reaction to oral phenoxymethylpenicillin in 1957.¹

Regarding treatment of any anaphylactoid reaction, I am sure prompt recognition is vital, and I am equally sure that prompt administration of adrenaline is the correct initial course because it is effective, acts quickly, and every doctor carries it in his bag.—I am, etc.,

Leeds 17.

M. DALES.

REFERENCE

- ¹ Dales, M., *Brit. med. J.*, 1957, 2, 1366.

SIR,—I was interested in the clinical report by Dr. A. M. Fox (24 July, p. 206) which closely resembles, in its general and neurological aspects, a case of encephalopathy following a sting which I have described in detail elsewhere.¹ The cerebral disorder found in some other cases of sting appears to have a vascular basis. Cerebral oedema and infarction, sometimes haemorrhagic infarction, are well documented.²

While it is well known that penicillin introduced into the cerebral ventricles or spinal theca in high concentration may have severe neurological effects it seems unnecessary to postulate that the penicillin given (orally) had any direct effect on the brain. I would agree with Dr. Fox that these unusual neurological manifestations are most likely to be secondary to anaphylactic shock with hypotension.—I am, etc.,

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Bristol.

BRYAN ASHWORTH.

REFERENCES

- ¹ Ashworth, B., *J. Neurol. Neurosurg. Psychiat.*, 1964, 27, 542.
² Day, J. M., *Arch. Neurol. (Chicago)*, 1962, 7, 184.

Diagnosis of Hysteria

SIR,—Dr. E. Slater's stimulating paper on "Diagnosis of 'Hysteria'" (29 May, p. 1395) raises a number of questions. He appears to regard "hysteria" as a form of normal behaviour. "... All the signs of 'hysteria' are the signs not of disease but of health." And again "... If it is shown that one out of a group of symptoms is 'hysterical,' this is merely to demonstrate that in respect of this symptom the patient is showing a normal and not a pathological reaction." A similar view is taken by Szasz.¹ We believe that all so-called neurotic behaviour is normal and not pathological.

Dr. Slater uses the headings "Frequency of Misdiagnosis," and "Basic Organic Disabilities" and ends by saying: "The diagnosis of 'hysteria' is a disguise for ignorance and a fertile source of clinical error. It is in fact not only a delusion but also a snare."

We suggest that one can overcome the difficulties by recognizing hysteria (and other "neurotic" behaviour) as adaptive responses. The content of these responses is the assumption of one or more of the attributes of the role of sick person. The forms which these take are all varieties of hysterical (and "neurotic") behaviour.

There are many reasons for people choosing such forms of adaptation. To be accepted as sick confers many privileges; enables one to avoid responsibilities; and entitles one to

receive help, or attention, or sympathy, sometimes all three. Some solve interpersonal difficulties and learn to control and manipulate others. Some wish to receive euphoriant drugs. Some are persuaded by the medical profession that their complaints are evidence of illness and they are treated accordingly. As Dr. Slater indicates, there are others whose efficiency is impaired so that their adaptive responses are limited, and may include "hysterical behaviour." Such will occur in those with physical disease, especially disease of the nervous system.

If hysteria is regarded as adaptive behaviour it need not be regarded as mental illness, and many other contradictions are resolved. While adaptive behaviour may be more or less successful, it cannot be judged by its outcome.

It is as wrong to treat "hysteria" as a disease because some people exhibiting such behaviour develop physical illness as it is to treat the physically ill as not sick because they exhibit "hysteria."—We are, etc.,

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D. H. MARJOT.

Psychiatric Department,
British Military Hospital,
Singapore.

REFERENCE

- ¹ Szasz, T. S., *The Myth of Mental Illness*, 1962. Secker and Warburg, London.

Thumb-sucking and the Teeth

SIR,—As a dental practitioner I grow increasingly weary of the statement, repeated by Dr. John Apley in his paper on behavioural disorders (17 July, p. 157), that sucking the thumb has little effect on the teeth. I have to cope with this problem daily, and my advice is frequently ignored or even derided because the patient's doctor has said that thumb-sucking is harmless, or enforced withdrawal may produce other and worse symptoms.

