disease. We cannot set the clock back and revert to the old "laissez faire" policy and the devil take the hindmost. The modern world demands more and more organization, which means State control. But the parental State must take care that it is a wise parent, not possessive or autocratic. It has to show by example and precept that frustration occurs in proportion as the individual wants things for himself. The man who says, "How much can I give in the way of service?" can never be frustrated. His aggressiveness will be used in overcoming the difficulties of life, and in co-operation with his fellows he will find freedom from anxiety. The solution of our difficulties therefore is seen to be a moral one. We await an inspired leader who will teach Socialism as the Brotherhood of Man, which necessarily implies the Fatherhood of God.—I am, etc.,

Lapworth, nr. Birmingham.

R. MACDONALD LADELL.

SIR,—I should like to hear the opinions of a specialist psychiatrist on the following highly controversial problem. Is the extension of parental control over the child beyond the age of adolescence a harmful occurrence? As a general practitioner without specialized psychiatric knowledge I have always regarded the excessive use of parental control over an individual as productive of moral harm, in the sense that the individual never learns to fight his own battles in life or to become self-sufficient; rather he develops an irresponsible and immature reaction to the problems of his environment.

If the latter view is generally accepted as correct, surely the continued extension of Government control over the individual is a menace to the moral health of the nation, and a threat about which the medical profession as a whole should be gravely concerned. One has seen the dire results of the excessive use of State control over the individual in Germany, and in the production of a so-called "national psychosis." This letter has no political bias but is a warning against what in the opinion of the writer is a serious threat to the health of the nation—I am, etc.,

Prestatyn, N. Wales.

T. H. HARGREAVES.

SIR,—When I was regional medical officer at Norwich I began on Aug. 8, 1939, to sort all the cases examined by me, which were referred by the approved society for opinion as to fitness for work, into three groups as to whether the disability was occasioned by (1) organic disease, (2) psychogenic factors, or (3) mixtures of both. The intention was to collect at least 2,000 cases, but the task was interrupted by the war.

However, since the matter is being ventilated in your correspondence columns I venture to submit my findings, whatever they may be worth, merely on the basis of 189 cases: organic 95 (50.26%); psychogenic, 34 (17.99%); mixed, 60 (31.75%).—I am, etc.,

Ditchling, Sussex.

G. C. ADENEY.

SIR,—A nervous breakdown, or a neurosis, may be defined as a failure satisfactorily to correlate the attitude of mind with the circumstances of life. The cause, put briefly, is an unsatisfactory philosophy of life. The commonest portion of this is fear—fear of economic and social insecurity, sexual fears, including those of wanting and not wanting a pregnancy, and (partly brought about by safety-first propaganda) fear of living.

The only satisfactory philosophy of life I know is that found in Christianity, and I believe that until comes "the conversion of England" neurosis in this country will continue. Christian faith is the only weapon which will successfully combat fear.—I am, etc.,

Pettwood, Kent.

G. C. MILNER.

Care of the Elderly

SIR,—In your issue of Sept. 27 Miss Olive Matthews praises the recent B.M.A. Report on *The Care and Treatment of the Elderly and Infirm* and expresses a hope that it will reach a wide public. She, and others, may be interested to know that a popular illustrated version of this Report has been prepared which it is hoped to publish early this month.—I am, etc.,

London, W.C.1.

JOHN PRINGLE,
Public Relations Officer,
British Medical Association.

