Correspondence.

"Audi alteram partem."

PSYCHOTHERAPY.

To the Editor of THE LANCET.

SIR,—I shall be obliged if you will insert the following short comments on Dr. S. Herbert's letter in THE LANCET of July 16th. (1) Dr. Herbert writes in reference to my letter of the previous week: "I did not confuse psychotherapy with psycho-analysis." But I did not make this charge against him, and I specially pointed out that he used the word "psycho-therapist" with its proper meaning. What I emphasised was the prevalent trend towards the confusion of "psychotherapy" with "psycho-analysis," which is undeniable. (2) Dr. Herbert writes of my "bias" against psycho-analysis. By this I suppose he means my opposition to the greater part of the Freudian teaching, and, if so, I fully accept the imputation of "bias." No one can reason on any matter without some bias towards one or other method of approaching it. (3) Dr. Herbert, in referring to my use of the words "false psychology" implies that I intended to brand all Freudian views and writings with falseness. This was not my intention. When I wrote that "the importance of the sex-factor in the genesis of mental disturbances was emphasised long before this doctrine was exaggerated, transformed, and linked up with what most scientific thinkers deem to be a false psychology," I meant, of course, by "false psychology" the basic assumption of Freudians, the hypothesis of the "Unconscious Mind," and thought that my meaning was clear.

I am, Sir, yours faithfully,

London, July 16th, 1921.

H. BRYAN DONKIN.

DIGITALIS AND THE PERIPHERAL CIRCULATION.

To the Editor of THE LANCET.

SIR,—Dr. I. Harris, in his letter in your issue of July 9th, has not accurately defined the issue of this discussion. It is not whether an increased flow per time unit can be obtained through the arterial system in the presence of lowered blood pressure. This I do not deny. In fact, I have agreed that this is possible under such circumstances, *provided* there is vaso-dilatation. Dr. Harris, on the other hand, declares the increased flow possible in the presence of lowered pressure and in the absence of vaso-dilatation. This I deny. If there is no vaso-dilatation, then the arterial passages and exits remain as before. But to urge through undilated passages a greater blood volume per time unit demands the exercise of a greater driving force to accomplish the assuredly greater work, and there is nothing miraculous about digitalis which suspends the operation of this physical law. The force of cardiac systole must, therefore, be increased, and concurrently a correspondingly greater pressure (the other factor determining flow) be exerted by the arterial walls on the circulating blood. The blood is driven in greater volume and with greater force into the arteries and exerts upon them a greater pressure. Effective resistance is offered to this by the (according to Dr. Harris) undilating vessels, and the intra-arterial pressure rises. In this manner is obtained the greater force required to accomplish the greater work, and in consequence of it the velocity of the blood stream rises and a greater delivery per time unit is effected. It is obvious that this is the mechanics of our problem. Dr. Harris may sneer at what he calls "empty phrases such as physical laws," but I assure him that physical laws are laws, and that a series of disconnected statements divorced from reality and loosely held together by sophistic, formal reasoning does not suspend their operation.

I regret that Dr. Harris does not see fit to support the cardinal assumption of his paper—viz., that increased pulse pressure connotes increased cardiac output, and vice versa. The fallacy in this assumption vitiates all his conclusions. I did not accept it in my first letter, but "assumed it with Dr. Harris" merely in order to erect upon it an "argumentum ad hominem." In conclusion, I regret that Dr. Harris should misquote me and father me with a statement which I would not make. I did not say it is impossible to get an increased flow per time unit through the veins without an increase of pressure in them. I do know something about the function of negative pressure in venous flow. What I did say was, "If the pressure in the veins is not increased, these will be unable to pass a greater amount of blood per time unit into the heart *at the increased pressure* necessary to cause the rise of intra-cardiac pressure depicted by Dr. Harris." This is quite a different statement, and its truth is so obvious that one need not labour the point. As far as I am concerned this correspondence ceases.

I am, Sir, yours faithfully,

Eltham, July 9th, 1921.

W. J. GRANT.

THE VALUE OF SANATORIUM TREATMENT.

To the Editor of the LANCET.

SIR,—My personal experience tallies closely with that of Dr. F. G. Caley (THE LANCET, June 18th), as to the disappointing results of sanatorium treatment, both in its individual aspect and from the economic and public health standpoints. Sanatorium medical officers are frequently unversed in knowledge of other tuberculosis therapy, and denied the opportunity of seeing the after-results of cases which have left their immediate care. The percentage of post-sanatorium relapses is comparatively high, often within a short time, making the expenditure, both public and private, out of all proportion to the private good. In sanatorium treatment *per se* there is nothing specific—i.e., capable of destroying the tubercle bacillus or the allied organisms which foster its activities.