If a child sucks thumb or fingers and holds the digits in a perfectly horizontal position whilst sucking, the only damage that ensues is the delayed eruption of the permanent teeth, which drop into position as soon as the habit stops. If the child sucks the thumb holding it in the vertical position with the full weight of the hand resting on the lower jaw, then by the age of 3 irretrievable damage has occurred, and by the age of 6 nothing short of plastic surgery can remedy the resultant small lower jaw and vastly extended premaxilla. And I can assure Dr. Apley that the psychological harm such a deformity produces in a teen-age girl is great.

Sucking the thumb is most pronounced just at the time the child is going to sleep, and I have discovered that if the habit can be stopped at this moment then it rapidly drops off at other times. I advise parents to seek the co-operation of the child if old enough, but in any case to carefully bind socks on both hands just before going to bed so that it is impossible to suck anything but a woolly sock. This should be continued for about six weeks. The first few nights might be restless, and I usually prescribe a mild sedative for this. In the case of small children there is usually some squalling protest, which should be ignored.

With this method many children in this area have been cured of this dentally pernicious

habit. To date I have had no report of any other behavioural disorder arising as a result of the treatment, and in children of older age groups most of them seem to be extremely grateful to be rid of a habit which they wanted to stop but could not do unaided.

In the circumstances I have described, thumb-sucking in infancy produces a gross and lifelong deformity of the dentition and jaws which is not amenable to ordinary orthodontic methods, and is perhaps the most intractable orthodontic problem facing the dental practitioner to-day. As most patients have far more respect for the advice given to them by their doctors than by their dentists, it is to be hoped that the medical profession will exercise the greatest caution in its future advice regarding the problem of thumb-sucking.—I am, etc.,

Norwich, Norfolk.

C. A. PITT-STEELE.

New Museum Dedicated to Semmelweis

SIR,—The centenary of the death of Ignace Semmelweis falls on 13 August of this year. To mark the occasion the Hungarian Ministry of Health has had the house where Semmelweis was born restored, and has established a museum in it. On 15 October 1964 the mortal remains of Semmelweis were transported hither from the cemetery and placed into the tomb situated at the far end of the house at the foot of Castle Hill at Várhegy. In front of the tomb stands the statue "Motherhood," the work of the renowned Hungarian sculptor and Kossuth Prize laureate, Miklós Borsos.

The house where Semmelweis was born stands in Buda (Apród utca 1-3), at the foot of Castle Hill. The successful general-store run by Semmelweis's father was also situated there.

The house was built at the beginning of the 18th century in the style of Louis XVI, and it is decorated with lovely garlands on its façade. With its 13 windows giving on the street, it was rather spacious according to middle-class standards of that time. Some time ago it was declared a historic building and in 1906, when a statue of Semmelweis was unveiled, a commemorative plaque was affixed to the wall. In the second world war the house was hit by a bomb and partly destroyed. Nevertheless, thanks to clever restoration nothing of its beauty has been lost and all the details have been preserved. The glass panes of the wide doorway make it possible to see Semmelweis's tomb and his statue even from the street.

The museum houses a collection of medical and pharmaceutical relics. One of the rooms is dedicated to the memory of Ignace Semmelweis; it contains a few pieces of his furniture—a writing-table, some book-cases, and small dressing-tables—and on the walls there are portraits of his parents as well as of Semmelweis himself and of his wife, painted by the artist A. Canzi in 1857.

Only a few keepsakes of Semmelweis have been preserved—a few letters and some short poems written in his childhood on the occasion of family gatherings. All these prove the happy domestic life of the family and the sound education given to the children. Semmelweis's small jewel-case has also been kept, though as it is little larger than a matchbox it could not have contained many valuables.

In the Semmelweis room there are also a number of writings about him—books (including the excellent biography written by Sir William Sinclair) and some periodicals. The other