SOME OBSERVATIONS ON THE TREATMENT OF NEUROSIS IN CHILDHOOD

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Tonight I propose to put before you some considerations after twenty years of work in the field of child guidance. I am encouraged to do this, moreover, as in the past year I have been collecting cases at my out-patient clinic at the Bristol Homœopathic Hospital as material for the Buck Memorial Research, and this address is in the nature of a preliminary report.

My interest in psychiatry began when I was a houseman at this hospital in 1924; when I spent some of my leisure time attending Dr. Crichton-Millar's postgraduate course at the old Tavistock clinic. Shortly after beginning general practice in Bristol, I was further stimulated by the generous terms of the Leopold Salzburg prize essay, and I had the honour of the award of the first prize. Subsequent experience in general practice convinced me of the importance of neurosis as one of the chief causes of morbidity (not mortality) in civilian practice, and I was asked to read a paper on the subject to the Bristol Medico-Chirurgical Society, which was the subject of an interesting commentary in the next year's *Medical Annual.* When a few years later, it was proposed to start a Child Guidance Clinic in Bristol, I was asked to serve on the committee which organized this service. A few months of membership of this committee convinced me that to be of any service, rather than sit as a figurehead, I must have more practical experience, and so, somewhat to the astonishment of my fellow members, I resigned from the committee and was accepted as a clinical assistant to the new Child Guidance Team. In less than three years, World War II began, the Director of the Clinic joined the Army, and I was asked to take over the responsibility of the Clinic in his absence.

By the end of the war, the work of the Bristol Clinic had expanded, and two complete teams were working in Bristol, and I was also Director of the new Child Guidance Service in

Somerset. This in addition to my duties as Senior honorary physician at the Bristol Homœopathic Hospital.

The experience of working as a member of a team in a Child Guidance Clinic was most stimulating.

There was a great deal to learn, and many adjustments to make in the traditional attitude of doctor to patient.

While of course the homœopathic physician prides himself on his capacity to listen to the patient, down to the minutest detail of all the circumstances of his case, and following Hahnemann, never to cut him short in his relation of his sufferings, nevertheless, in reading the notes prepared by the psychiatric social worker, I realized I was the merest amateur in the art of interviewing, and that to acquire her skill I needed to develop that attitude of acceptance, which neither by word, gesture or expression rejects the patient and what he has to tell.

We psychiatrists were told the other day that we "were boiler men and cooks, rather than engineers or chemists". And my empiricism received a cold douche in contact with the scientific precision of the educational psychologist. I learnt a little more of the value of evidence, of the risks involved in generalizing from clinical experience, and of the importance of proper controls in research. However, continued contact with the psychologists also taught me the limitations of statistical techniques when applied to human problems, and I do not think that "the scientific scepticism of the statisticians was ever likely to paralyse" the intuitions I had derived from a dozen years of general practice.

The emphasis in the early years of Child Guidance both in this country and America, was on the environmental factors responsible for the child's neurotic or delinquent behaviour.

It is a surprising fact to realize that the word environment was introduced by Thomas Carlyle in the nineteenth century. What an all-pervading influence this word has had on our thinking.

At the end of the war, I was asked by the National Association of Mental Health, to carry out a research sponsored by the Nuffield Hospitals Trust into the social adaptation of children

brought up in institutions and orphanages. The hypothesis was that these children deprived of normal home life and brought up in communities of children were less likely to be successful in adapting to the working world, when the time came to leave school. In short, that the environment of the orphanage and the poor law home lacked essential factors required for normal maturity. Indeed, I was able to show, with the co-operation of my colleagues, Miss Sykes, psychiatric social worker, and Miss MacKinlay, educational psychologist, that the orphanage children were at some disadvantage, but what emerged from this survey was that these children were as much handicapped by inherited constitutional factors as by their upbringing.

This finding was against the stream of current psychiatric thought, and invoked considerable criticism in some quarters. And not unnaturally, for while the child guidance experts were skilled at manipulating the environment to suit the child's needs, they were pessimistic about their capacity to alter radically the child's inborn temperament.

My experience as a homœopathic physician to some extent contradicted the official pessimism. In other fields of medicine, than child psychiatry, I considered that it had been possible to modify temperaments, and influence constitutional factors.

Of course I do not claim for homœopathic remedies that they can alter cerebral dominance, change a left-handed child to a right-handed child, or that our drugs can restore pigment to an albino.

