

his own, and those which are deliberately brought in to play against him by interested parties. The importance and numbers of this particular type of case are not sufficiently appreciated. In this type the people who are the causal factors in the events which specifically cause the breakdown of some unfortunate person are far more dangerous than any so-called "psychopathic personality," and treatment or other measures should be directed towards them rather than towards the patient. Undoubtedly, psychiatrists accomplish a tremendous amount of good in their psycho-analysis of the nervous breakdown due to ordinary extrinsic causes; but, in the type of case I wish to emphasize, the best thing that the patient can do is to keep as far away as possible from a psychiatrist and disentangle himself from a procession of psychiatric platitudes, otherwise he will never get better.

Most doctors, whether they be specialists or general practitioners, know when they have made a mistake. But what check at all, except in particular cases, is there on the mistakes of young psychiatrists, and are they even conscious of the mistakes they make? That is why sometimes a man may get a truer verdict, and in the final analysis better treatment for himself, by the consensus of opinion of twelve impartial members of a jury, who have all the material facts before them, including the medical evidence. The case of Heath as quoted in your correspondents' letters is obviously a very far-fetched one, but to the mind of the ordinary person the verdict cannot but have been received as logically just.—I am, etc.,

London, N.W.11.

A. LIONEL ROWSON.

Recruits for Medical Missionary Work

SIR,—We wish to ask publicity for the presentation of an appeal to young doctors, men and women, to consider medical missionary work as a career. We feel convinced that a large proportion of those now entering the medical professions are not aware of the vast opportunities offered by the work sponsored by the Christian Churches over-seas. The thrill of adventure has perhaps worn a little thin in medicine as practised in this country, but such is not the case in a mission hospital in Africa, China, or India. There the medical man of resource and initiative will find an opportunity for his every latent ability. The call of untouched suffering is still as strident as when it stimulated his predecessor 75 years ago; the wealth of clinical material is still as exuberant. But the medical missionary to-day is not called upon to work in a dark lean-to against the mission bungalow, with no trained assistants and tragically restricted equipment; he is not forced to leave half his cases undiagnosed for want of a microscope, nor to lament the inevitable sepsis following each surgical procedure.

The medical missionary of to-day has a wide choice of types of practice into which he may put his life. There is much pioneer work to be done in the front line of the attack on disease, where a high degree of initiative and much improvisation will be demanded in the rough-and-tumble of professional activity. On the other hand, he may be asked to work in an institution which structurally can compare with hospitals at home; he will be assisted by nurses trained as carefully, and with hands as skilful, as those staffing English hospitals; to operate in a theatre where aseptic ritual is understood and practised, with available those drugs and most of the equipment which would be found in, say, one of the smaller provincial hospitals in his own country. Moreover he will almost certainly be asked to co-operate in the teaching of nationals—either nurses, technicians, or, in certain picked institutions, internes; he will find his work naturally integrating with local Government schemes.

To the medical worker who has the vision to show through his profession his evangelical faith, who would speak to men and women, through the medium of the healing art, his Master's words of Eternal Life, there is open to-day a door of unbelievable opportunity. Writing on behalf of the Medical Advisory Board of the Conference of British Missionary Societies, we would be delighted to supply further information to any doctors wishing to consider this realm of work.—We are, etc.,

C. C. CHESTERMAN, M.D., M.R.C.P., Chairman.

H. G. ANDERSON, M.D., M.R.C.P.

RALPH BOLTON, M.R.C.S., D.O.M.S.

Edinburgh House, 2 Eaton Gate, London, S.W.1.

Medical Experiences in Japanese Captivity

SIR,—One effect of the authoritative and restrained contribution of Lieut.-Col. E. E. Dunlop (Oct. 5, p. 481) will almost undoubtedly be the production of still more and more hate for a nation whose people could sink to such atrocities. It is because I fear for a world where hate seems to be flourishing so luxuriously that I am driven to mention a relatively small experience. I too was a medical officer in a Japanese internment camp, where 615 British civilians were imprisoned from March, 1942, until August, 1945. We suffered no brutality; we were forced to no labour except that of feeding and running the camp. The Japanese authorities supplied the camp hospital with a not inconsiderable portion of its equipment, and facilitated our acquisition of that major portion which came from the Shanghai British Residents' Association, the International Red Cross, and the American Red Cross. The Japanese personnel frequently "requested" drugs and treatment, and even if this was often unreasonable, the news that the commandant had "requested enough sleeping pills for three nights" was NEWS of the best order to the camp, as his insomnia was invariably and correctly regarded as being due to the reception of bad news from Tokyo.

The normal reaction to such a document as that of Lieut.-Col. Dunlop is one of horror, followed by a mental indictment of the whole nation. Nothing is to be gained from refusing to see and admit the large areas of depravity represented by the records of Japanese treatment of prisoners. Yet even if the less sordid pictures are presented in the press less frequently, it is surely as well that they too should be recorded, still good to "think on these things" rather than occupy memory exclusively with horror.—I am, etc.,

London, N.W.1.

RALPH BOLTON.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a Congregation held on Oct. 19 the following medical degrees were conferred:

M.D.—E. Hinden, W. B. D. Maile, H. L. Ellis.
M.B., B.CHIR.—E. L. McDonald, M. G. Cox, *M. Q. Birbeck, *E. A. D. Boyd, *R. Finlayson, *B. O. Reed, *P. F. C. Jackson, *J. H. Jacobs, *I. M. Ramsden, M.B.—*J. L. Morgan.

* By Proxy.

The Vice-Chancellor announces that Eli Lilly and Company have undertaken to provide \$3,500 for a period of one year for research on the relation of radiation to chemotherapy. The research will be carried on in the Department of Radiotherapeutics under the direction of Dr. E. Friedmann.

UNIVERSITY OF LONDON

Regulations for the Postgraduate Diploma in Psychological Medicine, revised in September of this year, are obtainable from the Director of the Department of Extra-Mural Studies, University of London, Imperial Institute Road, South Kensington, S.W.7. The examination is held twice a year: Part A in March and October; Part B in April and November. It is open to any candidate whose name is in the *Medical Register*, or who is registrable therein, provided that before being admitted to Part B the candidate produces evidence that he has had the clinical experience and made the attendances specified in the Regulations.

The following candidates have been approved at the examinations indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN CLINICAL PATHOLOGY.—G. C. T. Burns, V. V. Gharpure, J. Gluckman, S. W. A. Kuper, R. Polakow, R. Sepson.
EXTERNAL DIPLOMA IN CLINICAL PATHOLOGY.—E. M. Barker, W. G. Davis, J. B. Enticknap, P. N. Meenan, W. P. Stamm.

St. George's Hospital Medical School

Clinical demonstrations in neurology and psychiatry will be given in the Medical School on Thursdays, at 4.30 p.m., by Dr. Anthony Feiling and Dr. Desmond Curran, and are open without fee to all practitioners and senior students of medicine. The first lecture of the renewed series will be given by Dr. Feiling on Dec. 5.

Arrangements made by the Ministry of Supply will ensure that at present any oil-wax suspension of penicillin produced will conform with the formulae of the *British Pharmacopoeia*, or with some other formulae previously approved by the Ministry of Health. These other formulae will include preparations using ethyl oleate.