether some of the summary statements advanced by Dr. Winnicott on this subject will come to hold a place of distinction in the realm of science. "... Mental disorder is a disorder of emotional development. . ." Does Dr. Winnicott exclude from mental disorder degenerative processes (arteriosclerotic and senile) or toxic-infectious psychoses (such as puerperal, choreic, and others) or the post-encephalitic personality changes? "... False theories are built around the assumption that the mechanism by which change is brought about is a physical one. . ." Dr. Winnicott's view seems to be firmly encapsulated in a closed system of mental causality which does not allow for interaction with physico-chemical agencies and ignores the dynamics of psychosomatic unity. None of the great psychological theoreticians who have laid the foundations of mental science (Kraepelin, Janet, Bleuler, Freud) would ever have adhered to such a dogmatic view. Changes brought about in the brain by electrical shocks cannot be fundamentally different from changes produced by chemical agents like alcohol, insulin, benzedrine, etc. Dr. Winnicott might as well extend his wrath to include also narco-analysis, which proved so helpful in restoring the psychiatric casualties of the battlefield much quicker than any psycho-analyst could have undertaken. If links are missing in the hypothetical structure underlying physical treatment in mental disorder, it does not mean that such a hypothetical structure must be dropped as valueless. Hypothesis and scientific exploration are necessary correlates.

Not less detrimental than ill-considered summary statements is the monopolizing tendency shown in Dr. Winnicott's identification of "scientific psychology" with psycho-analysis to the exclusion of any other approach. In order to proceed scientifically attempts would have to be made at a confrontation of sufficient numbers of cases which have failed on E.C.T. and have responded to psycho-analysis with those in which the result was reversed, accompanied by a thorough investigation of all factors involved (not excluding psychological "epiphenomena" connected with "submission" to shock treatment). It will be one of the tasks of the regional centres of psychiatric research, to the establishment of which we are looking forward and the existence of which is indeed a desideratum of a high order, to arrange comprehensive and statistically significant investigations into the relative merits of various forms of psychiatric treatment.

While Dr. Winnicott points out the fearful reactions of patients to E.C.T., he forgets to mention that the revelations of psycho-analysis in the form of Oedipus, castration, anal, and similar complexes are not always highly enjoyable. In speaking of leucotomy as a "quack cure" (only recently recommended—in cautious terms—by the Board of Control) he does not shy at a slur on a great number of contemporaries. If personal testimony is of any value, I can assure Dr. Winnicott that in giving E.C.T. and advocating leucotomy in carefully selected cases I have never felt that I have allowed myself to deviate one inch from the principles of scientific psychology nor from a humanistic approach to the roots of human existence.

There is, however, one good point in Dr. Winnicott's Cassandra call. The fact that the more or less formidable armamentarium of modern psychiatry might be placed into the hands of young doctors soon after qualification who, lacking a basic psychological education, might use the new methods in a too mechanical way, thereby assuming decisions over the fates of sometimes "very valuable" people, calls for a constant and ever increasing vigilance in matters of psychiatric education. Dr. Winnicott deplors a tendency "away" from scientific

psychology, but, alas, there has not been a sufficient tendency as yet, among the rank and file of psychiatrists, to move "towards" a scientific psychology. Psychiatry, now feeling rich and powerful by constantly widening its boundaries, will in the end have to give a proper place again to its present Cinderella, psychopathology, which is the theoretical and experimental exploration of the fundamental dynamics of mental processes in states varying from the normal. Only on the basis of such a non-dogmatic foundation of psychiatry shall we arrive at, and finally present, a balanced view of practical methods and their results.—I am, etc.,

Sedgefield, Durham.

STEPHEN KRAUSS.

Tuberculosis and Diabetes Mellitus

SIR.—I read with interest and agreement the article by Drs. W. R. Gauld and A. Lyall on "Tuberculosis as a Complication of Diabetes Mellitus" (May 17, p. 677) and was sorry to find in it no mention of what, in England at any rate, constitutes one of our greatest problems in the treatment of diabetics with tuberculosis. In most sanatoria there is a lamentable absence of provisions for the proper management of diabetes, both in respect of trained staff and dietetic and laboratory facilities. As a result the advantages of good treatment of the tuberculosis are more than outweighed by the disadvantages of poor control of the diabetes. Experience has taught me that it is often better to keep the patient at home under the care of the tuberculosis officer and a good diabetic clinic than to send him or her to a sanatorium where the all-important control of the diabetes is likely to be forgotten, ignored, or, more often, just not understood.

The solution of this problem lies in the establishment in each region of at least one sanatorium in which there should be all the necessary facilities for the maintenance of good diabetic control and to which all tuberculous diabetics in the region could be referred for treatment.—I am, etc.,

Diabetic Department,
King's College Hospital.

WILFRID OAKLEY.

De Morgan's Spots

SIR.—May I congratulate Capt. A. R. Murison, Lieut. J. W. Sutherland, and Flying Officer A. M. Williamson with regard to their article (May 10, p. 634) on Campbell De Morgan's spots, which, so far as I am aware, is the only critical analysis yet published dealing with their relationship to cancer. The dearth of literature on the subject is curious considering that they are often remarked upon, and there is unfortunately an abundance of material available for examination. Your contributors may be interested to read an account of De Morgan's spots or "plaques de Morgan" by Dr. A. T. Brand, of Driffield, published in the *British Medical Journal* in 1902.¹ Brand strongly supported their connexion with malignant disease and called them "canceroderms"; his views, however, are unsupported by any statistical evidence.

It might be thought that there would at least be no difference of opinion about their histology, but Sir John Bland-Sutton, discussing² the structure of De Morgan's spots, said, "They are patches of pigment, not naevi." With this in mind I once excised and examined a number of the spots but could find no trace of pigment. Their structure is that of a capillary haemangioma.—I am, etc.,

Sheffield.

LOUIS A. IVES.

REFERENCES

- ¹ Brand, A. T. (1902). *British Medical Journal*, 2, 240.
- ² Bland-Sutton, Sir J. (1922). *Tumours Innocent and Malignant*, 7th ed., p. 129, London.

Pemphigus Vulgaris

SIR.—I have under my care a very severe case of pemphigus vulgaris. In a recent article in the *Archives of Dermatology* successful results are reported after transfusion with blood from persons who have recovered from the disease. Though it is not proved that the success was due to specific properties of these sera, I feel it imperative to try the method, if it can possibly be achieved, in view of the extremely grave prognosis. If, therefore, any doctors know of the whereabouts of any patients that have recovered from true pemphigus vulgaris, I