But I think most of us agree that we expect to improve "sustained tolerance" to stress—and improve "affective regulation". In other words, we expect our remedies to help patients to bear with the slings and arrows of outrageous fortune and to assist them to maintain a normal emotional balance.

How far are we justified in these beliefs ? Theoretically, this is the only field for homœopathic medicine in the treatment of the neurotic child. Naturally, homœopathic medicine, or any other drug, will not influence unfavourable environments.

Are these beliefs in the power of medicines derived from the older medicine ?

Nicholas Culpepper, writing of Motherwort, said "There

is no better herb to take melancholy vapours from the heart, to strengthen it, and make a merry, cheerful, blithe soul."

But Culpepper's system, founded on Reason as he claimed, was based on the astrological premises of the influence of the starts, and of the plants controlled by the stars. Participation was assumed. Of *Viscum* he states (you) "can also take for granted that which grows upon oaks, participates something of the nature of Jupiter, because the oak is one of his trees".

And if *Viscum* was under Jupiter, *Digitalis* was under Venus, *Hyoscyamus* under Saturn, *Hypericum* was under the Sun, *Bryonia* was under Mars, *Dulcamara* under Mercury.

It was Hahnemann who liberated us from this pharmacology based on the participation mystique so essential in the thinking of primitive man and of children. But there are times when I find some confusion in Hahnemann's writing. This may be the effect of translation from one language to another.

But I find a tendency in places for Hahnemann to rank the disposition of the patient as a symptom and it is not always clear whether by this he means the disposition of the patient when in normal health, or the alterations in disposition produced by disease. For example, he writes in paragraph 211—"This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection of the homœopathic remedy, as being a decidedly characteristic symptom".

And scattered through the *Materia Medica* and his *Chronic Diseases* are observations, based it must be inferred on clinical experience, rather than on provings.

For example, of *Phosphorus* he comments before listing the symptoms recorded by the provers it "will rarely be found appropriate where lack of sexual impulse and weakness in the genital parts is manifest". Which I take to mean that he recommends *Phosphorus* only in patients with highly sexed temperaments.

Or on *Capsicum*—"diseases curable by *Capsicum* are rarely met with in persons of tense fibre". Or of *Chamomilla*—"it is

unsuited for persons who bear pain calmly and patiently". He adds, "I attach great importance to this observation."

Again in a footnote in the *Organon* he pronounces "*Aconite* will seldom ever effect either a rapid or permanent cure in a patient of quiet, calm, equable disposition; and just as little will *Nux vomica* be serviceable where the disposition is mild and phlegmatic, *Pulsatilla* where it is happy, gay and obstinate or *Ignatia* where it is imperturbable and disposed neither to be frightened or vexed".

We are apt to take our modern drug pictures for granted: I have shown in previous papers how our present concepts of the various remedies have been built up on the foundations of the provings by more than a century's clinical experience. But I think it is important to make a distinction between the alterations in the mood brought about by the drug provings, and the disposition most suited to a particular drug, which may not necessarily have been indicated by provings.

This involves some research in our original sources, and I have compared Hahnemann's reports of provings in the *Materia Medica Pura* and the *Chronic Diseases*, with Hering's collection of cured symptoms in *Guiding Symptoms*.

It is not always clear even in Hahnemann's lists of symptoms, how far they were derived from actual provings, how far they were observations made on patients under treatment, as a former President has pointed out.

But by limiting oneself to the symptoms followed by a note of the time interval, one can be fairly sure that one is dealing with actual provings. Take, for example, *Chamomilla.* All but 30 to 490 odd symptoms are Hahnemann's own observations. Of the mental symptoms recorded with time intervals, these occur:

Dullness of senses.

Piteous moaning because he cannot have what he wants.

Whining restlessness; the child wants this and that, which when offered is refused or pushed away.

Cannot endure being spoken to, or interrupted when speaking.

She seeks a cause for being peevish at everything ; she cannot return a civil answer.

Easily chagrined and excited to anger.

Excessive uneasiness, anxiety, agonized tossing about.

One cannot help wondering about the repercussions in the Hahnemann home, while these *Chamomilla* provings were going on. Did they all have their doses simultaneously ; how did Frau Hahnemann cope with a fractious baby and an irritable husband at the same time ?

All these symptoms are marked by Hering with the sign signifying "repeatedly verified" (by cures).

