

## Discussion

**Dr Scott** (*Kingston-upon-Thames*): Could you tell us anything about the Coombs test in relation to methyl dopa?

**Dr Wollner**: The Coombs test is positive in a small number of cases, thus giving an indication of haemolytic anaemia due to methyl dopa. The question is whether to carry out routine Coombs tests on these patients; if the result is positive, do you discontinue the drug? One should look for clinical evidence of haemolytic anaemia, and having found it perform a Coombs test to establish the diagnosis.

**Dr Brocklehurst** (*Bromley*): Blood pressure is also related to the degree of distension of the bladder; as the bladder is distended so the blood pressure rises and when this distension is relieved the blood pressure falls. This contributes to a type of hypotension called micturition syncope, not uncommon in old people who get up in the night, when they get the effect not only of posture but also of emptying their bladder. Both of these things are likely to contribute towards hypotensive attacks, possibly resulting in falls.

**Dr Wollner**: It is the rapid changes in bladder filling or emptying which count, but the syndrome of micturition syncope has undoubtedly been well established and is probably an important cause of hypotension in the elderly.

**Dr Batten** (*Edenbridge*): Would Dr Wollner agree that after 40, if one feels in good health and has no symptoms, it is a mistake to have one's blood pressure measured? Will this make for health and happiness or the reverse?

**Dr Wollner**: This raises the whole question of the value of screening and for those of us who are over 40 this is a very interesting point. I believe in screening because I believe in prevention of disease and disability where practicable. I think the time will come when we will have regular screening examinations including blood-pressure measurement, and that there will be an indication, with even safer hypotensive therapy, for treating early rises in blood pressure in those people at special risk. Evidence is accumulating that a rise in blood pressure is one of the important risk factors in atherogenic vascular disease. But what do we do today? It would be a good thing for general practitioners to take the blood pressure of elderly and middle-aged patients routinely, thus being able to consider treatment when it reaches a certain level.

## Mental aspects of cerebrovascular disease

**Dr Klaus Bergmann**, M.B., Ch.B., D.P.M. (*consultant psychiatrist*)

"A man is as old as his arteries" is a commonly accepted saying both by laymen and physicians. Rothschild (1956) in reviewing the history of senile mental changes and the views expressed in the first systematic textbooks of psychiatry in the nineteenth century points out that "it is evident that the whole subject was in a state of confusion, the term 'senile psychosis' still included atherosclerotic conditions and senile dementias without any distinction". Mayer, Gross, Slater and Roth (1960) are able to sum up a more clearly defined clinical picture of arteriosclerotic psychosis, but point out that distinctions have been drawn between conditions attributed to hypertension and those with related cerebral arteriosclerosis with or without hypertension (Krapf 1936). Furthermore this author distinguished between hypertensive and arteriosclerotic mental illness. Describing the former he said they took the form of twilight states of acute onset and sudden in termination, being wholly reversible and attributable to cerebral spasm. However,