

Local News

ENGLAND AND WALES

Mental Health of Children

The Child Guidance Council reports that of forty-three recognized child guidance clinics in England and Wales, twenty-five are still open. This number represents all clinics except those in London and Southampton, and they as usual undertake the treatment of nervous, difficult, delinquent, and retarded children. Some of these clinics are situated in receiving areas, and so are available for the treatment of the more seriously disturbed evacuees. Addresses of these clinics and particulars of sessions, etc., may be obtained from the Council's new offices at 23, Queen Square, Bath (telephone: Bath 2390). It is hoped that some of the London clinics may reopen shortly. The Tavistock Clinic Children's Department has been removed to Westfield College, Kidderpore Avenue, N.W.3, and is open, but unable at present to receive non-paying patients. The West End Hospital for Nervous Diseases children's department is closed, but juvenile cases can be seen in the general psychotherapy department. It is hoped that the clinics attached to St. Thomas's Hospital and the Queen's Hospital may reopen shortly. Urgent cases can be seen at the child guidance unit at Great Ormond Street Hospital for Sick Children. The Maudsley Hospital is closed and removed to Mill Hill Emergency Hospital, but work for children is being carried out at the following London County Council "North" London Clinics: St. Mary's Hospital, Highgate; St. Charles's Hospital, Ladbroke Grove; Mile End Hospital, Bancroft Road, E.1. Cases can be seen at these hospitals by appointment only.

Arrangements under Cancer Act

The Minister of Health, in a circular (No. 1884) to county and county borough councils, states that he has decided to extend until March 31, 1941, the period in which they have to submit their arrangements under the Cancer Act, 1939, for his approval. The Act provides that the arrangements must be submitted within one year from its commencement—that is, by March 29, 1940—or such longer period as the Minister may in any case allow. The Minister states that he realizes that by reason of the heavy pressure of extra work in recent months it has not been possible for local authorities generally to give such attention to the matter as would enable them to submit their arrangements within the statutory period, and he has therefore granted a general extension of just over twelve months.

The National Central Library in Time of War

In times of peace the British Isles has, in addition to a splendid public library service, a system of library co-operation (in which the British Medical Association takes part) whereby all persons requiring books for any serious purpose are able to obtain them through their local public, university, or other library. The country is divided into a series of regional library systems, each system covering a group of neighbouring counties, and each having a regional bureau at which a union catalogue of the non-fiction books in nearly all the libraries in the area has been, or is being, compiled. The keystone of the national system is the National Central Library, which, in addition to being itself a great lending library, is the national centre for the inter-lending of books between one library and another. The system has become so efficient that practically any kind of serious literature can now be obtained on loan. The service is available to every branch of the community, from persons requiring information on the humblest everyday matters to research workers needing highly specialized and technical literature. In time of war the national library service will not only continue to be of the utmost importance to those who need books for general purposes, but it will also be of greatly increased value to

Government Departments, organizations, and persons needing special literature in connexion with work of national importance. The National Central Library will naturally give priority to the latter service, as it is recognized that in tracing material for persons doing research on all forms of armaments, chemicals, foodstuffs, medicine, and so on, the Library will be filling a gap the existence of which was so serious a drawback during the last war. The organization of the National Central Library, with its great union catalogues and other unique bibliographical material, and the access it has to over twenty-one million books in other libraries in the British Isles, places it in an exceptional position to give service in time of war. Owing to the risk of the destruction of property at the headquarters of the National Central Library in London, all the union catalogues, as well as all other irreplaceable or scarce bibliographical material, have been removed to Bourne Lodge, Bourne End, Hemel Hempstead, Herts. The non-bibliographical books are remaining at the London headquarters in Malet Place, W.C.1.

Correspondence

Doctor and Patient in War Time

SIR,—As a surgeon my only reason for taking part in this correspondence is that the neuroses in war time are less likely to be solely the concern of the physician than they often are in times of peace. The war casualty is in fact more likely to have wounds of the spirit in addition to those of the flesh than is his peace-time counterpart. Should war actually involve the civilian population of this country then this combination of injuries will certainly increase rapidly. Already war neuroses can be detected in patients attending surgical (and other) out-patient departments. Some of the arguments put forward by Dr. Geoffrey Evans in his letter in the *Journal* of October 7 (p. 742) strike me as being so fallacious as to call for comment, and also by implication to imperil the fundamental relationship between patient and doctor. Under war conditions a free choice of doctor is no longer possible, either in the Emergency Medical Service or in the Services, and this fact is an additional argument for maintaining an important relationship unimpaired.