The evidence therefore supports the hypothesis that *Chamomilla* can produce an alteration in mood.

Investigations and comparisons of provings and cured symptoms confirm that alterations in mood can be brought about by *Hepar sulph., Argentum* (using the provings recorded in Allen's *Handbook of the Materia Medica*), *Arsenicum album, Capsicum.*

I think it would be a useful exercise to make these comparisons between what we classify as mental symptoms in the provings and the records of cured symptoms for many more of our remedies.

Subsequent experience therefore confirms Hahnemann's claims that potentized remedies can alter moods, and even dispositions.

In one of his dramatic footnotes (remember homœopathic medicine first saw the light of day in a footnote !), he comments: "How often do we not meet with a mild, soft disposition in patients who have for years been afflicted with the most painful diseases, so that the physician feels constrained to esteem and compassion for the sufferer ? But if he subdue the disease and restore the patient to health—he is often astonished and horrified at the frightful alteration in his disposition. He often witnesses the occurrence of ingratitude, cruelty, refined malice and propensities most disgraceful and degrading to humanity".

Now, in dealing with children, we expect lability of mood, frequent swings from excitement to depression ; but when we come to treat the neurotic child, we are confronted with a problem that goes deeper than a temporary change of mood.

Recent investigations since the war have emphasized the importance to the infant and young child of continuous loving care from one person.

In order to function efficiently, we human beings need a constant internal biochemical state, which may only vary within quite narrow limits—a homœostasis.

In like manner, if the infant is to develop normally as an individual, he requires an emotional constancy—an emotional homœostasis during the first two years of life at least. During these early years, he develops what has been called "a central emotional position".

If his first few years have been happy and satisfying, the rest of his life may be devoted to the attempt to recover the emotional climate of that infantile paradise, that Garden of Eden from which we are all excluded, once we develop a sense of right and wrong. On the other hand, if the child's original experiences have been unhappy, then he is likely to spend the rest of his life building up defences against this central core of depression.

Of course, even in children this central emotional position is soon buried in the unconscious, and the child is not aware of his emotional bias. But various situations and experiences in his subsequent life will trigger off his unconscious search for infantile bliss, or mobilize his defences against infantile depression—and once the unconscious patterns are activated, they tend to dominate, so that behaviour becomes rigid and repetitive, and demands insatiable and unalterable.

If this theory of a central emotional position in the unconscious is valid, it does explain why some stimuli are pathogenic to some children and not to others—why some children can tolerate separation from their mothers without lasting disturbance, while others never recover from this experience.

I have shown in a paper based on war-time experience in air raids that a normal child can digest an extremely traumatic experience in a matter of three months.

But the neurotic child's response to external experiences or to internal changes within himself do not necessarily result in a return to equilibrium.

If we are unable to modify, or remove the obstacles in his environment that cannot be overcome, what assets can we mobilize ? Is it possible to desensitize him to painful stimuli that are unavoidable ? Can we make good the discrepancies between the child's ideals and his inadequacies which may be inborn ?

I hope after this, I fear, rather lengthy preamble to get down to cases and to show that by applying homœopathic principles it is possible to do just that.

My first example is a boy of 9, referred to me by his family doctor, because of sleeplessness and fear of dying. His phobia was not altogether unreasonable, as 4 years ago his paternal grandmother—to whom he had been very attached—had died. And now, living in his home, the maternal grandmother was dying of cancer. He was a boy of average intelligence, the oldest of three brothers and very jealous of the next younger brother. Like many children who have had a premature experience of death of a much loved relative, he believed that in some way he was responsible for his first grandmother's death, and that somehow his second grandmother's illness was also a punishment for his bad thoughts and deeds. His insomnia was due to his fear of dying himself in his sleep.

I prescribed *Phosphorus* 30, and he improved, but then himself fell ill with tonsillitis, and not unnaturally, his previous fears recurred. *Spongia* helped him and then as both boy and grandmother improved his mother went back to work. This means that his mother was away from home when he came back from school, and in her absence he began to be afraid that some accident had befallen her. Once more he relapsed, crying at night, insisting on sleeping with his mother. He improved on *Chamomilla,* but when his younger brother and rival developed pertussis, and at night time the mother had to have the little boy with her because of the nocturnal paroxysms, he became jealous once more of this extra attention from the mother and once more, accompanying the jealous feelings, the fear of death recurred.

