tain, or unwholesomeness. In spite of herself she is almost sure to indulge in morbid musings about the unknown father of her child, and she may tend to grow away from the husband who played no part in the deepest experience of her life. The husband, whose self-esteem was dealt a shattering blow by the mere revelation of his sterility, cannot help but consider the child a constant reminder of his "inferiority," and in time he may come to hate it and hotly to resent the attention which his wife lavishes on it. The child, an ambiguous figure at best, will be the most pitiful victim of these and other devastating and uncontrollable emotional consequences, which, to date, have received far too little consideration.

In the past I have administered both types of artificial insemination, but as a result of experience and reflection I would not now take any case except one in which the husband was the donor. I think it essential that all doctors, whatever their views, should present the psychological objections to their patients in the strongest terms.—I am, etc.,

London, W.1.

EUSTACE CHESSER.

Complete Abortion without Initial Vaginal Bleeding

SIR,—The following case is of interest on account of the rarity of abortion occurring without warning uterine bleeding.

The patient, a para-3 aged 28, was seen in her own home on account of severe upper central abdominal pain of four hours' duration. The pain was colicky in nature, did not radiate, nor was it accompanied by vomiting, but was made worse by movement and deep breathing. Her personal history revealed the fact that she had been severely constipated for eight days and that she had not had a "proper" menstrual period for three months, although there had been some staining at the usual date of her period during this time. There was no history of previous abdominal colic.

On examination she did not look ill, temperature was 98° F. (36.7° C.), pulse 100, and there was generalized tenderness over the abdomen most marked in the right iliac fossa but without definite guarding. The rectum was loaded with hard faecal masses. Vaginal examination showed the uterus to be enlarged consistent with a 12- to 14-week pregnancy. There was no blood on the examining fingers nor on the vulva. The urine contained no gross abnormalities nor were there any physical signs in the chest.

Two soap-and-water enemata were given with good result and some relief of pain. Conservative treatment and observation was considered advisable and suitable. Next day the pulse had settled to 80, but there was still tenderness in the right iliac fossa, and the rectum was still loaded with faeces. Two further enemata were given with good result, so that the patient was free from pain on the third day.

On the fourth day of her illness the patient experienced a recurrence of mild colicky generalized abdominal pain indicating, as she thought, the need to use the bed-pan. Into the latter she passed a complete foetus of about 14-weeks size, along with a small blood clot. This blood was the only haemorrhage seen during the numerous visits paid to the patient. Recovery has been uneventful following curettage, when only a small amount of blood clot was removed.—I am, etc.,

Larne, Co. Antrim.

H. E. RUTHERFORD.

Child Guidance

SIR,—Dr. Ian Skottowe in his letter (May 3, p. 616) speaks of (1) "the unnecessary confusion that there is on this subject," (2) "mental illness in children." The use of the term "mental illness" doesn't help much.

Most of the authorities are not agreed. The Association of Education Committees have recently stated that the educational psychologist should be in charge of child guidance clinics and not the psychiatrist. If we do as Dr. Skottowe suggests and "leave the matter there" the education departments with the psychologist in charge of the "centre" (and the psychiatrist an indispensable lackey) will have control of the "treatment" of most maladjusted children, delinquents, etc., while the medical department will be expected to deal with what? Mental illness? Psychotics, amounting to about $\frac{1}{4}$ % of children requiring psychological treatment? Or just the rejected enuretics and some encopreses?

In the meantime the Ministry of Education expects the medical department of the local authority to certify on the appropriate form the fate of educationally subnormal pupils (a definition of which is based not on the I.Q., by the way, but on the standard of achievement in the basic subjects). What sort of topsy-turvy chaos will exist? Dr. Skottowe may or may not know that in one of the Home Counties the educational psychologist is arranging all the child guidance clinics through the education department. If the medical department sets up "mental illness" clinics there will certainly be two administrations dealing with the children requiring psychological treatment.

I repeat my previous contention—namely, that where the school training (with the educational psychologist advising the chief education officer) has failed to prevent a child reaching a child guidance clinic or centre the child's problem is both psychological and clinical—psychological for obvious reasons which nobody denies, and clinical because in most cases there is a parental problem which should not be dealt with by a lay worker. For that reason all psychological misfits which the schools cannot deal with should be in the first instance directed to the school medical department. I am forced to this conclusion not through any motives of "will to power" for my faculty but sincerely in the belief that the educational psychologist, although far ahead of the psychiatrist in the technical armamentarium and skill of his profession, is nevertheless quite unfit to appreciate more than the surface of the parental problems. If by mental illness Dr. Skottowe (and for that matter the Ministry of Health too) means all psychological misfits, then Dr. Skottowe and I have no argument between us.

I disagree altogether with his dislike of the syntax of the term "child psychiatrist." He is just allowing his imagination too much scope. Is a child lover necessarily a minor? A bird watcher an animal? Or a rabbit hutch a rabbit?—I am, etc.,

Kingston-on-Thames.

JOHN A. MCCLUSKIE.

** This correspondence is now closed.—ED., B.M.J.

Nicotinamide and Diabetes Mellitus

SIR,—I was very interested to read Dr. H. J. Wade's article on nicotinamide and diabetes mellitus (March 29, p. 414). I have been working on the subject for the past year and have published a preliminary report on thirty cases in the *Journal of the Royal Medical Association of Egypt*, 1947, 30, 29. I found that 60% of the cases of diabetes, mostly in the mild and moderate group, and a few in the severe group, do well on this form of therapy, as shown by the sugar-tolerance curves. Those that do not show any or only slight response are the juvenile diabetics, and some of each of the above groups, mostly the severe ones. Even in these cases the insulin requirements may be decreased.

I would like to point out that I used the same dosage as Dr. Wade, but that it takes four to six weeks to show any appreciable response and up to six months to show optimum response. I suggest that Dr. Wade did not follow his six cases sufficiently long, and that their number is inadequate for any conclusion.—I am, etc.,

Cairo, Egypt.

SAID M. TALAAT.

Safety in Electric Convulsion Therapy

SIR,—The letter from Dr. R. A. Sandison (April 26, p. 579) is very important to me and, I hope, to many others. It could reopen the long and somewhat acrimonious correspondence which you received about anaesthesia, and it emphasizes the dangers of elaborating what should be a simple procedure. I have been forced by circumstance to be an anaesthetist, and am by inclination a psychiatrist. In both of these specialties I feel that the "human" element is disappearing, and the patient is now becoming a piece of physiological apparatus.

Some time ago I read in the *Journal of a Service woman* who had died during an operation for an "interval" appendix. She had received thiopentone to prevent her being upset by a spinal anaesthetic which had to be supplemented by gas and oxygen. One was left with the impression that any feeling about the summation of all those anaesthetics having been connected with the cause of death had been satisfactorily rationalized.