POINTS FROM LETTERS

Bornholm Disease in the Tropics

Dr. DOUGLAS RADCLIFFE (Old Cairo, Egypt) writes: In view of the recent article in your columns relative to Bornholm disease by Drs. W. M. Jamieson and D. M. Prinsley (July 12, p. 47) and the further reports of cases by Drs. A. McE. Turnbull (July 19, p. 111) and J. V. Smith (Aug. 2, p. 188), I thought it might be of interest to report what appears to be a personal experience of this disease. While away on holiday in Alexandria this year, on Wednesday evening, July 30, I noticed that my pulse rate was 96 and experienced a slight feeling of malaise. The following morning on waking there were no symptoms and I felt perfectly well until about 9 a.m. I then experienced a sensation of liver discomfort and pain. . . . This increased and very shortly afterwards there was a general sense of malaise and I went to bed. An hour or two later my temperature was 102.5° F. (39.1° C.), the pulse rate 100–110. I had a slight rigor and began to experience what appeared to be a typical attack of acute cholecystitis. There was quite severe though transient nausea but no vomiting; complete anorexia, acute pain in the right hypochondrium, and I was immobilized completely. The slightest bending movement caused considerable pain. My respirations were very shallow owing to the pain, which was accentuated by breathing, and the upper right rectus muscle was markedly on guard; and on palpation the region of the fundus of the gall-bladder was very tender, although muscular guarding made self-examination difficult. There was no jaundice at that time or later, and bowel function was perfectly normal. In view of the above symptoms, which were very acute during the latter part of the day, I took sulphadiazine tablets, 1 g. 4-hourly, and required sedation at night in the form of "cyclo-barbitone." The following morning, however, all symptoms, acute though they had been, had almost entirely abated, my temperature was normal, the pulse rate between 80 and 90, and except for a slight general epigastric discomfort on taking a deep breath or on palpation I felt well. In view of the apparent seriousness of the symptoms of the previous day I remained in bed. The following day, Aug. 2, however, further symptoms occurred. There was a deep dull pain, which was greatly exacerbated by deep breathing but which eluded any definite localization on my part, affecting the epigastrium and the lower part of the chest on both sides and which I deemed to be diaphragmatic in nature. At the same time the pulse rate rose again to 100 and the temperature to 101.5° F. (38.6° C.). As the day progressed the pain seemed to vary in its distribution, being related to the angle of the scapula and the lower right side of the chest postero-laterally. Owing to the complete remission of obvious signs of cholecystitis I discontinued the sulphadiazine tablets. On the following day temperature and pulse rate remained at about the same level to begin with, dropping somewhat in the afternoon. The pain, however, shifted and was related to the intercostal muscles around the right breast, which were acutely tender on palpation. Further more there was severe pain on deep inspiration related to the back of the chest but not related to the intercostal muscles. I was seen by a colleague (Dr. H. Langley) during the afternoon and he could find no signs of pleurisy or abnormal chest signs on auscultation, nor were the liver or gall-bladder palpable. We were at a loss for a diagnosis, it being agreed tentatively that diaphragmatic pleurisy plus some intercostal fibrositis seemed most nearly to accord with some of the symptoms. The following day, Aug. 4, I was free from pain, and apart from slight malaise which passed off during the day I felt quite well. . . . No other people in the hotel in which I was staying were affected, either before or after, by a similar type of syndrome.

Haemorrhage in the Newborn

Dr. P. C. WALLACE (London, S.W.10) writes: The following case strikes me as being of unusual interest. On Sunday, Sept. 7, 1947, a female child weighing 6 lb. 4 oz. (2.81 kg.) was brought into the world at about 11.30 p.m. The district nurse was present and facilitated the perfectly normal delivery. Labour was not prolonged and was not difficult. It was the mother's third child. The child was apparently in good health. At 12.45 p.m. on Monday, Sept. 8, the child vomited about 2 dr. (7 ml.) of dark red blood. At 5 p.m. the same thing occurred, and again at 8.45 p.m. At 9 p.m. the child vomited an even greater quantity of blood—about 3–4 dr. (10.5–14 ml.)—and the district nurse sent for me. I arrived there about 9.30 p.m., and in view of the repeated haemorrhages 4 ml. of the father's blood was injected into the buttock of the child. No further haemorrhages were noticed until 5 a.m. on Tuesday, when the child brought up a very small quantity of tarry blood. Since then no haemorrhages have occurred. Glucose and saline were given per rectum on Monday and Tuesday, but on Wednesday the child commenced breast feeding and has been since then taking its feeds quite well. The first two motions were tarry, but after these the stools became normal in colour and appearance. Can anyone throw any light on this interesting phenomenon? Haematemesis of the newborn is well defined in the textbooks, but surely the amount of bleeding in this case is of rare occurrence.