Dr. Geoffrey Evans says in connexion with the doctor's attitude to his patients that "we must sedulously refuse every thought of fear, regret, resentment, and the like, because these thoughts arouse emotions that have a weakening effect." Is this thorough-going self-purgation possible, biological, or wise? Reason may overcome fear, etc., but I doubt if this complete suppression of emotions can be carried out without our becoming medical automata towards our patients. Slogans have a habit of coming home to roost. On all sides we are told, "Your courage, Your cheerfulness, Your resolution, will bring us victory." This may be true, but it leaves unanswered the question whether the victory is to be of force, of reason, or of the spirit. At the present time I am (with hundreds of my colleagues) haunted by the fear of my inability to pay my rent, rates, taxes, etc.; I am filled with regret at many of the actions of the Ministry of Health; and I burn with resentment at the treatment meted out to some of my friends in the present emergency, treatment which would hardly be justified even under a dictatorship. But I do not as yet feel weakened by the emotions which have been aroused, and as far as I am aware neither my relationship to my patients, nor my patients themselves, nor my surgical ability, has been adversely affected. Whether I can control these emotions for the three years envisaged by the Government remains to be seen.

I cannot believe either that it is necessary or advisable to purge ourselves so thoroughly in order to help war-worn patients. The best that we give our patients is usually given unconsciously, and I doubt if we shall improve matters by a course of auto-suggestion. I know I shall not be a good doctor unless I can keep a credit balance from which to

give the patient the help he needs. And I shall feel far stronger in this respect if I have not attempted to dispose of my emotions by repression.

What is this "good stuff" which Dr. Geoffrey Evans advises us to collect to give our patients? Is it a totalitarian attitude of mind, is it a sort of psychological salesmanship, or is it almost propaganda? The "good stuff" hardly seems to be "the stuff to give the troops," whether military or civil.

What of these colourless questions? No intelligent doctor should allow his feelings strongly to colour his words or questions, but need the questions be as colourless as Dr. Evans implies? Such questions will suggest no real interest, and they will be as featureless and flat as the phrases of a French exercise book. Self-purged medical purists will sterilize the fundamental human relationship between patient and doctor, and the patient at least will not be helped. Reactions may tend to be more exaggerated and more primitive in war, but I cannot believe that our response to these phenomena should be an exaggerated impersonal attitude.

Confidence is the basis of the relationship between patient and doctor, and this alone will enable the patient to express himself freely. This confidence will not be helped by too impersonal an attitude on our part or by the use of language purified of all emotional content. The patient comes to us just because he has a *complaint* and because he knows that up to a point we shall be *sorry* for him. The relationship, being one of real dependence, is one which necessarily holds some emotional content. Unless we have some capacity to be sorry for our patients and to indicate that our interest is not merely academic, we shall certainly not be good individual doctors. Surely in dealing with neuroses the doctor will do best who remains an individual understanding being, and not one who has (or apparently has) purged his being of emotional possibilities.

Certainly we should choose our words wisely and weigh them carefully. But it is not necessary to go to the realms of colourlessness to avoid distressing our patients, and by so doing we may embarrass them.—I am, etc.,

St. Mary's Hospital, London, W.2, REGINALD T. PAYNE.
Oct. 12.

Psychiatric Casualties of War

SIR,—I read with interest Dr. George Pegge's article on psychiatric casualties of the first days of war (*Journal*, October 14, p. 764). I cannot, however, entirely agree with his conclusion that "cases in which neurosis was established before the outbreak of war are, so far, in many instances, quite unaffected by war strain."

Among my out-patients at the Tower House Psychotherapeutic Clinic, Leicester, the effect of the stress during the first days of war seemed to divide them into three categories.

1. Those who, like Dr. Pegge's cases, were not appreciably affected by the war. These, however, were in the minority, and were the more chronic neurotics who were not responding well to treatment or who showed mild psychotic features. Delinquency and child-guidance cases also were unaffected.

