surely postoperative treatment in appendicitis should normally be by suppository until fluids are being taken, and then be oral.

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Accidental self-inoculation with veterinary vaccine

SIR,—Two instances have come to the Health and Safety Executive's notice of accidental self-inoculation in the finger tip by operators administering an oil-based fowl pest vaccine. Both cases were treated at the nearest hospital, where the need for surgery was not appreciated. One patient lost the terminal phalanx and the other has loss of tissue and tenderness of the finger tip.

These injuries resemble those caused by high-pressure paint gun injuries previously reported.¹⁻³ Booth¹ commented: "... the dangers of injuries from high-pressure paint guns are not widely known... all cases should be treated by an experienced surgeon as fairly extensive surgery may be needed."

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¹ Booth CM. *Br Med J* 1977;iii:1333-5.
² LeBlanc JV. *J Occup Med* 1977;19:276.
³ Morley R. *Br Med J* 1967;i:25-6.

Eating and ulcers

SIR,—Your leading article on eating and ulcers (26 January, p 205) seemed dated. It was worth reminding doctors of the lack of evidence for the efficacy of classical ulcer diets in healing or keeping healed gastric or duodenal ulcers. However, the topical controversy is not whether a sloppy diet helps: it is whether the opposite regimen, a high-fibre diet, should be advised.

There has been one randomised controlled trial, in Bombay by Malhotra,¹ in 42 patients whose duodenal ulcers were healed and in remission. After five years 17 of 21 continuing on their staple rice diet had relapsed, compared with three of 21 changed to an unrefined wheat diet and told to chew each mouthful more than 60 times. This unrefined, masticatory diet was thick chapattis cooked with ghee, thick dhal, vegetable curries, and yoghurt. Would this regimen work in the West?

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¹ Malhotra SL. *Postgrad Med J* 1978;54:6-9.

* * Dr J H Baron, Professor J Yudkin, and Mr F I Tovey and others (16 February, p 483) rightly remind us that many types of diet—high-fibre and low-carbohydrate among others—may influence the course of peptic ulceration, and possibly diet is a major causative factor. The studies they mention are all of interest, therefore, but hardly provide "convincingly emphatic answers about the effects of diet," to the absence of which our leading article drew attention. Perhaps Dr Baron will be able, in due course, to tell us whether a regimen of "thick chapattis, thick dhal, vegetable curries, and yoghurt," or even

just unprocessed bran, will work in the West; but we doubt whether it is any more likely than milk and steamed fish to survive as a day-to-day therapeutic measure in the face of pharmacological progress.—Ed, *BMJ*.

In defence of "cranks"

SIR,—In his reply (9 February, p 401) to your leader on elimination diets in childhood (19 January, p 138), Professor J F Soothill rightly criticises the blinkered scepticism of the medical establishment when it is confronted with the converging body of evidence which implicates food intolerance, on whatever basis, as a cause of many types of disorder; and he aptly points out that editorial negativism in important places may prevent potentially valuable treatments from being made available to those who need them. Yet until such time as a sufferer from food intolerance can count on having the nature of his problem recognised by those officially responsible for his care and on obtaining effective relief from his suffering through official channels—a state of affairs that seems unfortunately a long way off—Professor Soothill's global denunciation as "quacks and cranks" of those unorthodox practitioners to whom such misunderstood and long-suffering people are, as he notes, forced to turn seems equally likely to deprive them of sources of relief. By their own account such relief is sometimes more effective than anything establishment medicine has been able to offer.

For the past six months I have been conducting a nationwide postal questionnaire survey of the experience of people with food and chemical sensitivities. The returns are not yet all in, but preliminary inspection of the data suggests that the final results will provide empirical support for the proposition that people would rather get reasonably well on "unscientific" grounds than continue to suffer their symptoms, drug side effects, fruitless investigations, and the stigma of being regarded as "difficult," "hypochochondriacal," or whatever on "scientific" ones.

If the work of the many "unorthodox" practitioners who are applying ideas that have gained widespread acceptance in the American literature could be given the same unbiased hearing as Professor Soothill would ask the establishment to grant to orthodox studies, the unproductive heat that this retrograde debate goes on generating might finally be replaced by a ray of much-needed light.

Meanwhile, the lack of official recognition and dissemination of knowledge about food intolerance among the medical profession does not prevent people from suffering its effects and succeeds only in reducing the credibility of doctors. As probably the only researcher in the country who is systematically studying the secondary handicaps arising from this widespread and often debilitating chronic condition, I find it a sad comment on orthodoxy that so many of my respondents, when asked if there were any particular worries which their special need to avoid certain foods in order to remain well caused them, mentioned the prospect of having to go into hospital for any reason. They anticipated that not only would their dietary restrictions not be respected but that they would also be regarded as "cranks" themselves. Such people are likely to avoid seeking treatment for other, accepted, conditions, for which orthodox

help is readily available. The iatrogenic potential, both positive (for example, physical and psychological harm inflicted) and negative (for example, beneficial treatment withheld), of medical dogmatism in this area is enormous and it is to the credit of patients' intelligence that they can see so much more than is dreamt of in doctors' philosophies.

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Heart disease, exercise, and life style

SIR,—I do not think that your reviewer JRH can be a running doctor or he would have been kinder to Dr Risteárd Mulcahy's book *Beat Heart Disease* in the "Positive Health Guide" series (23 February, p 557). As a GP who has been running since before it was respectable to do so, I find it a splendid book to recommend to my patients. It deals well with all the risk factors but the emphasis is on regular exercise, particularly walking, jogging, and running.

I find that if a person gets enthusiastic about these activities he will be motivated to alter his life style to enable him to jog or run better; this includes altering his eating habits, losing weight, and cutting down his smoking, so reducing more risk factors. This seems to me to be a much more positive way to reduce the risk factors than by doing it because of the fear of an untimely end.

I wish this little book every success.

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Exercise training in chronic bronchitis

SIR,—Your contributors Drs D J M Sinclair and C G Ingram (23 February, p 519) are to be congratulated on their study of the usefulness of exercise training extending over 12 months. The positive result is most encouraging and should lead to more bronchitic patients being helped in this way.

Nevertheless, in an issue when you, Sir, disclose that you use as a selection criterion for submitted articles that any treatment should be evaluated in a formal controlled trial it is disappointing that the control group was neither selected by random allocation of subjects nor given the same weekly visit by a nurse. The preferential reduction in smoking, symptoms, and hospital admissions among the treated group could have been due to this cause. Fortunately the main conclusion is not in doubt and has recently been confirmed in a study in which the formal conditions were fulfilled.¹ There is now a need for a similar study to evaluate the role of the respiratory nurse, whose help may itself be of great value to these patients.

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¹ Cockcroft A, Saunders MJ, Berry G. *Thorax* (in press).

SIR,—I was pleased to see a report of the evaluation of a simple exercise regimen in a chronic condition (23 February, p 519) but