

hospital should be sent to the *Postgraduate Subdean, Postgraduate Office, Medical School, The University, Newcastle upon Tyne.*

University of Oxford

Programmes of attendance on hospital and public health practice, for one or two weeks may be arranged to suit practitioners' individual requirements by selection from the list of open sessions, obtainable either from college headquarters or the university. Whole-time or part-time clinical attachments in particular departments can sometimes be arranged.

November 19-20

General, Kettering.

Particulars from the *Director of Postgraduate Medical Studies, Osler House, 43 Woodstock Road, Oxford.*

Correspondence

Thumb gazing

Sir,

I wish to thank Dr Tuckman for stating that my article draws attention to the importance of hypnosis in the everyday work of the family doctor, but I disagree that the article is only at the stage of anecdote. I have, to a limited extent, explored the potential of hypnosis in general practice, consolidated the findings, through the better selection of cases leading to improved results, and this has enabled me to make some generalizations on its uses.

Since Dr Tuckman says there is nothing new in my report, I would be grateful for references to similar reports. I have read many general-practitioner articles but none similar; all are devoted to psychosomatic and neurotic diseases.

The article may not satisfy the scientifically minded of the therapeutic efficiency of hypnotic suggestion. This also applies to some drugs, operations and other therapies often used today, the benefits of which are debatable and with side-effects occasionally disastrous. Hypnosis often does not work, but it is my opinion that the worst that can happen is that the patient will be no better off. As stated in my article in nearly 50 per cent of my hypnotized patients there was an instant symptom removal in cases where conventional treatment was known not to be very effective. It is unfortunate that as yet there is no adequate explanation and definition for hypnosis and until controlled trials are done it will still be practised empirically.

Dr Tuckman correctly states that there are unrivalled opportunities for making controlled studies of the value of hypnotherapy in practice and that reports of such studies are rare. Dr Griffith Edwards of the Maudsley

Hospital has recently asked me to do such a trial and has offered guidance. Personality testing was also suggested.

The latter part of Dr Fry's letter is a summary of the traditional uses of hypnosis in psychosomatic medicine and requires no comment.

Dr Fry finds it "difficult to conceive how one can in ten minutes take a history, make an examination, arrive at a diagnosis and conduct a successful hypnotic session". To diagnose a toxic tonsillitis, painful piles, sprained ankle, acute lumbago or sunburn and do a rapid symptom removal is indeed possible in ten minutes (still giving conventional treatment, e.g. penicillin in tonsillitis or dressing for burns). That Dr Fry finds this difficult to conceive makes it no less valid.

In the case of Miss I. O., the international table tennis player with a whitlow of her right hallux, Dr Fry is being unfair to me when he says that "the masking of an acute inflammatory condition by hypnotic suggestion is not good medicine". I stated clearly "She was determined to play, even if on one foot". Therefore she was given a penicillin injection, and hypnotized. The pain and the limp promptly went.

Since Dr Fry is secretary for the Society of Medical and Dental Hypnosis I sent him a complimentary copy of my article. You have read his reply. A copy was also sent to Dr A. Spencer Paterson, M.D., F.R.C.P., who is president of the S.M.D.H. Here is Dr Paterson's reply:

"Thank you very much indeed for your reprint. I congratulate you on it most warmly. It has everything. It is written in a most convincing and racy manner; it is quite modest and it shows that suggestion under hypnosis has a definite therapeutic value".

So, even with skilled hypnotherapists there are differences of opinion as to what constitutes a reasonable article.

In summary, the conditions I treat are organic in nature and self-limiting in extent and featured by pain, pruritus and muscle spasm. As hypnosis often relieves these symptoms rapidly and completely until the primary condition gets better, I conclude that my brand of hypnosis is a legitimate and safe therapy, and complementary to that practised by Dr Fry, for we are both trying to relieve suffering in our patients.

London, S.E.20.

DAVID H. RYDE.

Colostomy welfare group

Sir,

A pilot survey sponsored by King Edward's Hospital Fund for London is in progress to test the need for a special social welfare service for colostomy patients. The aim of the service is to allay the patient's anxieties and to help him or her to adapt to a new way of life. The welfare officers, being people with colostomies, would be in a special position to give practical advice to such patients on day-to-day living.

There is a vacancy for a welfare officer, man or woman, with a colos-