2. Those who improved considerably and unexpectedly. The extra calls upon them seemed to inspire a new purpose in living. They became busy in "blacking-out," etc., and have taken on some voluntary work of national importance, and in fresh activity have become free from symptoms. It is, of course, too soon to say whether they will be able to keep well.

3. Those whose treatment was progressing satisfactorily but have shown a marked relapse which, apart from the outbreak of war, would have been unlikely. These were mainly anxiety states. Some have shown an acute anxiety reaction, with exaggerated fears of danger. They are quite unamenable to reassurances, and patriotic posters such as "Your Courage, Your Cheerfulness, Your Resolution . . ." etc., are almost sufficient to precipitate an anxiety attack whenever seen. These are just the qualities they have lost. Their treatment has been so far by no means easy. In fact their superficial war anxieties seem to form a definite bar, or defence reaction, against the deeper psychotherapeutic treatment which pre-

viously was satisfactory. In others there has been an extreme irritability with an aggressive reaction towards their relatives. These are responding well and are able to continue the improvement previously being made. There must be many patients of this third group, responding well to various forms of general or specialized psychological treatment, who whenever danger threatens are likely to add to the difficulties of practitioners and first-aid posts.—I am, etc.,

W. H. WHILES, M.R.C.S., L.R.C.P., D.P.M.
Leicester, Oct. 18.

Chemical Warfare and the Doctor

SIR,—In his valuable article on this subject in your issue of October 14 (p. 778) Colonel E. M. Cowell advises the head-down tilt in cases of pulmonary oedema after phosgene gas. Also he says, "Treat all such lung casualties as stretcher cases, and after admission keep them quiet in bed." Both these recommendations can be carried out by a cheap and simple tilting bed which I have recently introduced (made by Siddall and Hilton, Sowerby Bridge, Yorkshire). For this bed can be tilted and clamped at any angle—head-up or head-down—and I am told it should be useful for draining gas casualties, besides its many other medical and surgical uses.¹

Colonel Cowell proceeds: "For both HCN and H₂S prolonged artificial respiration with administration of O₂ and CO₂ is indicated. In these cases some form of artificial respiration by apparatus, such as an 'iron lung,' Eve-Riley rocking stretcher, or the Tor tilter, may save life." May I add that the above tilting bed is also able to produce artificial respiration by my 1932 rocking method (a dozen rocks a minute). A rockable bed has the advantages of warmth and comfort for hospital cases, and it can also be used as a flat hospital bed.

Colonel Cowell also—for phosgene cases—advises that nurses should be instructed how to give oxygen (average 5 litres per minute) with tents or masks. This year I have designed for nurses a simple "ward flowmeter" with a large bobbin weighted by a chain. This cannot be knocked over, and the nurse can read it from the other side of the ward. It is strongly made by Coxeter and Son, Morden Road Factory, London, S.W.19.

Here, then, are three more ways in which these gas cases may be helped.—I am, etc.,

Hull, Oct. 14. FRANK C. EVE, M.D., F.R.C.P.

Eye Ointment for Gas Poisoning

SIR,—In view of the possibility of the Germans using gas it is necessary that every R.A.M.C. officer should know what to do with regard to eye burns. During the last war the great majority of such cases were not treated until the soldiers had got beyond the casualty clearing stations. Mere lavage is not sufficient. Lavage with an alkaline lotion such as sodium bicarbonate 5 grains to the ounce, or indeed simple saline, helps to clear the conjunctival sac, but may I suggest that the following ointment be at once instilled for the first twenty-four hours:

Tube A.	R	Sod. bicarb.	3 per cent.
		Aqua dest.	}	aa 10 per cent.
		Adip. lan. anhydr.		
		Paraffin molle alb. . .	ad	100 per cent.
		Ft. ung.		Tube.

Sig. Alkaline eye salve for gas poisoning.
First twenty-four hours.

The second twenty-four hours the following:

Tube B.	R	Ung. ac. boracis	10 per cent.
		Sig. Ophthalmic ointment.		Tube.

Second twenty-four hours.

Indeed, Tube B can be continued indefinitely. These tubes are made up by Messrs. Allen and Hanburys according to my instructions.

The patient pulls the lower lid down, lays a worm-like piece of the ointment along the lower fornix, then looks down and closes his eye. Thus the upper lid imprisons the ointment.

¹ *Lancet*, March 11, 1939.