Correspondence.

"Audi alteram partem."

A TONSIL AND ADENOID INQUIRY.

To the Editor of THE LANCET.

SIR,—I think Dr. S. Barwise's idea of an inquiry into the causation of adenoids and tonsils, published in your issue of April 1st, is a very excellent one. I would suggest that the infant welfare centres should take a leading part in this work. The early months of life I feel sure will be the most important in an investigation of this kind; but I am not at all convinced that Dr. Barwise's 50 health visitors would be the ideal persons to carry out this work in its entirety; they could, no doubt, supply data concerning the housing conditions, but their views as to methods of feeding would not be of very much value. I think the doctors conducting the welfare centres are the proper authorities to investigate the feeding problem, in fact most of the inquiry form must be filled in by the doctors themselves if the statistics are to have any value. With regard to the form itself, this would require drastic alterations in several respects, and I would suggest that the proper authority to draw up an inquiry form would be the Section for the Study of Disease in Children of the Royal Society of Medicine. I feel sure that the profession would feel more enthusiastic about the forms if they knew that the subject had been carefully considered by acknowledged clinical experts.

There is one point in Dr. H. Merrall's letter, which appears in the same issue, with which I heartily agree—viz., that enucleation of the tonsils is an unnecessary operation. If we believe, and I imagine we all do, that the main functions of tonsils and adenoids are those of defence, it is surely unscientific to remove them completely. The tedious convalescence which so often occurs after enucleation is a great disadvantage, and I believe this is the chief reason for the public alarm which has lately become so prominent in the press. Removal of the superficial portion of the tonsil has little or no constitutional after-effects. I am quite certain that a large number of slightly hypertrophied adenoids can be kept within bounds if the thick mucus which lies in the post-nasal space is removed by syringing the nose with saline solution twice a day. This simple treatment has been most successful at my welfare centres, and I am positive that many cases would, in former years, have been operated upon on the supposition that adenoids were causing the obstruction, whereas as a matter of fact the thick mucus was the real cause.

I am, Sir, yours faithfully,

Kensington, April 18th, 1922.

RONALD CARTER.

THE PERNICIOUS VOMITING OF PREGNANCY.

To the Editor of THE LANCET.

SIR,—It can no longer be maintained that the gentle art of delivering women of children successfully is a necessary condition for the understanding of metabolic processes occurring during pregnancy. But up till now, physicians, for the most part, have left these matters alone—in spite of the fact that certain disturbances of metabolism, thought to be peculiar to pregnancy, occur also in the non-pregnant. Surely, the study of these aberrations in the non-pregnant must throw light on their cause in pregnancy. If, for instance, acute yellow atrophy is due to a toxin, since this disease occurs in the non-pregnant, it is plain that when it occurs in pregnancy it cannot be due to some specific toxin the result of the pregnancy; it must be due to some other toxin which occasionally arises when the uterus is empty. Physicians, I submit, should grapple with such problems, and come to the aid of obstetricians and help them to understand the toxæmias of pregnancy. Dr. A. F. Hurst, in so far from trespassing on "obstetrical preserves," is to be

congratulated on his paper on the Pernicious Vomiting of Pregnancy. It is not without consequence: it has brought to light certain discordant opinions which might otherwise have remained hidden; and I think will bring further confusion to those who believe in the toxæmic origin of the toxæmias of pregnancy.

Your issue of April 8th produced two letters displaying two opposing and contradictory views on the pernicious vomiting of pregnancy. The one view is that not all the types of pernicious vomiting are neurotic (or hysterical)—some are truly "toxæmic" in origin (Eden): the other that all are neurotic—none are toxæmic in origin (Oldfield). Thus, whilst Mr. Eden believes that some cases of pernicious vomiting are caused by a specific toxin (presumably arising from the developing ovum), Dr. Oldfield rejects such a hypothetical cause. I believe Dr. Oldfield is right.

In your issue of April 15th Mr. Fairbairn endeavours to throw oil on the troubled waters. He does not refer to the fundamental position taken up by Dr. Oldfield, but thinks the controversy between Mr. Eden and Dr. Hurst is due to a "misunderstanding of terms." He thinks "pernicious vomiting" should simply connote the condition of persisting vomiting insensibly arising from the morning sickness of pregnancy; and that the term "toxæmic vomiting" should be restricted to those cases in which vomiting arises later in pregnancy, and is but one amongst other toxæmic manifestations (albuminuria, oedema, headache, blindness). This being so, he agrees with Dr. Hurst that the pernicious vomiting of pregnancy is a neurosis. For more than ten years at St. Thomas's Hospital the uterus has not been emptied for pernicious vomiting; only occasionally has this been done in toxæmic cases, and only in such, not because of the vomiting, but because of the results of biochemical investigations as to the renal and hepatic functions. Thus, the suggestion is that in neurotic cases of the pernicious vomiting the liver and kidneys do not come to suffer; whereas in the toxæmic cases these viscera necessarily become diseased, and only can the morbid process be checked by emptying the uterus. But Mr. Fairbairn is incomplete in his argument. He does not show that the neurotic cases always get well and never insensibly pass into the "toxæmic" variety—which seems to me the point of Dr. Hurst's paper. On the contrary, he distinctly says, "At home a cure is almost hopeless." What, then, happens to such patients kept at home? Do they die? And in the further and ultimate course of the disease, do they present no sign or symptom suggestive of a "toxæmic origin"? Are the biochemical investigations negative? the kidneys and liver normal, with no post-mortem lesions? Dr. Hurst (April 15th) gives the answer clearly. We do not wait, he says, for conclusive evidence which—according to Mr. Eden—the post-mortem would give of the toxæmic nature of the case: we prefer to cure the patient by psychotherapy.

We cannot believe that because a patient gets well no lesion existed during the disease. In Dr. Hurst's case, the urine contained no albumin or sugar, but the ammonia-coefficient on the day of admission was 28. Does this mean there were no liver lesions? In the case reported by Prof. Winifred Cullis and Dr. Evelyn Hewer (April 1st) the ammonia-coefficient was 58; the patient recovered without emptying the uterus and subsequently a full-term healthy child was born. Was the liver in this case, throughout the pregnancy, normal? And in the cases successfully treated by physicians and others—to which Dr. Hurst in his paper refers—cases which would previously have been regarded as incurable except by emptying the uterus—in none of these cases were there liver lesions? Why, Prof. V. J. Harding, as THE LANCET in a leading article last week points out, believes that a simple starvation produces a fatty infiltration of the liver; and this for him is the first step in the hepatic devolution in pregnancy caused by persistent vomiting!

And if cases of hysterical vomiting in pregnancy get well when treated in hospital, but die when treated at home, we must assume that the cessation of the vomit-