stimulating effect. Barcroft's work suggests that it may well be of the greatest value where the normal mechanism is failing and the organism possibly having to rely on a more primitive one. If this is so, it is but one more example of the clinical acumen of our forefathers which has been discredited not because it was wrong but because its mode of action was misunderstood, or because the conditions of the physiological experiment were such as to prevent its giving a correct answer. "The proper study of mankind is man," and though cats and dogs are useful, they can never replace the acid test of human experiment. I suggest that those with the requisite opportunities might try the application of Barcroft's work in the way I have indicated.—I am, etc.,

Winsford, Cheshire

W. N. LEAK.

Artificial Insemination

SIR,—Dr. Eustace Chesser's letter (May 24, p. 738) is a valuable contribution towards a correct assessment of the problem of heterogeneous insemination. He admits having dealt with cases of homologous and heterogeneous insemination and now condemns the latter.

Recently in Newcastle we were addressed on the legal problems of this matter, which was dealt with from every aspect. We were informed that the donor should be a married man with one or two children and of proved health. I made, *inter alia*, the following remarks: "Artificial insemination of cattle is justifiable, as it involves no ethical problem. The majority of the males are castrated and it is only reasonable for commercial purposes that the remainder may distribute their favours, as after all we eat the progeny. I have never done homologous insemination, but I would consider it ethically correct to aid fertilization if, for example, coitus was impossible owing to vaginismus or some other abnormality. Heterogeneous insemination brings in a special factor which revolts one. What type of individual can the donor be who hawks his seminal fluid round the countryside at so much per c.c.?"

Judging by the way a large mixed audience received my remarks, from personal talks, letters, and phone messages, I am sure that the bulk of them felt as I did. Dr. Chesser's letter strikes me as being written by one with deep conviction.—I am, etc.,

Newcastle-upon-Tyne.

FARQUHAR MURRAY.

Infant Deaths

SIR,—With reference to Dr. S. Waddy's letter on infant deaths (May 24, p. 737), in which he draws attention to the danger of too great a weight of blankets on an infant's cot, a recent necropsy which I performed may be of interest.

A healthy baby aged four weeks was found "panting for breath" one morning in its cot and died before the arrival of a doctor. A necropsy revealed all the signs of asphyxia in an otherwise normal infant. At the subsequent inquest the mother was asked about the clothing and bedclothes of the child. The disclosure that on the warmest night of this year the unfortunate babe was bedecked in (1) a woollen vest, (2) a woollen coat, (3) a woollen night-dress, and (4) woollen booties, and had as covering four woollen blankets and an eiderdown—the blankets being "well tucked in"—left no doubt as to the cause of the asphyxia. Comment is unnecessary.—I am, etc.,

Northampton.

RUBY O. STERN.

Keeping Mother and Baby Together

SIR,—We have read with much interest and pleasure the paper by Prof. J. C. Spence on "The Care of Children in Hospital" (Jan. 25, p. 125) and note that he approves of the method we have been using as much as possible for the last 20 years and exclusively for the past 6 years in a small special hospital—namely, encouraging every mother to nurse her own baby (*vide B.M.J.*, Feb. 3, 1945, p. 159, and Sept. 7, 1946, p. 337). Given the right conditions the system works well and gives excellent results. Babies want constant attention and "mothering"; to break the bond between mother and baby is to introduce an unnecessary hurdle into treatment which may spell the difference between success and failure. We have noted also the objections of Drs. W. E. Crosbie and J. Lorber (Feb. 15, p. 266) to the mother-and-baby system of nursing.

We in our work are of course frequently up against the same trouble of a mother finding it difficult to leave her home and family. But here is where grandma or auntie will nearly always step into the breach; someone can invariably be found to look after the home. The only insuperable difficulty is when the mother herself is ill and possibly in hospital. In such a case we get a "foster mother," if possible again an aunt or grandmother or other relative, and it is astonishing how soon the foster mother and baby get fond of each other; and it is this bond of fondness which is so valuable to the baby patient in its time of trial.

Again we would emphasize it is of no use putting a mother with her baby in a ward. They must have a little room to themselves which is their own private room, and under these conditions the classical description by Prof. Spence of a children's ward commencing "The room is vast" is never applicable. The simple fact is that there are not enough nurses and not enough time for baby patients to be given all the attention they require.—We are, etc.,

H. P. PICKERILL.
CECILY PICKERILL.

Wellington, N.Z.

Health of Children Attending Day Nurseries

SIR,—The observations made by Dr. Margaret E. McLaughlin as stated in her preamble (May 3, p. 591) cannot lead to definite conclusions, owing to the impossibility of assessing the relative effects of economic and environmental factors on such a survey, unless the obvious course is taken of studying these vital social factors simultaneously with the purely pathological one attempted. Out of many points which require further investigation that reading "The inference that there were no significant physical differences at the start of nursery life between day-nursery children and those living at home may reasonably be assumed to apply also to the present survey" requires more evidence than that afforded by examinations by a variety of observers on 290 children "scattered all over the country" and then statistically compared to the 4,297 children in the major groups studied.

From my experience of the basis of admission to day nurseries priority is invariably reserved for mothers forced to work; the reasons leading to this necessity operate before and after pregnancy; therefore their level of nutrition and take-up of extra rations and vitamin supplements (owing to lack of free time and financial stringency) is lower than that of the normal home-living mother. One would not expect the babies born to this group to have the optimum physique and resistance obtainable. Day nursery care would have to overcome this initial inferiority before any reasonable comparison could be made between them and other groups. If the statement I refer to can be scientifically proved I suggest the whole of our nutrition policy for expectant mothers must be based on a fallacy.

This report emphasizes the vital importance of good staffing and management and should reinforce the struggle to raise the standard of training in child welfare to a national university level, as advocated by the report issued in 1946 by the National Society of Children's Nurseries. These "extensions of the home" must and can be made safe in order that they may assist the solution of a multitude of acute social problems—to quote a few, the work of the Marriage Guidance Council—to enable the mother to meet the psychological needs of toddler, school-child, and adolescent, with the obvious bearing on the problems of juvenile delinquency, promiscuity, and venereal disease; and to enable the mother to obtain the maximum benefit from the provision of the National Health Service for treatment for herself and young family. For all of these I welcome the suggestion that the attendance of children "for two or three half days a week is a question worthy of investigation."—I am, etc.,

Farnham, Surrey.

NORA M. JOHNS.

Food Poisoning

SIR,—I was much interested to read the paper in your number of April 5 (p. 442) about an epidemic of food poisoning traced to staphylococcal contamination of sandwiches. It recalled to me a case that was *clinically* typical Asiatic cholera that occurred in a country practice in the Orange Free State in the year 1922. I published it in the (since defunct) *South African*