of health as a result of diet." Dr. F. M. R. Walshe's scathing retort (Dec. 13, 1947, p. 971) does nothing to persuade me otherwise; for even a "clinical opinion" should be based on relevant fact.

Dr. G. T. Mills's letter (Dec. 6, 1947, p. 926) has a spurious air of objectivity. Since anyone can calculate the food value of rationed foods and make a reasonable estimate for points foods, his figures for these items may be accepted at their face value. But on what basis was his list of unrationed foods compiled? Either he conjured up these foods and their quantities out of an unspecified "general experience"—always a hazardous, and in this case unjustifiable, procedure—or he based them on actual observation of definite "cases" by a definite method. If the latter I should like to know how he selected his cases and what his technique was. Without this information, I am entitled to assert that his figures prove absolutely nothing. Incidentally, Dr. Mills compares a presumptive total home diet for an adult consumer receiving no priority foods with the reputed consumption per head of the whole population—including women and children as well as the men, heavy workers as well as sedentary workers, invalids as well as the healthy, and so on. Where this peculiar comparison is meant to lead is by no means clear.

Dr. J. G. Bennett (Dec. 20, 1947, p. 1012) says that mothers nowadays "are unable to suckle their own progeny for more than a week or two" owing to underfeeding. If he means *some* mothers, then his statement has probably always been true. At the moment something like 40% of mothers in this part of the country completely breast-feed their babies, and I know of no evidence that this is a worse performance than obtained, say, three or ten years ago. There is no doubt, also, that many of the lactation failures are due to causes other than undernutrition. If Dr. Bennett means *all* mothers in his practice, or if he believes that there has been an appreciable deterioration in recent years, then it is most important that he should report his facts carefully and temperately, in accordance with scientific usage.

I have been at pains to search for factual reports of diets actually consumed during the past few years. The number of published diet surveys can be counted on the fingers of one hand. I know the Ministry of Food carries out surveys routinely, but its reports are not published, and hence official figures cannot be judged in their full context. Why the secrecy? On the clinical side, there is a similar scarcity of published research, except in respect of school-children. Whether or not the country has recently become seriously undernourished, there is certainly a great need for facts, publicly presented in a scientific manner. Does the M.R.C. not think so? One wonders what facts the new B.M.A. Nutrition Committee is going to deal with.

It may not be entirely incorrect to suppose that much of the publicity given to many wild and unsupported opinions of certain medical men and politicians is based on a sincere belief that the present Government is pursuing a misguided policy. Governments, after all, are fair game for critics. But surely the best medical policy would be to deal in facts which speak for themselves, and not to parade half-truths disguised as learning, or violent opinion in the guise of authority? Although medicine is not altogether an exact science, we are generally credited with being a scientific profession, and I am optimistic enough to believe that the scientific method pays, even in politics.—I am, etc.,

Foresterhill, Aberdeen.

ANGUS M. THOMSON.

Streptomycin and Tuberculous Meningitis

SIR,—It was interesting to read in the *Journal* of Dec. 6, 1947 (p. 897), the account of streptomycin in the treatment of tuberculous meningitis in children by physicians of the Hôpital des Enfants in Paris. Their experiences in technique and dosages will no doubt be of the greatest value to many who are now entrusted with the care of patients suffering from what has been one of the most fatal forms of tuberculous disease. It has recently been my good fortune to observe a series of over 100 cases of tuberculous meningitis and miliary tuberculosis treated with streptomycin, dextrose sodium sulphate, and vitamin A in the Hospital Meyer in Florence by Prof. Cocchi and his associates, and one can confirm the excellent results which have been claimed by these workers. The technique used in Florence and in other centres, however, varies considerably from that described by Debré and his co-workers in Paris. Indeed, techniques and dosages have still to be studied in much greater detail before final pronouncement can be made on the real value of the drug.

It may be of interest to your readers, therefore, to know that the Interim Commission of the World Health Organization, realizing the importance of the subject, decided at its Fourth Session in Geneva in August, 1947, to call a meeting of a number of international experts who have had practical experience in the use of streptomycin with a view to correlating results so far obtained and, if possible, to make available the most recent data concerning methods of treatment. Evidence from a number of countries points to the need for such guidance as may be forthcoming from such a group of experts. It is anticipated that the Expert Committee of the World Health Organization Interim Commission, which meets in Geneva in February, 1948, will be able to complete the arrangements for this conference so that it may be held not later than April, 1948.—I am, etc.,

World Health Organization.

J. B. McDUGALL.

Diet and Peptic Ulcer

SIR,—Alkalis and atropine relieve symptoms, but ulcer is a deficiency disease. This is indicated by its historical rise, and by its class distribution up to the war, when rationing put us all on a more just level. Ask any senior surgeon how many "perfs." he used to deal with in his West End practice. Experimentally it was proved long ago by McCarrison's rats, fed on Travancore coolie diet; the findings of Sommerville and others in India are in support; also the recent work of Illingworth in Glasgow, when the incidence in slump-fed workers rose to a peak as soon as war work imposed its added strain. Of course there are other factors, notably strain: we are dealing with men and women, not test-tubes.

Clinical'y, anyone may convince himself (and cut down his waiting-list) by forgetting all he once learnt about "bland" diet, which means unsupported starch for most people, and feeding his ulcer cases on milk (no matter what anybody says) and a robust whole-cereal diet. If his courage fails him, he should remember that hibernating animals swallow a chunk of wood or something similar to keep the stomach in good tone during the winter fast. In default of a reliable whole-meal bread, and especially in parts where oatmeal porridge is not popular, some preparation of whole wheat germ gives rapid results in healing and freedom from relapse. The coincident spasticity of the colon also disappears. Only the long-standing indurated cases should come to the operating table.—I am, etc.,

Edinburgh.

A. G. BADENOCH.

Antral Infection in Children

SIR,—Mr. F. M. Walker (Dec. 6, 1947, p. 908) draws attention to the frequency of antral infection in children with unhealthy tonsils and adenoids. He states that a considerable proportion of the cases which were referred for tonsillectomy had failed to benefit thereby. 1,779 children, from a child population of 70,000, were operated upon by him during the year 1946.

The school population of Cornwall is about 36,000, and in 1946 about 325 operations for removal of tonsils and adenoids were carried out under the county council scheme, of which number we were responsible for 226. We find that the parents of these children are nearly always delighted with their improvement following operation. All the children are seen by one of us on at least one occasion, in the presence of a parent, before operative treatment is advised. They are seen again three months after operation. In many instances their tonsils and adenoids are not removed until the child has been under observation at out-patient clinics for six to twelve months.

The absolute indications for operation are considered to be: (1) Recurring attacks of tonsillitis; (2) persistent enlargement of the tonsils and adenoids sufficient to cause mechanical obstruction. Among resulting symptoms are snoring, difficulty in eating, repeated attacks of earache or deafness, and inability to throw off head colds.

Children are often referred for advice because they catch frequent colds, which, on questioning, are found to clear in a few days. Others are referred because they have nasal obstruction or catarrh which is found to be due to chronic sinusitis or rhinitis, often with a history of allergy or a deflected nasal septum. Removal of these children's tonsils and adenoids will of course lead to disappointment. We also find signs of antral