implicated in transmission.² Both blood and saliva would be likely agents of transmission in schools where skinned knees, hands, etc, sucked pencils and pens, and shared sweets are normal occurrences. That we find no evidence of any infection among 224 Scottish children in two schools with at least nine known carriers is encouraging (not all were tested in this voluntary study). We cannot conclude that hepatitis B is not transmitted in a school environment, as we have no measure of the true infectivity of the carriers (four had anti-HBe, five neither HBe nor anti-HBe). But we can conclude that the presence of a much larger number of carriers than would be present in a school composed entirely of native Scottish children has produced no evidence of any transmission of infection to the Scottish children. This is reassuring.

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¹ Goel, K M, *et al*, *British Medical Journal*, 1977, **1**, 676.

² Bancroft, W H, *et al*, *Journal of Infectious Diseases*, 1977, **135**, 79.

"Fighting Spirit"

SIR,—I was flattered that Minerva (8 April, p 929) should have noticed my book *Fighting Spirit* (not, by the way "The" *Fighting Spirit*) but feel I must answer her question: "Why . . . does he omit any mention of women?" I wrote: "We must not forget the growing number of women in the Services"; and named, as my supreme example of good modern leadership, Her Majesty the Queen Mother, giving good reasons for this choice. When I went so far as to caution that we cannot nowadays assume that God is a man, I was thinking of the ardent feminist who counselled a troubled friend: "Pray to God, my dear, and She will help you."

Soldiering may be a little outside Minerva's proper sphere, but many readers of the *BMJ* know a great deal about it, so I must point out that I claim no personal credit for the "theory that good morale and esprit de corps . . . are the most important attributes of a soldier." Napoleon, Montgomery, and Slim are among those who said this long before I did.

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Nutrition education

SIR,—We agree with Professor A S Truswell (25 March, p 782) that nutrition education for the whole public is difficult. The advice about food in the current phase of the "Look After Yourself" campaign is not intended to be comprehensive. In this opening phase of a long campaign we hoped to put across the ideas that what people eat has some bearing on their health; that everyday fitness could be improved or maintained by choosing some foods which could be regarded as healthier than others; and that people who think about what they eat are not food faddists or cranks, but simply being sensible about looking after themselves. We have not created the nutritional

principles; most of these—for example, reduction of obesity and reduction in the proportion of energy derived from fats and sugar—have come from the report of the Committee on Medical Aspects of Food Policy.¹ We have tried to translate these into mass media messages for the public.

Later in the campaign we intend to give more specific advice and will, of course, be consulting nutritionists on these messages. We are in process of joining with the British Nutrition Foundation in a nutrition education committee. In addition, we are pleased to hear from anybody with constructive advice or ideas.

As regards evaluation, all aspects of the campaign are being evaluated by means of a market survey of a national sample, and an academic study of a population in the Midlands.

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¹ Committee on Medical Aspects of Food Policy (Nutrition). *Diet and Coronary Heart Disease* (report of Advisory Panel on Diet in Relation to Cardiovascular and Cerebrovascular Disease). London, HMSO, 1974.

Fall in admission rate of old people to psychiatric units

SIR,—Following our paper (21 January, p 156) on possible interpretations of recent changes in admission rates of old people to psychiatric units, we have read with interest the letters in which colleagues have suggested points from their own experience which bear on these changes.

Dr Judith Jenkins (11 March, p 648) took us to task on a variety of counts, and in particular we seemed to her to be drawing conclusions from differences across a time of change in definitions. But if she looks carefully she will see that all our percentage falls in first admissions are calculated not across the fall of 1969-70 (when there was a change in definition) but for the continuing downward trend from 1970 onwards. Moreover, our paper was concerned also with the total admission rate, and the actual numbers of old people admitted with the diagnosis of dementia, rather than merely with the first admission rate. Total admission rates began to drop in 1970 and dementia admissions had their most dramatic drop in that year (our table II), and this makes us feel that in all probability a real change occurred at that time. Dr Jenkins suggests that a possible explanation for the maintenance of total admission rates before 1970 may have been due to "a policy of planning regular readmissions for short periods of time." Even if this were true she would have to explain why this policy should suddenly change in 1970 and continue to do so for the next four years.

Dr Jenkins then goes on to describe a surprising manipulation. She takes two figures, one greater than the other, adds to the lesser the difference between the two, and then finds they come to "largely" the same level; but even so she would still be left with a steady downward trend in first admission rates for both the relevant age groups from 1970 onwards, by contrast with the erratic but generally upward trend of previous years. And she would still have to explain the even more telling fall in "all admission" rates.

There is no mystery about first admission

rates for dementia in the years previous to 1970; Dr Jenkins can, of course, get a fair approximation from our table II, but the exact figures for the two age groups in our figure 2 are not, the DHSS tells us, available before 1970. Since during the time in question numbers of old people were increasing fast, Dr Jenkins conceded that what we suggest "may well be true," but at the same time dismisses our attempt to make sense of what she calls the "inevitably crude national statistics." National statistics may be crude, but they are not to be dismissed. If they had shown a steady upward trend, then Dr Jenkins, or any of us, would not have been surprised. When they show a downward trend we have to take notice and try to think what it can mean, which is what our paper was about. In order to unravel these matters properly, we concluded that "operational studies of referrals and clinical studies of the patients referred" are now needed. It is not entirely clear whether Dr Jenkins is doing more than reaching the same conclusion when she enjoins us, but perhaps a little tentatively, to find out "what is happening to elderly people categorised as demented and their families" by looking at them "in real life." It is precisely because of what we find as working clinicians in "real life" that we warn against the possible conclusion that need for psychiatric beds for the elderly is diminishing and urge more detailed and intensive studies that take into account local needs and facilities.

The figures for 1975 have now been published¹ and they show a sharp upward surge in both all and first admissions, including admissions for dementia in old people. It may well be that we have seen a trough in admissions deriving its origins from the phenomena which we suggested in our paper but now being obliterated by the rapid continuing increase in the very elderly.

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¹ Department of Health and Social Security, *In-Patient Statistics from the Mental Health Enquiry for England 1975*. London, HMSO, 1978.

The abuse of slides

SIR,—Dr F W A Turnbull (29 April, p 1147) hasn't got it right either. Nelson's famous signal can be seen at the Nelson Museum at Lloyds and reads: "England expects that every man this day will do his duty."

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Duodenal ulcer in Johannesburg

SIR,—The careful analysis by Dr Isidor Segal and his colleagues (25 February, p 469) of patients presenting with duodenal ulcer in Johannesburg provides further evidence linking the development of this disease with urbanisation of the African population. With regard to the apparent increase in incidence, statistics are notoriously unreliable, since many patients with uncomplicated duodenal ulcer may remain undiagnosed in such a population. This is less likely to be the case when perforation occurs. An analysis of perforated duodenal