

Correspondence

Problems of Declining Fertility

SIR,—We should be grateful if we might be allowed to draw the attention of your readers to an inquiry into the causes of infertility which is being promoted by the committee to which we belong. These causes have been much discussed of late in Parliament and elsewhere. It will be recalled that the main object of the Population Statistics Act, which came into effect on July 1, 1938, was to throw further light upon this subject.

But there are strict limits to what we may learn from vital statistics. They can tell us nothing, for instance, about how many marriages are involuntarily sterile or sterile by design, or of the extent to which abortion and contraception are practised, or about the numerous motives which restrict parenthood in different regional and occupational groups. These problems can only be clarified by direct inquiry.

A questionnaire has been prepared by our committee. If filled in on a large enough scale it will yield information which is otherwise unobtainable. It has been designed for the use of doctors, midwives, nurses, and other competent investigators, and has been drawn up on the same general lines as were followed by Professor Raymond Pearl in his comprehensive American inquiry. The committee is anxious to obtain records of the attitudes and experiences of as large a sample as possible of married women in this country, irrespective of age and parity. It would therefore be very grateful if those of your readers who are interested in the problems of declining fertility, or in problems allied thereto, would assist it by sending for copies of its questionnaire and by filling them in when appropriate occasions present themselves. An honorarium of 1s. per filled-in questionnaire is offered. A small manual has been prepared which provides guidance in the use of the questionnaire. Will those of your readers who are interested kindly communicate with the secretary of the committee?—We are, etc.,

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Population Investigation Committee,
69, Eccleston Square, London, S.W.1, June 23.

Concussion and War Psychiatry

SIR,—Dr. Emilio Mira's article on psychiatric war experience (*Journal*, June 17, p. 1217) is founded so securely upon personal knowledge that it must be accepted as authoritative. Sometimes, however, the interpretation of personal experience depends upon the method of approach to the subject, and I should like to enlarge upon his note that where amnesia occurred in those near whom a bomb had fallen it generally turned out to be due to organic cerebral happenings.

Some of your readers will remember that shell shock was at first regarded as the physical effect of high explosives upon the central nervous system, and the belief still persists that concussion was a frequent precedent to its development. This belief arose because of the common history of unconsciousness after a shell explosion, which, if accepted at its face value, justified the retrospective diagnosis of concussion. On the other hand, those who

used the revival of war memories as a method of treatment soon found that this claim to unconsciousness nearly always represented an amnesia which could be filled in by suitable technique and proved to be a psychological dissociation of a terrifying personal experience. I wrote at the time:

"No distinction can be made on clinical grounds (at the time, that is, when men come for treatment at a home hospital) between those cases described as resulting from concussion and the others where that factor has been absent. The commonly found amnesia for a variable period after the shell shock is rarely due to a concussion, for the memory can usually be recovered by suitable means." (*Psychoneuroses of War and Peace*, Cambridge University Press, 1920, p. 35.)

Further experience in civil life has led me to the conclusion that the post-concussion syndrome, in persons of previously stable make-up, is clinically quite distinct from the medley of psychoneurotic symptoms that followed the supposed concussion from shell fire, and calls for entirely different treatment. This observation increases the importance of accurate aetiological conceptions.

Unfortunately the method of revival savoured of psycho-analysis, at that time a prohibited heresy; not only the efficacy but even the possibility of the method was denied, and by many people the opportunity of putting it to the test was deliberately renounced. Hence one finds now that of two people with past experience of handling war cases one will declare that concussion was a comparatively rare occurrence; another will as confidently assert that it was common, and he will be of those who did not use the revival method.

French clinicians writing on the war—Roussy, L'Hermitte, Babinski, Léry, and others—occasionally referred to amnesias but apparently made no attempt to fill them in, so that their histories of concussion were unreliable. Like Dr. Mira, they freely used spinal puncture and, if my memory is correct, obtained much the same results; but his phrase "organic cerebral happenings" may contain a reservation that these happenings may have had a psychogenic origin—a hypothesis perhaps more acceptable now than it would have been twenty years ago. Dr. Mira in his article did not show familiarity with revival methods and the light they throw upon this post-explosion amnesia, and I write this note so that one little item of knowledge gained during the last war may not be lost.—I am, etc.,

London, W.1, June 22.

MILLAIS CULPIN.

The Psychological Factor in Rheumatism

SIR,—May I express appreciation of Dr. R. G. Gordon's valuable contribution to this subject in the *Journal* of June 10 (p. 1165). The relation between "emotional strain" and rheumatoid arthritis has long been known. The author, however, goes further and endorses Swaim's valuable work on this subject. It has been my privilege to have first-hand information of this work, which seems to be little known in this country.

For five years Swaim has carried out a most careful and exhaustive study of the part played by the emotional factors in the natural history of rheumatoid arthritis. He has not merely established an aetiological relationship but has introduced a new therapeutic factor—namely, the development of a "vital faith" in the patient. "When this is achieved," he says, "fear goes, physical improvement follows, and, what is most important of all for the future welfare of the patient, personality change follows. Because of this new spiritual approach to these under-