(including relatives) have to be dealt with. Adequate therapeutics are opposed or rejected on the plea of expense, difficulty, or on other plausible or reasonable grounds, and the child is apt to grow up, as I have been long enough in practice to observe, into the doleful type of invalid known comprehensively as the "abdominal neurasthenic," with his flatulence, constipation, mucous colitis, enteroptosis, etc., and the neuroses or psychoses that accompany these woes.

Enlarged tonsils and adenoid growths need prompt removal because they serve as reservoirs of pathogenic organisms at the portal of the respiratory and digestive tracts and greatly aggravate the whole condition, but they are a result and not a cause of the catarrhal state. Remedial exercises, directed with knowledge and experience, are serviceable in correcting the faulty posture, flat-feet, etc., but their utility is much limited unless the defects of the environment are adjusted.

A thorough understanding of child psychology and psychotherapy is also needed, for the "sense of inferiority" is all too readily acquired, as are also the various "fixations" and "complexes" that impede or pervert psychic development.

The root of the matter appears to me to be that the simple traditions and cruder eugenics that served our forefathers, and foremothers, for guidance in the rearing of children no longer suffice us. They were all very well in the days when families were large and the devil took the hindmost, or when generation after generation had bred in the same environment and effected stable adjustments by cumulative acquisitions of mother-wit. We are dealing largely now with the huge, floating, heterogeneous populations of the industrial era, and new and more complex traditions must be devised to meet the needs of a more complex civilization and to give the individual a better chance of satisfactory adjustment to his environment.—I am, etc.,

J. STEWART MACKINTOSH,
Hampstead, Nov. 29th. M.D., M.R.C.S., L.R.C.P.

HYPOGLYCAEMIA AND EPILEPSY.

SIR,—The use of insulin in the treatment of diabetes mellitus and the discovery that an overdose may produce signs and symptoms of an ordinary epileptic seizure lead me to ask whether we have not here, perhaps, some clue to the cause of epilepsy itself.

It would appear that it is the hypoglycaemia induced by an overdose of insulin which is the causative factor in the epileptiform attack, for insulin does not appear to have any other pronounced effect on the blood stream. At least there is no evidence that it produces either an anaemia or a hyperaemia of the brain. It is, at least, a possibility, therefore, that it is the reduction of the blood sugar below a certain percentage that produces the epileptiform seizure. If this be so, one feels justified in asking whether the cause of true epilepsy may not yet be found to be either a persistent or a recurring hypoglycaemia. I am carrying out some observations in a small way, but investigation by one engaged in general practice is necessarily difficult. I would suggest for those with more leisure and greater scope that investigation along the following lines will at least prove of interest.

(1) Does the examination of the epileptic during a normal state of health reveal any abnormality in the percentage of blood sugar—for example, is there a tendency normally towards a hypoglycaemia?

(2) During the seizure itself is there any evidence of a hypoglycaemia?

(3) Does autopsy reveal any abnormality of pancreas—for example, hypertrophy of the islands of Langerhans; or does it show any atrophy of other antagonistic glands?—I am, etc.,

Whitehaven, Nov. 24th. J. W. MACKAY.

ATTITUDE IN CATHETERIZATION OF THE BLADDER.

SIR,—I am inclined to think that the answer Dr. Bamber gives to the question he asks (November 17th, p. 947) is not quite complete.

I have noticed repeatedly when passing a glass catheter in women in the supine position for distended bladder that, when the pressure with the hand above the pubes is relaxed and the bladder is nearly empty, the direction of the flow through the catheter is reversed. This suggests to me that a negative pressure then exists within the bladder owing to the bladder muscle failing to contract.

If this is the case in a healthy bladder which has been temporarily distended, how much more would it not be the case in the male bladder, which can never be emptied spontaneously. It will generally be found necessary to express the contents of the bladder by pressure above the pubes if the patient is in the supine position, and if the pressure is relaxed before the catheter is withdrawn, unless the finger has been previously placed over the end of the catheter, air is liable to enter.

When the catheter is passed in the sitting or standing position, it is usual to depress the external end; hence the bladder is emptied by siphonage, and the degree of suction corresponds to the difference between the height of the eye and that of the external opening of the catheter, and as long as the latter is kept on a lower level than the former air cannot enter.

The presence of air in the bladder gives rise to a condition favourable to the growth of certain bacteria which in its absence would not flourish. The urine in cases of cystitis the result of catheterization is commonly alkaline, and everyone will recall how rapidly urine undergoes alkaline decomposition in warm weather. It would therefore appear to be more satisfactory to empty the bladder by siphonage than by expression. This can easily be done in the recumbent position by attaching a foot or two of thin rubber tubing to the end of the catheter and letting it hang over the side of the bed. It is necessary, however, to use a catheter with multiple eyes, as a single eye might adhere to the bladder wall by suction, and so become obstructed.—I am, etc.,

Westcliff, Essex, Dec. 2nd. T. BRICE POOLE.

VACCINATION PROPAGANDA.

SIR,—Mr. T. F. Manning (JOURNAL, December 8th, p. 1122) says that "the great flaw in Dr. Millard's argument is his assumption that every attack of small-pox in an unvaccinated person would be so severe as to lead to immediate diagnosis," and he instances the experience of the ultra-mild small-pox which has recently prevailed in the North and Midands as disproving this.

I tried to make it clear that my contention only applied to the severe or Asiatic type of the disease. I quite admit that it does not apply when we are dealing with the American or alastrim type. But the point is this: so long as the mild American type breeds true we are, for all practical purposes, dealing with a different disease from the terrible and fatal scourge to fight which vaccination was first introduced and made compulsory. I venture to assert that if it had only been the American type of small-pox which prevailed in Jenner's day and subsequently he would never have been voted £30,000 by a grateful Government, nor would the compulsory vaccination law ever have been passed! On the other hand, should the American type of small-pox now occurring in this country cease to breed true—though so far it has shown no inclination to do this—then the difficulty of diagnosis in unvaccinated subjects would also cease.

It is a surprising and disconcerting fact, but none the less I believe it to be true, that under modern conditions the Asiatic type of small-pox tends to be spread rather by vaccinated persons, whilst the American type tends to be spread rather by the unvaccinated. Or, to put it another way, under modern conditions vaccinated persons tend to spread a severe type of small-pox, whilst unvaccinated persons tend to spread a very mild type.—I am, etc.,

Leicester, Dec. 8th. C. KILLICK MILLARD.

SUPRAVAGINAL HYSTERECTOMY AND PANHYSTERECTOMY.

SIR,—I opened this week's JOURNAL in the full expectation of finding a letter from Dr. Herbert Spencer on the above subject, nor was I disappointed. I think, however, further discussion would be better left over until I have published my paper in full.—I am, etc.,

Manchester, Dec. 10th. W. FLETCHER SHAW.

Br Med J: first published as 10.1136/bmj.2.3285.1184 on 15 December 1923. Downloaded from http://www.bmj.com/ on 23 April 2024 by guest. Protected by copyright.