To sum up, we would suggest that all cases of hæmoptysis in which the diagnosis is in doubt, after the usual examinations, should be subjected to bronchoscopic examination. That all cases of pulmonary suppuration should be examined by this means in order to see: Firstly, if light can be shone on the cause of the condition; and secondly to define the type and localization of the lesion. That in any pulmonary case in which, after the usual investigations, the diagnosis is not clear, a bronchoscopic examination is well worth undertaking.

In treatment, the bronchoscope, apart from foreign bodies, has two main therapeutic uses, the most important being in the drainage of suppurating foci in the lungs and bronchi. The second, less hopeful, is for the intrabronchial application of radium to the neoplasm. As regards the first of these we are reporting our results elsewhere, and it is sufficient now to say that in the case of abscess:—

8 acute abscess treated	...	8 healed
14 chronic abscess treated	...	13 satisfactory results
		1 referred to surgeon

In bronchiectasis, repeated drainage is not curative, but in our opinion undoubtedly the best palliative measure.

As regards the application of radium to new growth, the number of cases we have treated in this manner is too small to give any indication of its value, but we are working along these lines and hope to be able to give the results at a later date; as we have stressed previously it is necessary to get these cases before they have definite signs, which occur late, and to bronchoscope many cases who prove to have no disease in an endeavour to get hold of those who have reached a stage when treatment is likely to be of service.

PSYCHO-THERAPY IN GENERAL PRACTICE.

By Dr. M. MARCUS, M.B., B.S.

THE management of nervous patients forms such a large part of our work in general practice that it is worth discussing how far the methods of psychotherapy can be applied by the general practitioner himself. If we begin by attempting some sort of classification, all would agree that patients suffering from a severe neurosis should be referred to the expert. Such cases are arduous and demand of the physician not only exceptional skill, but I venture to think, a certain gift and quality of temperament.

There remain, however, a host of simpler neurotic symptoms and conditions which form the basis of our everyday work, and which, given a fair working knowledge of modern psychological theories and technique, can be quite adequately treated by the general practitioner.

The great stumbling-block hitherto in the treatment, not only of nervous patients, but of disease in general, has been the arbitrary division of illness into "functional" and organic.

We, as general practitioners, have to deal, not with individual parts, but with people who are ill. Illness is a derangement of the whole personality, and in the body there is no dividing line between the soma and the psyche. While it is a convenient fiction to speak and think in terms of diseases of this or that part of the body, it must not be

forgotten that there can be no disturbance at one point of an equilibrium without some change taking place elsewhere to balance that disturbance. Hence, in dealing with people suffering from ill-health, we must take into consideration all the relevant circumstances which are likely to have affected them, not only physically, but also mentally.

We must know, therefore, whether they are happy or unhappy—whether they are married, or single, or engaged—whether they find satisfaction in their work, or are out of work; whether they are physically sound or are suffering from congenital or acquired abnormality. When our patient is a child we must also know whether it is an only child or if there are more in the family, what its exact position is in that family; we must know whether it is pampered and spoilt or ill-treated and neglected, and, what is very important, we must know how it gets on at school. In short, we can get no true picture of our patients unless we know their reactions, both to their own constitutions and to their environment.

Arising out of these considerations we come to the guiding principle of modern psychotherapy—which is the assumption, as a valuable working rule, that all symptoms are psychically determined.

If we act on this assumption, and, according to this theory, treat our patients as if their symptoms have a meaning, and are the expression of some inward purpose (whose nature it is our function to discover), we are often enabled to gather an insight into illness which can be obtained in no other way.

It will give some cogency to my remarks if I here relate quite briefly a few cases taken at random, in illustration of my thesis.

Case 1.—A case of blepharospasm. A young man, aged about 20, was led into the surgery by a friend; his eyes were tightly shut, but his eyelids were obviously in spasm, he had been like this for about a month and was being treated at an eye hospital. I asked him what had happened to upset him the day before the condition had occurred. After some hesitation he answered that he had quarrelled with his fiancée. The next morning on going to work and while in the street his eyes suddenly shut; he could not see and was taken home by a passer-by. I asked what or who it was that he saw just before his eyes shut. He answered that he saw his fiancée coming down the street. I said, "Open your eyes, you can now see." He opened his eyes at once and was able to walk out of the surgery unaided; the whole interview lasted about twenty minutes. He has since remained well. The blepharospasm was obviously purposive. His fiancée found no favour in his eyes. Incidentally, also, this young man seems to have been a solipsist. When he shut his eyes his lady ceased to exist.

Case 2.—A man, aged 30, complained of præcordial pain and palpitations for about a fortnight. His first attack had occurred on a Thursday afternoon. Asked whether this attack had prevented his doing anything that same evening, he replied that he had been too ill to attend evening classes. He was a fur cutter and admitted that these classes were a great strain on him. He could not get on well and believed they were overtaxing his strength. He was reassured and the purposive nature of his attack pointed out to him. He has since had no further trouble. An analysis of this sort is easy with symptoms of short duration, and is often quite successful in clearing up the whole condition.

Case 3.—A boy, aged 10, suffering from epilepsy since the age of 3 years. I saw him just after the last fit, and on inquiry found that, just prior to this fit, he had been caned at

school for not "trying." Like so many otherwise useful citizens he could not do arithmetic, and always hated these lessons at school. The child was reassured and the necessary adjustments made with the headmaster. The result has been remarkable. Eight years have since passed, and no further attacks have occurred. If one regards the fits as purposive we learn that they had the effect of keeping the child away from school for a few days. Bromides had been given for years without much result.

