Alcohol and Road Accidents

SIR,—With reference to the correspondence concerning alcohol and driving, it is beyond dispute that certain people on the roads are a danger by virtue of the consumption of alcohol, and it is also beyond dispute that the person who needs alcohol in order to drive is psychopathic and should not hold a driving licence. Does it not therefore follow that until such time as those who are dangerous can be restrained, all of us should be compelled to forgo the pleasure of alcohol, so that even a few lives could be saved?

Does the punishment of an offender, after the accident, compensate in any way for the loss of a husband, wife, or child?—I am, etc.,

A. A. CLAY.

Newport Pagnell, Bucks.

SIR,—I heartily support the views put forward by Dr. John H. Hughes in your issue of February 6 (p. 419) and his reference to the recently published Report of the B.M.A. Committee on the subject. On the other hand, Dr. Guy Rowarth (p. 419) states that "we can be certain that only a very small number of the far too numerous accidents on the road are caused by drink," and "if the country became teetotal to-morrow, there would be no significant alteration in the accident figures next week." Other statements follow which show not only ignorance of the subject but also strong prejudice, and which are inexcusable in a scientific journal. The B.M.A. Committee consists of a responsible body of experts who have studied the subject deeply and at length, and I do not think that their conclusions are likely to be upset. I hope that all B.M.A. members will send for this report and read it with an unprejudiced mind.—I am, etc.,

N. I. SPRIGGS.

Leicester.

SIR,—Why all this fuss about the motorist being frightened off alcohol before taking the wheel, for I suppose that this is the real reason for these proposed tests? One might think that drivers were expected to undertake to become life-long abstainers so much protest is being made. When they have finished their driving they can indulge to their heart's content. There is so much resistance to the idea of these tests that one might conclude that true alcohol-addiction is quite common.

My teachers have told me that even a small amount of alcohol impairs one's alertness and powers of judgment, so greatly needed on the roads these days. Surely the facts are readily available from Sweden. Has this matter of tests for drivers decreased the accident rate or hasn't it? Of course it is obvious that there are many factors apart from alcohol that may cause accidents, but this is one that we can do something about.—I am, etc.,

D. C. CLARK.

Penzance, Cornwall.

SIR,—All who have contributed to the recent correspondence on alcohol and road accidents agree that a number of accidents are caused by the impairment of judgment resulting from an excessive consumption of alcohol. Even those who describe the number as small would have difficulty in persuading the victims that it is insignificant. If the number can be reduced by the objective test proposed, no considerations of personal indulgence should be allowed to stand in the way.—I am, etc.,

V. J. HARTFIELD.

Buchanan Hospital, St. Leonards-on-Sea.

Reading the Number Plate

SIR,—The Regulations under the Road Traffic Act (S.I. No. 1664, 1955) require that the dimensions of the letters and numerals on a number plate shall be 3½ in. (8.9 cm.) high, the thickness of the individual strokes shall be ⅝ in. (1.6 cm.), and the total width of every letter and figure excepting 1 shall be 2½ in. (6.4 cm.). Normally, in the consulting-room, the distance of the subject from the test-card is 6 metres, and the distance at which the number plate is required to be read is 25 yards, or approximately 23 metres,* so that at 6 metres the examinee should be able to read letters of dimensions equal to one-quarter of those required by the regulations.

In reply to Dr. J. Shackleton Bailey's query (*Journal*, February 6, p. 429), I use a test-card representing both the square two-line plate and the single-line plate with letters and numbers ⅞ in. (2.2 cm.) high, 5/32 in. (0.4 cm.) thick, and ⅝ in. (1.6 cm.) wide. Experience shows that some letters are more difficult to identify than others, and my card is lettered accordingly.—I am, etc.,

S. CHAPLIN.

London, N.21.

* We regret that in Dr. Chaplin's previous letter (*Journal*, December 26, p. 1487) 25 yards was wrongly equated with 30 metres.—ED., *B.M.J.*

B.C.G. Vaccination

SIR,—Dr. E. F. James who, according to himself, has the unique distinction of being the only person to criticize the first report of the Tuberculosis Vaccines Clinical Trials Committee to the Medical Research Council[1] has now acknowledged (*Journal*, December 5, p. 1257) that the second report of the Committee[2] has established the protective effect of vaccination beyond reasonable doubt. He is, however, of opinion that the value of vaccination is limited in countries where tuberculosis is widespread. In support of this view he quotes the statement made by Dr. K. S. Sanjivi and myself (*Journal*, September 19, p. 500) that nearly 75% of Indian children are positive to 5 T.U. by the time they are 15 years old. Allowing for another 15% who would react to 10 or 100 T.U. he comes to the amazing conclusion that only 10% of these young people can hope to benefit from vaccination, and that in India "B.C.G. can only nibble at the edge of the huge problem." From this it is clear that Dr. James has no conception of the procedures in the mass vaccination programme. It has apparently not occurred to him that the W.H.O., Unicef, and the National Government of India would not spend their time, energy, and funds if only 10% of the young people stood to benefit from vaccination. He has failed to distinguish between vaccination in the mass campaign and that as it is carried out in Britain. May I therefore explain the procedure in the mass campaign for his information?