Sanatoriums are undoubtedly of considerable value from the educational point of view, but residence therein for a term of from six weeks to three months is ineffective in doing more than in most cases temporarily to raise auto-resistance. But what of the patient with a bad family history of tuberculosis, or in whom resisting power is dangerously low, either naturally or as the result of a virulent infection or other intercurrent factors? Such cases are many and provide that failure to react which ends in a fatal issue at no remote period.

No absolute specific has yet been discovered, but the method that, during the past nine years, has given me the best all-round results in all cases except the advanced, is found in intensive nascent iodine therapy. This does not contra-indicate sanatorium treatment as well, if desired, but can readily be used apart from the latter. The treatment can be administered either orally or by ionisation, the latter procedure being by far the more rapid.¹ Iodine, evolved from iodide by a powerful reducing agent given in successive doses, or by ionisation, in my experience is of more value than administration of "intensive" drop doses of the French tincture, following the practice of Bourdreaux. Although the latter procedure is simpler, the liability to gastric disturbance is greater, and a commensurate effect upon tuberculous foci is not so readily obtained. The waxy lipoid coating of the tubercle bacillus renders it at the same time hard to stain and difficult to destroy *in situ*, and iodine is the only effective germicide that can be introduced into the body in sufficient non-toxic concentration to dissolve this coating, to cause cell proliferation and promote catalysis, processes similar to what can be readily

¹ Clinical Journal, August 19th, 1914, Medical Annual, 1915, p. 638.

observed in the case of superficial lesions. Combined infections, if of sufficient importance, can simultaneously be cleared up by the use of appropriate autogenous vaccines.

Under treatment on such lines patients can be seen to exhibit rapid improvement, and can be treated in large numbers, in their own homes, at a vastly reduced cost with correspondingly enhanced chances of recovery. Many other observers at home and abroad, working on these lines, which were introduced in their original form by Dr. D. Curle of Glasgow in 1912, have attained excellent results.

I am, Sir, yours faithfully,

J. F. HALLS DALLY.

Harley-street, W., July 18th, 1921.

THE ULTRA-MICROSCOPIC VIRUSES.

To the Editor of THE LANCET.

SIR,—I should like to call some attention to the numerous papers on the so-called *phénomène de d'Herelle* which are creating so much interest in the French school, and which are at present being published in the French scientific journals. May I point out that the work of d'Herelle is little more than a confirmation of my work which was published in THE LANCET of Dec. 4th, 1915, under the title of "An Investigation on the Nature of Ultra-Microscopic Viruses." At the time I realised the significance of the results, as may be seen by a reference to my paper. Unfortunately, although I discussed the results in this country, and in Salonika, during the war, the civil and military authorities did not appear to appreciate their significance or the possibility of their relation to the problems of infection and immunity. As no one in this country has taken much interest in the work, it has rested with the French school to repeat the investigation and to monopolise this field of research. It is only recently that Bordet and one or two other workers have recognised the priority of my work.

I am, Sir, yours faithfully,

F. W. TWORT.

The Brown Institution, London, July 18th, 1921.

ON DEATH FROM RESPIRATORY AND NOT FROM CARDIAC FAILURE.

To the Editor of THE LANCET.

SIR,—The recent correspondence under this heading in THE LANCET of July 2nd and 9th is doubtless of interest to anyone who has had any appreciable experience in the treatment of cerebro-spinal fever. In subacute and chronic cases of this disease death from respiratory failure was more frequent than otherwise. It generally resulted soon after lumbar puncture failed to relieve the symptoms. Autopsy, when obtainable, invariably revealed acute hydrocephalus and signs of acute inflammation at the base of the brain, particularly adhesions and purulent deposits between the cerebellum and medulla. In some cases even the free passage of the cerebro-spinal fluid through the ventricles appeared to be obstructed by large purulent clots.

In the case of one patient artificial respiration was kept up for over four hours, and even then a flickering though slow and irregular pulsation could be felt at the wrist. For over two hours the pulse was quite strong and regular. In another case of tuberculous meningitis artificial respiration carried on for one and a half hours was followed by temporary recovery lasting a good part of a week. Early surgical treatment as soon as lumbar puncture fails offers the only prospect of success in the cerebro-spinal fever cases, but, unfortunately, results even then are not very promising. The pathological conditions already present are very often beyond repair.

I am, Sir, yours faithfully,

D. H. C. GIVEN, M.D., D.P.H.,

July 18th, 1921.

Surgeon-Commander, R.N.

THE BRUSSELS M.D. FOR BRITISH GRADUATES.

