If in many soiling children the psychological component in aetiology is small, is there any alternative explanation for their disorder? We showed that occasionally babies have severe colonic inertia from birth, and we speculated whether a constitutional tendency to such inertia might not predispose to symptoms in later childhood, given a suitable trigger, physical or psychological. The fact that only one quarter of our "mechanical" soilers had been constipated in early infancy was stressed. An analogy would be the asthmatic child of 2 or 3, in whom a constitutional predisposition to asthma is assumed to exist, in spite of the fact that in only a proportion of such cases have symptoms of asthma or eczema been manifest in early infancy. In view of misconceptions expressed we are glad to be able to place this idea in perspective.—We are, etc.,

MARIAN COEKIN.
DOUGLAS GAIRDNER.
Addenbrooke's Hospital,
Cambridge.

** This correspondence is now closed.—ED., *B.M.J.*

Philosophy of Beating

SIR,—Mr. Robert Cutler's remark (November 26, p. 1604), "Having regularly beaten my two male offspring, aged 4 and 7, since the age of 3," shows a complete want of understanding of children. Corporal punishment by parents is against the first principles of family life. How can a child of 3 look with love on the man who beats him and as a friend to whom he can turn in time of trouble? Fear will predominate. With patience and forbearance, children can be trained without any corporal punishment. I believe that beating of children encourages them to beat others, and I can visualize this treatment becoming more severe until murderous delinquency may follow. In an investigation which I carried out I found that the large majority of educated parents believe as I do.—I am, etc.,

Dublin. BETHEL SOLOMONS.

Dental Hygiene

SIR,—The answer to the letter from Mr. O. Gayer Morgan (November 26, p. 1603) is as follows: A toothbrush is the best means of cleaning the teeth; it removes debris from between them and from defects on the biting surfaces. It should be of badger or other natural hair; nylon brushes tend to abrade the teeth, especially in the canine region. The brush should be used so that the gum is brushed on to the teeth; the biting surface of the teeth must also be carefully brushed because the enamel there, being first formed, sometimes has semi-calcified pits and fissures. After use the brush should be cleansed under a tap of running water and dried, because organisms do not easily grow in a dry medium. The brush is then put into a plastic container, in which is a 1-gramme tablet of formaldehyde, renewed every month. A powder is the best cleansing agent. It should contain a high proportion of a buffering agent.[1] This hinders the formation of an acid medium in spaces where food may lodge for a time until it is displaced by the toothbrush or by the action of the tongue and cheeks with the saliva. Mr. Morgan notes an important point, that there may be local or general overcrowding of the teeth, predisposing to the wedging of food. To correct this in early life, and to attend to adequate diet, are vital factors, demanding skilled knowledge and clinical experience in those who advise the parent of the child.—I am, etc.,

Guy's Hospital,
London S.E.1. F. N. DOUBLEDAY.

REFERENCE

[1] Doubleday, F. N., *Brit. dent. J.*, 1926, **47**, 1304.

SIR,—I was interested in Mr. O. Gayer Morgan's letter on the above subject (November 26, p. 1603). In over thirty years I cannot recall seeing a healthy mouth which has not been kept clean by the use of a toothbrush. Few people know the type to select and the manner of using it, and when these principles have been fulfilled I have seen many otherwise unhealthy mouths restored to health.

The brush should be a good hard bristle, three rows wide, well spaced, lengthways 25–30 mm., and correctly shaped. It can be kept clean by thoroughly rinsing, and when not in use covered by brick salt. The brush is placed with the bristles partly on the gingivae above the teeth at 45°. Sufficient pressure is now applied to blanch the tissues, and drive the venous blood from the capillary vessels. The bristles then sweep over the teeth and into the interdental spaces, thus clearing the gingival crevice and tooth surfaces of debris, which process is repeated around the mouth. The anterior teeth are cleaned by applying the brush to the lingual surfaces with the handle parallel to the sagittal plane. One part of salt to two parts of sodium bicarbonate will make a reasonable cleansing agent. I can see no harm in the judicious use of a simple toothpaste.

While sticks are a useful adjunct they can never supplant the toothbrush.—I am, etc.,

Nottingham. H. K. PRICE.

Salicylate Poisoning

SIR,—The basis of the letter from Dr. G. Jackson Rees and his colleagues (November 12, p. 1454) is that the important features of salicylate intoxication, including hyperpyrexia, are all secondary to hyperpnoea. It would be interesting to learn of their evidence for this view, since we have recently[1] drawn attention to the reports[2-4] indicating that increased metabolism, especially in skeletal muscle, can account for the hyperpyrexia. This primary stimulation of metabolism is undiminished by curare,[3] and it would therefore be dangerous to assume that curarization will always rapidly restore the temperature to safe levels. While I feel that the sequence of events proposed by Dr. Rees and his colleagues is over-simplified, it does seem rational, however, to eliminate the additional increase in metabolism due to muscular work by means of curarization with controlled ventilation; as has been shown, this will in some cases suffice to ensure survival. —I am, etc.,

Stobhill General Hospital,
Glasgow N.1. A. I. MACDOUGALL.

REFERENCES

[1] Macdougall, A. I., and Cameron, D. J. C., *Lancet*, 1960, **1**, 1192.
[2] Cochran, J. B., *Brit. med. J.*, 1952, **2**, 964.
[3] Tenney, S. M., and Miller, R. M., *Amer. J. Med.*, 1955, **19**, 498.
[4] Reid, J., *Scot. med. J.*, 1957, **2**, 91.

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