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

infection in a number of children selected for operation. As Mr. Walker suggests in his final comments, this resolves in the vast majority of cases after removal of the diseased tonsils and adenoids. He considers that the unsatisfactory results following tonsillectomy and adenoidectomy are due to sinusitis: we consider that they are more likely to be due to an incorrect selection of children for operation.—We are, etc.,

M. R. SHERIDAN.
T. M. BANHAM.

Truro, Cornwall.

Residual Prostatitis

SIR,—We have read with great interest Dr. F. C. Bourgault Du Coudray's excellent article on residual prostatitis (Oct. 25, 1947, p. 651). Such a condition has been observed by us in a large number of cases, and assuredly also by many others, after sulphonamide or penicillin treatment of the urethral-process gonorrhoea. Some cases were treated for months and even years with massage, diathermy, and high supplementary doses of antibiotics notwithstanding the fact that repeated cultures of prostatic fluid and of semen were sterile or showed some diphtheroids or Gram-positive cocci or bacilli. Streptomycin was used without success in 2 cases.

The persistence of pus cells in the prostatic fluid indicated the existence of an infection whose true nature we have cleared up in quite a few cases after dark-field observation of the prostatic fluid. In a recent communication to the III Pan-American Congress of Urology (Rio de Janeiro, Sept. 14–20, 1947) we referred to 50 cases of such a type of prostatitis observed in V.D. clinic patients; in 6 (12%) we found spirilla, some morphologically similar to *Sp. dentium*. Latterly we have found in 7 other cases spirilla, in 3 *Tr. vaginalis*, and in 2 an association of both these micro-organisms. All cases were cured rapidly with arsenical therapy—trivalent, pentavalent, or arsenoxide.

In 3 out of 10 cases in which we did not find spirochaetes or protozoa we obtained rapid and remarkable results with the arsenical therapy, based on the knowledge that the former micro-organisms may disappear, breaking up into coccoid or granular forms (Dutton, Leishman, Balfour, Nicolle, Coutts, Marchoux, Chorine, etc.).

As regards the negative action of penicillin in cases where spirochaetes have been found, it is of convenience to remark that this drug does not act equally on the different types and that even *Sp. pallida* sometimes requires very large doses in order to be destroyed.

When prostatic fluid contains numerous pus cells we dilute it with tepid normal saline and examine a drop of the dilution. An excess of pus cells impedes the free movements of spirochaetes and of the cilia of trichomonads, rendering their search almost impossible. Following this practice we have frequently been able to demonstrate the presence of these micro-organisms in fluids that had been declared sterile.—We are, etc.,

WALDEMAR E. COUTTS.
EDNA SILVA-INZUNZA.

Santiago de Chile.

Cheaper Heparin

SIR,—Recent correspondence on heparin and dicoumarol prompts me to write on the subject of these anticoagulant drugs. Whatever may be the views held by physicians on the value of anticoagulants in the treatment of coronary thrombosis, surgeons should be in no doubt about the value of anticoagulant therapy, properly managed, in cases of post-operative venous thrombosis and embolism. In view of this fact, it is perhaps surprising that these drugs are not more widely used.

There would seem to be two reasons for the present state of affairs: on the one hand we have heparin, a highly effective, safe, and expensive drug, while on the other hand there is dicoumarol, a cheap, potentially dangerous, but more readily obtainable drug. Experience with dicoumarol seems to vary greatly, and, although one knows some who have used it without experiencing any trouble, there are many who report serious and even fatal complications following its use. While it is clear that the most careful laboratory control is essential in dicoumarol therapy, it is doubtful whether a substance which has been described by no less an authority than Jorpes as exerting "a kind of toxic narcosis of the liver cells, the depth of which it is difficult to control," is really the drug of choice in the treatment of thrombosis.

At the present time an average day's treatment with heparin costs more than five pounds, whereas that with dicoumarol may cost less than a shilling. Under these circumstances it is hardly surprising that dicoumarol is sometimes tried (often, it is true, under inadequate laboratory control), found wanting, and discarded, while heparin, being expensive and in short supply, is used far too little.

Since the great value of heparin should need no emphasis I would like, through your columns, to put in a strong plea for the manufacture of a plentiful, cheap, and reliable brand of heparin. Doubtless other readers will be ready to express their views and, if necessary, to encourage the commercial drug firms to satisfy our needs.—I am, etc.,

Radlett, Herts.

REGINALD S. MURLEY.

Drug Addiction

SIR,—I was interested in your annotation on drug addiction (Dec. 13, 1947, p. 965). The group of opium eaters who appear to be in an "arrested development" stage of addiction must be familiar to medical officers who served with Indian troops in the recent war. It was found that Indian troops, who were able to obtain supplies of opium in India quite easily, presented a problem when posted out of India to countries where opium was not so readily obtainable. At first opium eaters were posted back to India, but later policy was changed, and these men were supplied with a limited amount of crude opium up to a maximum of 300 gr. (20 g.) per month.

In my unit half a dozen men were kept efficient and healthy with such a maintenance dose. Some received 200 gr. (13 g.), the others the full 300 gr. monthly. I followed these men over a period of 2½ years and found that their work was satisfactory in every way; they did not make frequent appearances at sick parade nor did they seek increasing doses of opium to remain in such equilibrium. I made attempts to break them of the habit, but since they were men over 30 with a history of ten years or more of taking the drug success was neither anticipated nor achieved.

On the other hand, a dozen or more young soldiers posted to the unit direct from India were broken of the habit quite easily by immediate withdrawal of the drug. This group suffered virtually no withdrawal symptoms and emphasizes the point brought out by your annotation—that it is a mistake to apply the term "drug addiction" to all cases in which drugs are taken merely to produce euphoria.—I am etc.,

Bristol.

PHILIP JACOBS.

Child-bearing and Tuberculosis

SIR,—Dr. C. J. Stewart and Dr. F. A. H. Simmonds (Nov. 8, 1947, p. 726) have noted that the majority of physicians who have recent experience in the matter agree that pregnancy does not activate tuberculous disease; they have confirmed this themselves by a statistical analysis of a large series of patients, and they have drawn the conclusion that abortion is not a therapeutic agent in tuberculosis. Their comment in your issue of Dec. 27, 1947 (p. 1056), that effective advice concerning birth control had not been given to the patients in their series, and their suggestion that such advice is advisable especially for two years after the disease has become quiescent, is less logical, because they have already shown that in spite of lack of such advice, and also the lack of therapeutic abortion, the patients with active disease in their series who were pregnant compared not unfavourably in results with a control group with active disease who were not pregnant. Dr. R. C. Cohen found in his analysis of the Black Notley cases that a woman who became pregnant soon after quiescence of the disease would as likely do well as a woman who became pregnant later.

Admittedly, unlimited pregnancies should not be encouraged in tuberculous women. But the psychosomatic background of tuberculous disease is becoming increasingly perceptible. Conjugal felicity is important for a tuberculous woman, as for others, and if by effective birth control is meant artificial contraception it is interesting to speculate whether our generation, to whom advice in artificial contraception has not been wanting, is the more blessed in happy marriages. Might it not rather be better for the tuberculous woman and her husband to avoid a facile solution and by mutual co-operation and sacrifice to grow in that mutual respect on which happy marriages are built?