

common anti-diuretic factor in operation. This inhibitory factor would be reduced or abolished during sleep and the diuresis would produce rapid bladder distension and reflex contractions. This would be most likely to occur within a few hours of going to sleep, when sleep is normally heaviest. It is interesting to note that enuresis is more common in boys, the inherently more energetic sex—at least in their physical activities.—I am, etc.,

Birmingham.

BARRIE S. SMITH.

REFERENCE

¹ Verney, E. B. *Lancet*, 1946, 2, 739.

Infantile Hypercalcaemia

SIR,—Drs. B. E. Schlesinger, N. R. Butler, and J. A. Black have collected together an interesting series of the severe type of infantile hypercalcaemia (*Journal*, January 21, p. 127). Their reference to the facies in this condition prompts me to report the following case.

In 1954 at an infant welfare clinic I saw a girl, aged 4 months, with a history of vomiting since birth. On examination, the facies was so characteristic that with the findings of an apical systolic murmur and hypertension, a provisional diagnosis of the severe type of hypercalcaemia was made. To my surprise, however, the serum calcium level was only 11.4 mg./100 ml., although there were also radiological changes in the base of the skull and a blood urea of 57 mg./100 ml.; 9, 18, and 28 days later the serum calcium levels were 10.3 mg./100 ml., 9.8 mg./100 ml., and 11.9 mg./100 ml. At this point treatment with cortisone was started and the next two calcium estimations at weekly intervals were 10.4 mg./100 ml. and 12 mg./100 ml. Cortisone was continued for seven weeks, and four weeks after stopping the cortisone the serum calcium rose to 14.3 mg./100 ml. and four weeks later to 19 mg./100 ml.

I think the interest in this case is, first, the presence of the facies at the early age of 4 months, and, secondly, the presence at this time of the cardiac murmur, hypertension, bone changes, and azotaemia before the serum calcium levels were raised.

Three normal readings were obtained after clinical diagnosis before treatment. Indeed, the first unequivocally high figure for calcium was found after 15 weeks, but the delay may have been due in part to the administration of cortisone.—I am, etc.,

London, S.E.1.

M. C. JOSEPH.

Give Up Smoking

SIR,—Allow me to support the letters of Drs. I. Lloyd Johnstone and Lennox Johnston (*Journal*, March 24, p. 687). Within the last few years a great deal of attention has focused on tobacco as the cause of lung cancer, but what of the other respiratory complaints which are aggravated by the inhalation of these irritating fumes? Personally, I should like to see a campaign launched against smoking in public. This dirty habit has unfortunately become so widespread that, unless one stays at home, one cannot be sure of clean, unpolluted air. Smokers invade hotels, cafés, theatres, cinemas, concert halls, convalescent homes, hospital wards, and recently two youths were seen smoking in a Leeds Anglican church.

My sympathies are with most victims of asthma, bronchitis, bronchiectasis, and emphysema. They know only too well how smoke upsets them. These people are usually quiet, timid types, who are afraid to make any protest, so they suffer in silence. Their disability debars them from the ordinary pleasures of life, such as theatres and cinemas, and if by chance they fall ill, they are compelled to enter hospital wards where the inmates smoke day and night. I am appalled by the lack of consideration shown to these unfortunate people, and the ignorance on the part of the medical profession when dealing with "chesty" subjects. Patients are often referred for examination with persistent unproductive coughs, and upon inquiring into their history they admit to smoking 20, 30, or even 50 cigarettes a day; yet their medical advisers either acquiesce to this or do not

even inquire about their habits. Patients are always ready to blame their unsuitable working conditions, stuffy, ill-ventilated rooms, etc., but they never think that they themselves are the producers of this state of affairs. I have known them unwittingly to complain that they cannot stand other people's smoke.

I am well aware that it would take many years to make the public smoke-conscious, but I suggest that to start with the medical authorities should enforce smoking restrictions in hospitals and convalescent homes, and if this is impossible then non-smoking wards should be provided for "chesty" patients. The non-smoker has as much right to unpolluted air as the smoker has to a smoke-laden atmosphere.—I am, etc.,

Leeds, 8.

DAVID A. HERD.

SIR,—I am not surprised that many doctors and others engaged in the National Health Service are heavy smokers, especially if, as Dr. R. J. Goldacre (*Journal*, April 21, p. 921) suggests, "the act of writing down the source of frustration abolished that particular impulse to smoke." Those engaged on capital development in the National Health Service cannot spend all their time writing, so, presumably, they will continue to smoke.

But seriously, when all has been said and done, there is a heavy responsibility on the shoulders of the middle-aged population of this country to see to it that our children don't make the same mistakes we have made in connexion with smoking. Please, Mr. Minister of Health, give us the lead which the country is waiting for, and let us use the will-power God gave us, and our powers of persuasion, to stop ourselves and prevent others from starting this insidious habit. Smoking must be banished from our lives; murderers are not allowed to be at large indefinitely. Make the effort to stop smoking *now* rather than later, when so much more damage will have been done.—I am, etc.,

Wigan.

T. W. HURST.

Vaccination

SIR,—The coiner of the term "vaccination" (Latin, *vacca*, a cow) would be interested in the extension of the term to cover B.C.G. and immunization injections against yellow fever, typhus, cholera, typhoid, paratyphoid, pertussis, influenza, rabies, acne, poliomyelitis, etc. All these are justified on the ground that modified micro-organisms are used. In the more tenuous cases the modification is death of the organism. Anti-diphtheria and anti-tetanus immunizations use toxin, and therefore do not qualify for inclusion.

The G.P. faced with yet another mother (fathers never know, anyway) wishing to complete her child's immunization programme would bless anyone who finds an answer to the problem of recording these events. Vaccinia and B.C.G. leave indelible records on the recipient, but the others do not. Records are a very real difficulty in an area like Cornwall with its large migrant population, many of whom have to be subjected to the whole gamut of vaccinations and immunizations. Might I suggest that the W.H.O. investigate the development of a simple universal code for recording them?—I am, etc.,

Camborne, Cornwall.

S. W. V. DAVIES.

Freud's Impact on Psychiatry

SIR,—In Dr. E. Stengel's admirable article (*Journal*, May 5, p. 1000) there is one statement which seems worth correcting. It is that Freud never worked in a psychiatric department (p. 1001). Dr. Stengel evidently forgot for the moment that Freud had lived and worked for five months in Meynert's psychiatric department of the Vienna General Hospital in 1883, and in 1885 was employed in Obersteiner's private mental hospital; it was the work on which he most concentrated in his hospital career. Later in his private practice he had much opportunity of observing psychotic cases.—I am, etc.,

Elsted, Sussex.

ERNEST JONES.