This time, in view of the series of relapses, I decided to

give him a deepacting remedy and ordered him a single dose of *Sulphur* 200.

His mother reported a month later that he was sleeping well in his own room, and no longer made a fuss when she had to leave the house.

This case history illustrates very well the ups and downs of a chronic neurotic for this was what this 9-year-old boy had already become.

His grandmother's illness, his own illness, his mother's resumption of work, his brother's illness, each of these events triggered off an acute exacerbation of his chronic neurosis. Although there was a response on each occasion to a homœopathic remedy, which dealt with the immediate crisis that had been triggered off by the stimulus to which he was oversensitive, it needed a constitutional remedy to establish a satisfactory tolerance to the particular stress illness, the threat of death and separation, which this neurotic boy found unendurable.

Dr. Schepens-Henning of Brussels has made the same point in his recent paper on Children with Difficult Characters. He points out that the psychological shock is the factor that releases the crisis, in the same way that the microbe starts off the infectious illness, or the particular foodstuff determines the allergic reaction. But the underlying cause must be sought in the constitutional weakness of the subject (my free translation).

But even the toughest of us have our breaking point, and if the shocks follow thick and fast, before there is time for a natural recovery, the most robust child is likely to break down.

Actually my next case was a rather delicate boy of 9 referred to me by a social worker, again because of the combination of sleeplessness and fear of death. But in this case the family doctor had died, and a schoolmate had sustained a fatal road accident, all within four weeks.

His mother had married twice ; he had three older half-sibs and he himself was the eldest of six children of his mother's second marriage. You may point out that all nine children were exposed to the same series of psychological shocks. But this boy was probably the most vulnerable, as he had a history of

convulsions, more than one attack of pneumonia, and several attacks of tonsillitis in the first five years.

In this boy's case I ordered a constitutional remedy right away, *Sulphur* 200; this, I think, was a mistake, as there was an aggravation, always to be avoided if possible in these neurotic children, but a single dose of *Stramonium* 200 removed his symptoms.

Six months later, the health visitor reported that he was so improved that his mother felt it was unnecessary to bring him to see me again.

My comment on this boy's case is that with these hypersensitive children, staggering under successive shocks, it would be wise to defer the use of a constitutional remedy until the effects of the last trigger situation had been modified by some remedy such as *Aconite, Belladonna, Chamomilla, Hyoscyamus* or *Stramonium.* An aggravation causing further despair and misery must be avoided at all costs, as it jeopardizes any confidence child or parent may have in the physician.

Grandmothers may die, but sometimes it is as serious a stress if they remain alive.

Dorinda, aged 10, was referred to me by her family doctor because of headaches. Her doctor was of the opinion that this was a case of migraine, but a careful investigation of the symptoms as described by the child herself rules that out. Her mother was anxious because she herself suffered from migraine, and her daughter's headaches were becoming more frequent and severe.

The family situation was really dreadful. The child and her mother were tenants of the maternal grandmother, who was a shocking witchlike creature, who delighted to make trouble for her daughter with her malicious gossip, and swore at her granddaughter, calling her a liar, and accusing her of misdeeds without any foundation. She often threatened to turn mother and child out of the house. Dorinda would not speak to her grandmother and only referred to her as "she".

I ordered one dose of *Sulphur* 30, and at the end of four weeks, only one headache had been reported after an upset at home.

I was relieved to learn that shortly afterwards the mother left her rooms and took her daughter away from the influence of this terrible old woman.

Not only can the external environment be responsible for maladjustment by reason of unpredictable events such as deaths, and accidents and rejecting relatives ; the internal weather may also be disturbed by volcanic eruptions bursting out without warning from the depths of the self.

Sheila, aged 14, was probably the most intelligent girl in Somerset. She had a phenomenal I.Q., over 160. She was referred to me by a social worker because of alarming temper outbursts. She was a middle child, envious of her older sister, jealous of her younger brother. Her tantrums were really spectacular and she frightened her older sister and terrified her mother. Between these outbursts she was a shy, reserved girl with a demure expression. She had won a scholarship to one of the best girl's schools in Bristol, but after one temper tantrum at school, she was so shockingly rude, not only to her form mistress, but also to her headmistress, that her expulsion was considered.

I arranged for an electroencephalogram, and the report came back from Dr. Grey Walter himself that this was a unique abnormality, never previously recorded. Unfortunately, the nature of the abnormal rhythm threw no light on which particular structures were functioning abnormally.