Case 4.—This is another interesting case of epilepsy. A boy, aged 15, suffering from fits, coming on eighteen months after an attack of poliomyelitis which had resulted in a weakness and deformity of the right leg. This boy had been treated with bromides and luminal in the usual way. Inquiry showed that the attacks occurred most frequently in the morning as he was dressing for school. He was asked whether his lameness had not made a difference to him, whether his schoolmates had not found a nickname for him. After some hesitation he admitted what he had not admitted to anyone before, that he was called "Scroggy" at school, a name he intensely disliked. He felt very sensitive about his deformity, and any reference to it made him very miserable. At school he would try to hit any boy who called him by his nickname, but his lameness prevented his running fast so that he was left helpless. The other boys finding him so sensitive jeered at him all the more. This reached such a pass that he dreaded going to school. Every morning as he was getting ready he would realize that his torture would commence afresh. If he had a fit he would be kept away from school for a day or two. These things were discussed with the boy and the value of his attacks pointed out. His parents lived out of London, and I did not see him again, so that I cannot tell whether this analysis had any effect or not.

In these two cases of what was undoubtedly idiopathic epilepsy, the purposive nature of the fit could hardly be questioned. It is obvious, too, that the time incidence of a fit is not such a pure matter of chance as has often been thought. When treating cases of epilepsy it is surprising how often sedatives are given without any inquiry being made into the emotional life of the patient. This grave mistake is yet another of the legacies of the separatist movement in medicine.

I would, in conclusion, like to cite one or two other cases which illustrate the emotional factor in what we call organic disease.

A. R., a man, aged 45, a tailor, complained of pain and limitation of movement in the right shoulder for about a fortnight. Asked for a diagnosis, I said, of course, "rheumatism," and then, knowing that the man had been out of work, I asked him if he had another job. He said he had been working for the last two weeks. I then said, "I see you don't like your new job." Surprised and amused the patient asked, "How do you know that?" Restraining an impulse to murmur "Elementary, my dear Watson," I replied, "Because you have a pain in your shoulder." The patient admitted he was working for his brother-in-law, whom he intensely disliked, because of some shabby treatment that had been meted out to him some time previously. The shoulder pain prevented the patient from working so well, or so hard, as he would otherwise have done—and as he was paid by the week this did not distress him unduly.

The second case of rheumatism concerns a man, H. R., aged 61, a tailor, complaining of very severe pain and limitation of movement in both knee-joints, for the past fortnight. There was no swelling, but the joints were very tender, and the temperature was 99° F. He had had rheumatic fever eleven years previously, all the large joints being then

affected. A week before the onset of this present trouble, the patient met his daughter in the street, and learnt that his grandson had been taken to a hospital with scarlet fever. He had a severe shock, felt as if he were stuck to the ground, unable to move, and said, "As if it couldn't happen to me." He refused food, could hardly work, and spent all his spare time at his daughter's house, inquiring after the child. At the end of a week the child became somewhat worse, and then—it did happen to him! He took to his bed with pains in the knee-joints. An additional factor was provided by the patient's son, who also was not very well at this time.

Groddeck, for the introduction to whose work I owe a debt of gratitude to my friend Dr. Robb, believes that the knee is the symbol of the family, and in particular of the child—pointing out the word *genu* has the same root in Latin as *genesis* and *generation*, while in the Greek we have the words *gonu* and *gonads*. Is it too fanciful to assume in this case that the patient wished to act as a scapegoat, in the true biblical sense, for his grandson, and to appease the Almighty for any sins the child might have committed by taking the punishment on himself? He certainly thought, and acted, as if this were so.

Space does not allow of my pursuing the subject further. I have departed somewhat from the management of the nervous patient, as such, having wished to deal also with the neurotic factor which is present in so many cases of organic disease.

In recording the above cases, I have already indicated the lines on which psychotherapy is possible in general practice. After a thorough physical examination, to appreciate the changes in bodily constitution, the emotional life of the patient must be explored. Only in so doing can we come near to making a complete diagnosis.

The physical examination helps to win the patient's confidence, and prevents back mistakes. In one neurotic woman, I passed over a lump in the breast because she was so obviously hysterical. But the lump was a cancer from which she eventually died.

On the other hand, even an elementary psychological analysis will enable one to avoid what are, I venture to think, more frequent errors. Some years ago, I allowed a patient of mine to be operated for gall-stones; she was suffering from severe attacks of pain in the right hypochondrium. Nothing was found at operation. I learnt later that she had been very much worried at the time by the possibility of her favourite son being threatened with a breach of promise action. Her husband also became so ill at this time, with abdominal pain and wasting, that I had him investigated for carcinoma of the colon.

And in the same way, many of the headaches, the neuralgias, the insomnias, the bilious attacks, the præcordial pains and palpitations, the frequencies of micturition, and the diarrhoeas, are the expression of some present emotional problem, which a little analysis on the part of the practitioner will do much to relieve. In many cases the patient will return with other symptoms, which again will need analysis, and on account of which, in the end, the general practitioner may have to refer the patient to the expert for more profound treatment.

Much, however, can be done in general practice for the nervous patient, and the most useful psychotherapeutic method for the general physician and for the surgeon is, in my opinion, the Adlerian method of individual psychology.