The Extent of Neurosis

SIR,—This vital and important subject has elicited an interesting correspondence. I venture to say that it can be studied only in relation to fear, its nature, its distribution, and its source. Up to the close of the Victorian era life for the ordinary citizen was a matter of competition. The worker had to find a job and keep it, or face suffering for himself and his family (though not actual starvation). This fear was real and well-nigh universal, but the results of this kind of fear produced the finest kind of work in quality and quantity; and there was little neurosis.

There followed the Socialist outlook which has developed all through the present century. Fear—economic and social—has been gradually eliminated till it matters little to the worker whether he is in work or in benefit. Taking a superficial view this should reduce the extent of neurosis, but on the contrary it has increased enormously. In other words, the elimination of the fear motif has also eliminated the response of effort. Thus we get a situation in which individual effort becomes useless or even detrimental, and economic advancement depends upon an identification of the individual with the group. In other words, a higher standard of living is no longer achieved by an effortful reaction to economic fear and anxiety. Now it is to be obtained by identification with the herd and an attitude of passive solidarity with the group. In other words, the effect of economic stringency is to talk of strikes rather than to concentrate on effort. And no one can blame the individual worker for accepting the change, which has come so gradually and come from his political leaders.

But we are entitled to look ahead and to ask ourselves, "What will be the next phase?" For the sake of argument let us accept the Russian claim that in the U.S.S.R. there is no neurosis. That means that economic anxiety is geared to effort, and if rumour is to be believed it means that the worker gives of his best lest he should find himself in Siberia. Certainly any passive attitude to the group solidarity is not encouraged. There are many other aspects of this question which cannot be discussed within the limits of a letter, but the more we study it the more we are brought back to the essential relationship between fear and effort.—I am, etc.,

Harrow, Middlesex.

H. CRICHTON-MILLER.

SIR,—The provocative has its place among the artifices of discussion, but surely it loses its tang when it is employed too bluntly and without nuance. Dr. Arthur Dearlove (Oct. 11, p. 590), describing the inadequacy of the treatment which the neurotics he has referred to psychiatrists have received, declares: "The results are, roughly [sic]: cured, nil; improved, nil."

It is evidently not the intransigence of the neurotics of Dorset he is referring to, as he reflects upon the general impotence of psychiatrists later in his letter. Dr. Dearlove has no doubt acquainted himself with at least some of the numerous follow-up studies which have been published. Is it to be assumed that he meets them not merely with the "retort courteous" but with the "lie circumstantial and the lie direct"?—I am, etc.,

London, W.1.

FREDERICK DILLON.

The G.M.C. and Medical Education

SIR,—Mr. A. Wilfrid Adams's letter (Oct. 4, p. 545) was both useful and interesting, but it lands us in a quandary: a student while preparing for his licence to practise must first learn those things that he will want to know when he begins to learn how to conduct general practice; then and only then he has to begin to learn the art of practice. The suggestion of a year with a reputable general practitioner is accompanied by a liability to misuse or indifferent use. The old apprenticeship unfortunately began at the wrong end.

Would it not be more effective to attach a newly passed medico to a health centre, when available? Here he would have the advantage of taking an active part in the general medical practice of his seniors in all the varied services—early diagnosis, observation of conditions not yet labelled, practice in the consulting-room and in the patient's home; here observe the probabilities of treatment being successfully carried out, the need for proper sanitation or prevention; not only these sides of practice, but also work in the hospital to which the centre

is attached. In this way he would learn to associate his previous hospital experience with actual practice among patients under conditions new to him. Here, without prejudice, he could observe the results of treatment, immediate and remote.—I am, etc.,

Midford, nr. Bath.

CHAS. E. S. FLEMMING.

Mercurial Diuretic

SIR,—I believe "neptal" (mercuric salicyl amino-acetate) is considered the safest and least toxic diuretic of the large group of mercurial diuretics, while it is simple in use since its efficacy does not depend on urinary pH. Since, unfortunately, it seems liable to cause prolonged aching pain, however well spread throughout skeletal tissues, probably many employ it—rightly or wrongly—by the intravenous route.

Dr. A. G. Oettlé (Oct. 4, p. 530) sounds a warning note in this connexion. His article interested me very much, since in 1945 I had an unpleasant experience with this drug, which was very probably an acute poisoning of the conducting tissue of the heart and was at all events a near-fatality. I was continuing a series of injections which a middle-aged cardio-renal female patient had received (2 ml. tri-weekly, bi-weekly, and finally weekly) from another practitioner and from which she had derived much benefit. Two injections were wholly uneventful; my third (her 28th or 29th) was almost disastrous, and would certainly have been so if I had not paused to fill the syringe by reflux after 1 ml. had very slowly entered the vein. She complained of such severe faintness and precordial constriction that I stopped the injection. The attack was much as Dr. Oettlé describes, dyspnoea and syncope being followed after a few minutes by an epileptiform convulsion.

I never doubted it was a Stokes-Adams phenomenon until long afterwards. I knew little of the history beyond that the patient was a cardiac case of long standing who had suffered in adolescence from several mild attacks of rheumatism. Two types of Stokes-Adams syndrome are described—a syncopal and an epileptiform. In this patient both appeared to develop successively. Following the attack a severe degree of heart block was sufficiently obvious from the extremely slow pulse with rapid jugular pulsation. An E.C.G. confirmed this and appeared to clinch the diagnosis of Stokes-Adams attack. I was fortunate in that symptomatic treatment carried out in this firm conviction at least did not prevent recovery, but on reflection I feel sure that it was I who accidentally "did the bundle in" and not a senior and most capable colleague who had treated the patient for some time in ignorance of a pre-existing heart block. Some Stokes-Adams attack—if it were such.

The most surprising feature of the case was the patient's bravery in submitting later to an apparently similar course of treatment, and one greatly favoured in France though not, I think, in England—i.e., intravenous injections of sterile "novocain" (procaine hydrochloride). The recommended dose of 10 ml. of 1% solution can be much exceeded with apparently complete safety, although large doses cause a transient complaint of paraesthesiae in fingers and other extremities. Very bold doses are given by some French physicians, who employ the drug as an antispasmodic agent in treating a diversity of spastic conditions, ranging from migraine through the asthmas and intestinal spasms to passing calculi (renal and biliary). As an antispasmodic agent I do not suppose novocain is ever likely to supplant atropine or pethidine but it has the merit of instantaneous action, and can be most useful alone or as an adjuvant. It is interesting to watch its action on the x-ray screen as regards intestinal spasms, and to employ it to diagnose—e.g., spasmodic dysmenorrhoea from other varieties (it does not, intravenously, appear to act, even briefly, as a general analgesic).

For phorosis, procaine injections repeated at regular intervals are favoured by French physicians, it seems. The head of a hospital department demonstrated several cases for my benefit. Can anyone with experience of novocain confirm or refute the suggestion that it could replace mercurials? It can only be a palliative, but so are the latter; and, apart from this rare intravenous risk, are they not always dangerous to the old and frail, even intramuscularly? The patient is no doubt very often in a parlous condition before these powerful drugs are resorted to, but these drugs often seem to precipitate renal