I ordered this clever girl a single dose of *Hepar sulph.* 30. I dared not give a higher potency with this remedy, the risk of an aggravation had to be avoided at all costs.

After this dose, the school and family reported that she was a different child—much more willing and helpful in the house, on better terms with her brother, and less likely to "blow her top" at school.

Ten months later there was an outburst at school, but less severe, and one more dose of *Hepar sulph.* 30 was prescribed.

I had a report from her mother some months later that the improvement had been maintained. I am certain that this very intelligent and shy child was from time to time swamped by an emotion of anger so intense that for the time being, she

was not responsible for her words or deeds. In fact, it was only my assurance to her headmistress that I was going to undertake her treatment, that saved this very promising girl from what would have been a tragic interruption in her school career.

This was a unique case, with a relatively simple and uncomplicated if unusual cause.

But in most neurotic illnesses, even in children, there is no single cause, but a complex interaction between a defective organism and an unfavourable environment. Each step in the development of the neurotic illness leads to a chain reaction of secondary symptoms and these produce by a feedback tertiary defence mechanisms. To sort out this tangle is often bewildering, and as one set of symptoms are cleared up, new symptoms take their place, so that a series of remedies appear to be indicated.

Paul, aged 10, was a very obese boy who, when I first saw him, was 58 pounds over the maximum average weight for his age.

He was the oldest of three children. His mother had suffered from toxæmia of pregnancy when carrying him ; she had great difficulty in weaning him off the bottle, and finally when he was two years old, smashed the feeding bottle deliberately in front of him.

A year before I saw him the family had moved from Sussex to a small village in Somerset and he attended the very small local school. Country children are less tolerant of strangers than urban children and this boy was teased unmercifully about his enormous size, and very upset when he was told that he was changing his sex ! Indeed, there were some grounds for this rather imaginative threat, as to the uninstructed lay child his minute genitalia were almost concealed by rolls of fat. He was, of course, an example of Frolich's syndrome and was referred to me because of enuresis.

I felt that the most important item in the agenda for this boy's programme was to reduce his weight and placed him on amphetamine 20 milligrammes a day. But in spite of being on one of the orthodox cures for bed wetting, he had a severe

relapse of enuresis after 6 months' treatment, and I ordered him a dose of *Sulphur* 200. This cleared up the enuresis, but reduced his tolerance to the amphetamine drugs, so that I had to reduce his dose from 20 to 5 milligrammes a day. However, he continued to lose weight, and in a year has lost 12 pounds, and though still looking well furnished is no longer grossly obese. Neither is he enuretic, but instead he has resorted to petty pilfering from the larder at home. He is still under treatment.

Another type of deficiency resulting in neurotic behaviour is a minor deficiency in thyroid production.

Peter, aged 7, was a vicar's son, who moved from a quiet country parish to a vicarage situated on a main arterial road in a busy town. All day long he stood at the window, fascinated by the never-ending stream of traffic and could hardly be persuaded to leave his vantage point to sit down and eat a meal. In school he was dreamy, took no interest in games or attempted to make friends. His mother, very deaf, but ambitious for her son, was shocked at his slow progress and consulted the county psychologist, who referred him to me. Without being an obvious cretin, he was sub-thyroid. There was a significant family history. A maternal aunt was a cretin, and a previous child had been an anencephalic monster.

In spite of this sub-thyroidism, confirmed by two consultant pediatricians, he was unable to tolerate an effective dose, without developing tachycardia, sleeplessness and irritability. After a single dose of *Bufo* 30, he improved on half the former dose of thyroid and at the end of a year a retest of his intelligence showed a gain of 6 points (actually an 8 per cent. gain).

It is often difficult to decide whether the main cause of a neurosis is due to inherited factors, or to exposure to a neurotic parent's demanding and depressing attitudes.

Paul was a 16-year-old boy referred to me by the family doctor because he was refusing to attend his grammar school. This was a very serious matter, as this term he was due to take his school certificate. The family doctor had previously referred his father to me, who was a chronic depressive, a middle grade civil servant, who made everyone's life a misery by his conti-

nual moaning and threats of suicide. His wife threatened to leave him, his department threatened to retire him, his doctor was utterly fed up with him. It is not difficult to imagine the effect this unhappy atmosphere had on his unfortunate son, swotting for his examination.

