

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-

to my. The post is paid and there is a comfortable office, secretarial help and transport if necessary. Would any reader who knows anyone who might be suitable and would be interested to undertake this work write to me, J. A. Spencer, chairman, Colostomy Welfare Group, or to Miss Frances Goodall, chairman of the Steering Committee, at St. Luke's Hospital, Sydney Street, London, S.W.3.

London, S.W.3.

J. A. SPENCER.

Reviews of Recordings

Urinary trace neoplasms in rubber workers. Recording by DR JOHN MACDOUGALL. The College Medical Recording Service and Sound Library.

This is a brief recording (18 minutes) dealing with the serious problem of malignant neoplasm of the urinary tract. This disease is increasing faster than would be expected from the ageing of the population at large. It is more likely to occur in those who have been exposed to chemicals used in rubber manufacture 15 to 20 years ago.

Although the disease is relatively rare to the general practitioner, the fact that the prognosis is much worse if diagnosis is delayed makes it necessary for him to keep it in mind. He should always investigate carefully any patient who has been working with rubber in previous years if such a patient complains of haematuria or even dysuria.

Marital problems. Recording by DR SYLVIA DAWKINS. The College Medical Recording Service and Sound Library.

In this recording Dr Dawkins stresses that marital problems seldom present overtly to the general practitioner but appear in the guise of psychosomatic or psychosexual complaints—frigidity, dyspareunia, impotence etc.—which have little or no physical basis. The doctor can help most by being a sympathetic but perceptive listener, helping the patient to think out his or her problems but avoiding direct advice of the "if I were you" category.

In one respect Dr Dawkins views are, perhaps, controversial. She advises strongly against seeing each partner separately alone and suggests that either both partners are seen together or that one be referred to a colleague, thus avoiding the dangers for the doctor of being manipulated or forced to take sides. Marriage guidance clinics frequently interview spouses separately and many doctors may feel that they can be of more help by following this procedure, despite the risks involved.

The second side of the recording takes the form of a question and answer session, the questions being put by Dr Valerie Graves on common aspects of these problems as they arise in general practice. Is it worth probing into chronic marital discord if one feels the situation cannot be altered? When should one refer the patient to a psychiatrist? These and other questions are discussed fully and sympathetically.

Marital problems are commonplace in general practice and often produce a feeling of helplessness in the medical attendant. This recording should go a long way to increasing his knowledge and confidence and can be strongly recommended.