To the Editor of THE LANCET.

SIR,—I have received the following official notice: "There will be no more M.D. Brussels examinations held and diplomas for same delivered by the University of Brussels." As the privilege of proceeding to the M.D. Brux. has been enjoyed by British and Colonial candidates for the last 40 years, there is good reason for asking the authorities of the University of Brussels to reconsider their decision. I am therefore preparing a Petition to the University, and should be glad if every medical graduate of the University in all parts of the British Empire would communicate with me, so that I may send in as many names as possible.

I am, Sir, yours faithfully,

ARTHUR HAYDON, M.D. Brux.,

Hon. Sec., Brussels Medical Graduates' Association,
41, Buckland-crescent, London, N.W. 3, July 16th, 1921.

Medical News.

UNIVERSITY OF MANCHESTER.—The following appointments have been made: Senior Lecturer in Physics, Mr. E. C. S. Dickson, B.A. Camb., Ph.D. Bonn; Lecturer in Systematic Surgery and Assistant to Professor of Systematic Surgery, Mr. W. H. Hey, M.B., Ch.B. Manch., F.R.C.S., L.R.C.P.; Lecturer in Clinical Surgery and Assistant to Professor of Clinical Surgery, Mr. Charles Roberts, M.B., B.S. Lond., F.R.C.S.; Lecturer in Pathology, Mr. Arnold Renshaw, M.D., B.S. Lond., F.R.C.P.; Lecturer in Bacteriology, Mr. J. H. Dible, M.B., Ch.B. Glasg., M.R.C.P. The following awards have been made: Platt Physiological Scholarship, S. L. Mucklow; Dauntsey Medical Entrance Scholarships, F. H. Smirk (First), H. B. Kitson (Second); Dumville Surgical Prize, H. L. Sheehan; Platt Biological Exhibition, Ethel Bunting; John Dalton Natural History Prize, divided between O. D. Hunt and William Leach.

A graduation ceremonial was held on July 14th, at which most of the degrees conferred were in medicine and surgery. Sir Henry Miers, the Vice-Chancellor, in addressing the new graduates, characterised the studies of medical students as the longest and most responsible and exacting of University courses; and it seemed rather hard to the medical student that something was always being added to the course, while nothing was ever taken away. One remedy seemed to be to throw more and more of the preliminary work back upon school life. Nowhere in this country was there a larger amount of material available for clinical experience and research than in Manchester. The doctor had not only to be a skilful and a learned man, but he had also to be a wise man. Perhaps in no other profession was a man or woman called upon to exercise more responsibility and to give more help and advice outside his own work. The University aimed at equipping students for that kind of life. It encouraged the wider spirit of sympathy and interest in all that made up human life, and, above all, it cultivated the spirit of inquiry which was at the basis of all progress.

The Diploma in Public Health has been awarded to the following practitioners: Allan Barrett, K. D. Bean, Mary Boullen, G. F. Bowman, J. W. Chadwick, William Edge, Douglas Fisher, Austin Furniss, Ernest Jones, W. H. Kauntze, Emily M. Peach, A. W. Ritchie, W. R. N. Smithard, R. J. Staley, and William Stott.

At examinations held in July the following candidates were successful:—

FINAL M.B. AND CH.B. EXAMINATION.

S. Almond, *§G. V. Ashcroft, Martha F. Barritt, E. C. Berg, Nancy E. Bleakley, †Muriel Coope, T. E. Coope, Eugenia R. A. Cooper, S. W. Drinkwater, Winifred M. Edgehill, T. M. Fisher, Kathleen M. Fullerton-Bailey, E. Gleaves, W. H. Gratrix, Ruth Hill, C. D. Hough, Violet M. Jewson, R. R. Lane, Eva G. le Messurier-Kneebone, C. Nelson, L. S. Potter, W. L. Powell, Harriet R. Reid, Annie Rothwell, †H. L. Sheehan, *††Margaret Single, H. Stafford, *S. Wand, S. Waterworth, and R. Williams.

* Awarded distinction in Medicine. † Awarded distinction in Surgery. ‡ Awarded distinction in Obstetrics. § Awarded First-Class Honours. || Awarded Second-Class Honours.

DIPLOMA IN DENTISTRY.

Final Examination.—R. Ackers, D. M. Barnes, Elizabeth Benson, C. C. Breakell, P. A. Gardner, W. Garstang, H. B. Kirkbride, J. C. Knowles, H. Laslett, R. A. Lewty, J. H. Spedding, G. Stirling, R. M. Timperley, J. E. Thornton, Gracie Walker-Anderson, S. Whitworth, and W. R. Williams.