Correspondence

Censorship

SIR,—Under any form of Ministry of Health administration in which medical practitioners become State servants a situation may arise similar to that now obtaining in the Ministry of Education. Here no official is permitted to write educational books unless express permission has been given; and even when this is granted the Ministry have claimed the royalties earned, on the grounds that the authors are full-time officials.

In medicine such a situation would be disastrous, for articles or books criticizing official lines of treatment might be frowned upon, held up, or even suppressed. We see this form of censorship in communications from officers in the Services, where permission has still to be obtained from higher authorities even now when the need for secrecy is no longer an excuse. The whole idea of such a censorship in civil life is inimical to freedom of thought. We do not want to see any such restriction in the expression of opinion in scientific medicine. It is to be hoped therefore that these fears will be borne in mind by the Negotiating Committee, and a definite statement obtained that there shall be no attempt to restrict expression of opinion in medical literature, and that the labourer shall obtain the full reward of his labour even though he be a whole-time official.—I am, etc.,

London, W.1.

J. JOHNSTON ABRAHAM.

The Extent of Neurosis

SIR,—Dr. T. J. Burke's reply (Dec. 6, p. 929) admirably expresses a prevalent attitude of the G.P. to the functionally ill. But who can be so expert at helping neurotics as the seasoned G.P.? Handicapped by lack of time set aside for psychotherapy he yet achieves much by sympathy and advice based on his understanding of his patients and their circumstances. He is the front-line fighter against disease, perpetually up against the problems that harass mankind. Who are the back-room boys who can do so much more for his neurotic patients than he can, given time?

Dr. Burke hopes that more psychiatric clinics will be set up in the near future. I hope that those clinics will be set up and staffed mainly by G.P.s like Dr. Burke, each attending for two three-hour sessions weekly. So I would ask him to agree that family doctors who are family men are better qualified to treat functional illness than protected products of mental hospitals for all their D.P.M.s (which for the purposes of this argument may be described as the barriers of neurology and terminology set up to hide the barrenness of official psychotherapy). In fact the vast bulk of the treatment of neurosis and incipient psychosis is left to the G.P. In theory too it should be recognized that many holders of D.P.M.s have poorer chances than many G.P.s of understanding the issues involved in functional illnesses.

It must be acknowledged that some form of training analysis, which helps the doctor to recognize in himself the tendencies exhibited by functionally ill patients, is of great assistance to the doctor. So there would be room alongside G.P.s in these much needed clinics for whole-time psychotherapists capable of providing training analyses and of tackling the most difficult cases. But thorough work on functional illness needs to be done by G.P.s if any effective impression is to be made on the mass of neurosis that afflicts our nation.

The question remains whether half a dozen or so hours a week are too much to ask from overburdened G.P.s. My answer is that the enlightenment they would gain by observing cures of neurosis would enable them to avoid wasting perhaps as much time on palliative treatment of symptoms, and they would also gain skill in dealing with other problems that overburden and debase them and their patients.

In support of the proposition that doctors with more general than specialized experience can, if they take the time and trouble, see cases of neurosis clear up before their eyes, I submit a report of a case in which the few interviews averaged less than half an hour each (with due acknowledgments for help and permission to publish to Dr. E. Graham Howe).

X., aged 27, with one child and a wife three months pregnant, complained of palpitations and dizziness following the death of his mother six months previously.

He was first assured that his dreams could throw light on his symptoms. Two days later he was back with a dream of visiting his wife in hospital to give her a ring; he was angry to find that she had lost her engagement ring; then she had turned into his mother. And he agreed with me that he might be reluctant to allow his wife to become the mother of his children rather than remain more of a mother to himself. He was asked why he was reluctant to allow such changes to happen. To the fourth interview he brought a dream of being in a dark tunnel with light showing dimly at the far end. And he was asked whether his change from the womb to the world had been difficult and whether he habitually found changes difficult. He came to the fifth interview with the information that he had been a 12-lb. baby, and that some years back he had slight palpitations and dizziness for a period of months prior to doing some growing up. By then he was free of symptoms and wanting to return to work. But he was back a week later confused and miserable, and was told that in him dark hours tended to precede dawns. He next appeared three weeks later, saying that he had stayed away from the provoker of such violent changes in himself, but gratefully reporting that he had worked through some previously repressed grief at the loss of his mother and had reviewed his stubborn reluctance to accept changes in a series of vivid memories. He was relieved and hopeful, and was prepared to live and work as the father of a family. His palpitations and dizziness were gone.

Neither this case report nor my provocative assertions can contain more than fragments of the truths involved. But that G.P.s should allow themselves to be stuck in the position of having eyes and seeing not and having ears and hearing not the facts about their patients' functional illnesses—no, Sir, it just cannot be done.—I am, etc.,

Ruislip, Middlesex.

WILLOUGHBY CLARK.

Battle Neurosis Treated with Leucotomy

SIR,—Dr. D. W. Winnicott states (Dec. 13, p. 974) that he has lost hope that leucotomy will be refused by doctors to those who cry out for it. This kick from an eminent analyst calls for reproof. There is probably no harder or more lonely medical path nowadays than that of a thinking analyst or psychotherapist. With little or no interest from universities or colleagues, closed schools of thought, fantastically inadequate training facilities and educational propaganda, there is little to uphold such a worker except the courage of his patients who choose to work through analysis rather than gain relief by tissue destruction and the memory of past patients who are now whole and living full, useful lives.

Small wonder that many a young doctor is allowing himself to be shepherded, I will not yet use the word directed, along the broad highway of D.P.M. to a safe, established appointment, where all the latest methods of physical treatment are used. Educationally the present generation of doctors is probably more sinned against than sinning. Encouragement and help from high quarters rather than laments would be welcome.—I am, etc.,

London, W.1.

ALICE E. BUCK.

The Waning Power of Penicillin

SIR,—I think the degree to which the power of penicillin is waning has been very much overemphasized. In my recent article "Staphylococcal Infection due to Penicillin-resistant Strains" (*British Medical Journal*, 1947, 2, 863) I was referring to a selected group of cases. A very high proportion of these patients had had penicillin before the swabs from which I isolated penicillin-resistant staphylococci were taken, and in other cases the infection probably occurred during their stay in hospital. While it is possible that institutions using large quantities of penicillin are breeding penicillin-resistant staphylococci at the expense of sensitive strains, it is very unlikely that this is happening to anything approaching the same degree in the community at large. Penicillin is still the most powerful weapon we possess against staphylococcal infection, and, while previously mentioned observations make it clear that its indiscriminate use should be avoided, it is of the utmost value in the treatment of such cases as Dr. Thyne refers to in his letter in your issue of Dec. 13 (p. 974).—I am etc.,

London, W.12.

MARY BARBER.