

## Correspondence

### Mental Health and World Citizenship

SIR,—Some of your readers will be familiar with this title, which is the general theme selected for the International Conference on Mental Hygiene due to assemble in London in August, 1948, as part of a rather larger Congress on Mental Health. This theme has been chosen deliberately in view of the present state of world affairs in the belief that many of us in medicine—not only in psychiatry—along with our colleagues the psychologists, socio-logists, educationists, and others have an opportunity of learning to apply some of our understanding of individuals to the problems of group attitudes and international tensions. No doubt psychiatrists should be able to provide the central focus for much of the thinking that is necessary, but they certainly cannot do it alone.

This general theme of mental health and world citizenship has been broken down in a tentative way into various subjects for the different days of the Congress: "World Citizenship and Good Group Relations," "The Individual and Society," "Family Problems and Psychological Disturbances," "Industrial Relations," "Planning and Training for Mental Health." There are in London discussion groups or preparatory commissions composed of men and women from various allied professions, working each of them on one of these day's topics. In some 14 or 15 other countries there are already groups—in some cases, as in the United States, a great many—working on exactly the same topics. Their material as they produce it will be sent in to the central commissions in London, who hope to put it together and send out a monthly summary of all these various points of view to the other groups throughout the world.

This plan of preparatory action has been made because international conferences are often somewhat sterile, and we hope that in this case we shall be able to get a good deal of the work of the Congress accomplished before the meeting next August. At that meeting we actually want to exchange ideas and bring each other up to date in these matters. We hope that out of the work of these various preparatory commissions, which are of course on a national basis, and from the work of a residential International Group which we hope will meet before and after the Conference, we shall be able to clarify many of the points of agreement and disagreement. It should be possible to delineate many of the subjects which demand continuing research and inquiry in this medico-sociological field; and we hope also to be able to arrive at some points of agreement, however simple these may be, which could be of assistance to those two important functional organizations of the United Nations, the World Health Organization and Unesco, in the tasks to which their constitutions have committed them.

In this country there are a number of groups being planned, but there are not yet so many as there might be. As chairman of the organizing committee of the Congress I am writing now in the belief that many of your readers will feel that this provides them with an opportunity for getting together with colleagues from their own and other disciplines to try and study these topics and see what contribution can be made towards the solution of some of these major problems. Usually when one talks in any gathering about the general purposes of the Congress, about our intention to experiment in presenting group opinions rather than individual communications at the meetings, and about our desire to adventure out of our normal field of work into this wider region, one meets with general approval. It is, however, far from easy in these busy days to get men and women to settle down to serious discussion and to formulate their ideas on paper for the benefit of other people: but this is what we want. Certainly in every academic centre in this country there should be sufficient people with concern for the sanity and balance of society to provide separate discussion groups for each of the five topics; and, equally, there are many more isolated areas where perhaps the inter-professional nature of the group might be more limited, but yet there are people who could get together and produce much that would be of real value. Careful studies of much more limited subjects coming within the general field of interest of the main topics would also be welcomed. It is hoped that it may be possible to publish, fully or in summarized form, in the documents of the Congress such of them as are specially useful.

I hope that this letter may be taken as an invitation of a somewhat urgent kind to those who feel a concern about these matters to do something, and to get in touch with Prof. Flugel (the chairman of the programme committee) or with the programme secretary at the office of the International Congress on Mental Health, 19, Manchester Street, London W.1.—I am, etc.,

London, W.1.

J. R. REES.

### The Extent of Neurosis

SIR,—Is not Dr. H. Crichton-Miller's thesis (Oct. 25, p. 669) based on too narrow an interpretation of the facts? Effort directed against fear—if clearly envisaged—is but one means of giving significance and meaning to activity. I would suggest that this feeling of significance is the more fundamental factor in the apparent cause and effect he postulates.

Evidence in favour of such a view comes from a recent investigation of rate and standard of production in an electrical-instrument works. The story will be known to many of your readers. A group of workers were chosen and their co-operation obtained by explaining the objects of the inquiry. Various changes were then made, one by one, in their working conditions. Lighting was improved, seats were made more comfortable, music was provided, etc. With each change output improved. The dénouement came when conditions were finally put back to where they started—and still output improved! It was the opinion of those conducting the experiment that the feeling of purposeful co-operation in this group of workers was responsible for the increased work.

I suspect that such a feeling of significant purpose is encouraged in the U.S.S.R., and was inherent in the general "Weltanschauung" of that part of the Victorian era which produced "the finest work in quantity and quality." But to suggest that fear is the only or main source of such a feeling seems to me against the evidence, and an ethically undesirable philosophy.—I am, etc.,

Oxford.

C. W. M. WHITTY.

### Child-bearing and Tuberculosis

SIR,—Drs. C. J. Stewart and F. A. H. Simmonds are to be congratulated on their valuable paper on child-bearing and pulmonary tuberculosis (Nov. 8, p. 726). There can be little doubt that numerous pregnancies have been needlessly terminated. Diseases such as diabetes and syphilis are established or excluded by laboratory routine in antenatal clinics. A routine chest radiograph is perhaps even more essential than the routine W.R.

Modern tuberculosis therapy offers the greatest help to the pregnant woman who has early pulmonary disease, and there can be little doubt that a chest radiograph should form part of the early antenatal care of every woman.—I am, etc.,

Bournemouth.

D. J. AP SIMON.

SIR,—Drs. C. J. Stewart and F. A. H. Simmonds (Nov. 8, p. 726) are to be congratulated on their statistical research into the above question, and their conclusions will be gratefully received by tuberculosis workers throughout the country. Nevertheless it should not be forgotten that tuberculosis workers deal with individuals suffering from tuberculosis, with their families and contacts, and that from the point of view of the treatment of individual cases statistics may be very misleading. It is, for example, quite impossible to show by statistical methods that sanatorium treatment has any influence whatever on the course of pulmonary tuberculosis, yet those of us who have spent a lifetime in dealing with individuals suffering from this disease can recall the names of dozens or hundreds of our patients whose lives have been saved by prolonged sanatorium treatment and who would undoubtedly have succumbed without it. Similarly, while accepting the general conclusions of the Middlesex investigators that, statistically, pregnancy has little or no effect on the progress of pulmonary tuberculosis, we all can recall individual cases in which pregnancy led to disaster.

As a matter of clinical observation and experience the effect of pregnancy on an active case of pulmonary tuberculosis with cavitation and tuberculosis bacilli in the sputum is well recognized. Provided that the patient does not suffer from