I saw the boy who was himself very insecure and depressed, quite certain of failure, and defeatist about his examination. He defended himself by saying it was all his father's fault; but in many respects he resembled his father; and my impression was that he also was a constitutional depressive. It was impossible to alter the home situation, as though the father toyed with the idea of going into a mental hospital, when it came to the point he jibbed at signing the papers as a voluntary patient. I could not manipulate the environment, but could I modify the boy's constitution? I prescribed *Silica* 30, and his mother reported a month later, that he had sat for the examination. He was still sure he had failed and I followed up the *Silica* with a dose of *Lycopodium*. His father reported six weeks later that he had passed in five subjects, and had decided to leave home, and had been accepted by a Bank in another city. His mother confirmed this, saying the boy was now cheerful and sleeping well.

Now by contrast, a case illustrating some dangers.

Michael, aged 11, had been referred to me by a surgeon who had admitted him to hospital as a suspected appendix because of repeated vomiting. The surgeon came to the conclusion that the vomiting was functional as it coincided with upsets at school and home. The school reported he was dreamy and his parents said he had fainting attacks.

The only significant history was a vague history of a fall off his bicycle and I gave him *Arnica* 200, and next week the parents reported that his headaches were better but that he was still having attacks of sickness. I ordered him *Natrum sulph.* 30. Three weeks later the father said the sickness was much better, but that he had had another faint and as he recovered gabbled a lot of rubbish, fragments of nursery rhymes and so forth. This put me on my guard and I examined his central nervous system and optic discs without finding anything

abnormal. However, I arranged for an electroencephalogram—which was carried out in a fortnight. In that fortnight the boy had developed a leftsided facial weakness, and papillœdema of both discs. The electroencephalogram was very abnormal but there were no localizing signs in the record. He was placed in the care of a neurosurgeon who operated and found a large astrocytoma of the brain.

To be noted is the temporary effect of the homœopathic remedies in clearing up the signs of intracranial pressure, the headache and the vomiting. But for the father's chance observation of the confused speech after the faint which was of course an epileptic phenomenon, I might have let this boy go another month without investigation. As it was a careful and exhaustive clinical examination revealed nothing at the time, although the e.e.g. proved grossly abnormal.

We are often accused of treating symptoms, and this last boy is admittedly an example. But it is interesting to note that in spite of the gross pathology, the homœopathic potencies had an effect.

As a psychiatrist I have noted an increasing tendency, not only amongst general practitioners but also among consultants, to attribute all kinds of symptoms to psychological causes, after perhaps a very brief history taking and sometimes after a very cursory physical examination.

Time and again an enuretic child is referred to me and I find on examination undescended testes, indicating delayed development of the urogenital tract, or a coccygeal dimple suggesting a spina bifida occulta. The only psychological aspect is the despair and hopelessness of the young patient, who has been upbraided, even punished for his weakness.

Perhaps the most amusing example of this kind of misunderstanding was a boy of 11 referred to me by a consultant pediatrician for recurrent abdominal pains. He could find no cause for this, deduced "probaly psychological", and sent him to me. I found a rather slow, well-built boy, who showed no neurotic features. He was happy at school and appreciated at home and there were obviously no signs of emotional disturb-

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the science of treatment; and I deliberately emphasize treatment."

"Let us not then rest contented with what has been done, but let us each ask himself, what is sti'l to do ? and let each contribute his mite toward the greater work." (*Dudgeon*)

—*Journl. of the Am. Inst. of Homœopathy, April, '57*

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ance. I then interviewed his mother separately, and she confirmed how popular the boy was at school, how well liked at home. But she said in some ways he's a funny boy. Naturally I asked for details. "Well, for one thing", she said, "he has such peculiar tastes. He has a passion for Andrew's Liver Salts—he says he likes the flavour and eats it by the spoonful, so I have to hide the tin—indeed, now I lock it up".

De minibus non curat lex—but we homœopathic physicians have to pay great attention to the "minibus"—and to recognize the significance of details without getting lost in the minutiae.

In treating neurotic children we must not only recognize the trigger situations that have precipitated the breakdown and deal appropriately with them, but we must also detect the fundamental constitutional weaknesses, whether inherited or built in by the experiences of the first few months of life and not only desensitize the individual to the bombardment of stimuli that cannot be avoided (the bombers always get through) but mobilize such assets in the constitution that will help to bridge the gap between the patients' inadequacies and his ideals.

—*The British Homœopathic Journal, Jan., '58*