Whereas in Britain vaccination is now given to children when they are 13 years of age, in the mass campaign in India and elsewhere vaccination is given to all children except those under one year of age, the upper age-limit being, in general, the youngest age-group in which 90% are reactors to tuberculin. In practice, this includes adolescents aged up to 20 years. Thus practically all the non-reacting children under 20 years, except those under one, are eligible for vaccination, and not merely 10% as Dr. James seems to think. He has wrongly assumed that the age of vaccination in India in the mass campaign is the same

as that of children vaccinated in Britain, viz., 13 years, and laments the tragic misfortune that in countries like India B.C.G. has been accepted almost as an inexpensive alternative to treatment of infectious cases.

It is indeed a great pity that some medical men in distant lands with no personal knowledge of the utterly different conditions in India should assume the role of advisers. Perhaps it may interest Dr. James to know that in India there are to-day only 23,000 beds for tuberculosis, while the number of infectious cases of tuberculosis is estimated variously at one and a half to two and a half millions. Therefore the main problem was to try and reduce the number of new infections and new cases of tuberculosis, and as quickly as possible, with the available resources. India did well in accepting B.C.G. mass vaccination on the advice of the W.H.O. as early as 1952. The second report of the M.R.C. Committee amply confirms the wisdom of such action, for there is now no doubt that B.C.G. is just as important for the control of tuberculosis in the less fortunate countries as the use of anti-tuberculous drugs, whatever opinion Dr. James and others of his way of thinking may hold.—I am, etc.,

Madras, India. K. S. RANGANATHAN.

REFERENCES

[1] M.R.C. Tuberculosis Vaccines Clinical Trials Committee, *Brit. med. J.*, 1956, **1**, 413.
[2] —— ibid., 1959, **2**, 379.

Ceiling of the Great Hall

SIR,—Perhaps Mr. H. Austen Hall's letter in the *Journal* of February 6 (p. 421) will again focus attention on our Great Hall. I feel that it is no longer deserving of the capital G, as the Association has now outgrown it.

As important as completing the ceiling is the investigation of the possibility of enlarging the seating space. The only suggestion I can recall is to cut the foot to fit the shoe, and prune down the Representative Body. I would welcome the comments of somebody so interested as Mr. Hall.

There appears to me to be a tremendous waste of space at the back beneath the balcony. I believe that reconstruction here would entail the removal of a food lift. Why not? I have only seen it in action once, and that was one morning after arriving on the early train from Scotland, long before coffee was ready in the dining-room. It sailed past me laden with a sumptuous breakfast of bacon and egg for somebody in the upper stories. Would it not be possible to extend the gallery all round the hall to provide at least a few more rows of seats?

We are not the only association finding difficulty in accommodating our conferences, and we might well recoup some of our outlay by letting to other bodies.—I am, etc.,

Stanley, Perthshire. OWEN MCDONAGH.

"Family Doctor" on Food

SIR,—It was a relief to see Dr. Walter W. Yellowlees's letter on this subject (*Journal*, February 6, p. 426). The *Family Doctor* appears to be unaware of the important work carried out by McCarrison and Sanderson Wells, or of the evidence of the "Medical Testament on Nutrition and its Relation to Agriculture" which was published in the *Supplement* (April 15, 1939, p. 157). All is summarized in Doris Grant's book, *Your Daily Bread*,[1] a little volume which I have prescribed for many patients. During the last war I baked all my bread with wholewheat, compost-grown, stone-ground flour. That ensured a delicious and nourishing bread, far removed from the emasculated, blanched, tasteless, white-flour loaves which most bakers produce. When, recently, a lower extraction rate was introduced, the *Lancet*[2] had a leader entitled "The Millers Decide." I trust that this letter will induce many to bake their own bread if they cannot find a baker to supply a vitamin-containing loaf.—I am, etc.,

London, W.1. AGNES SAVILL.

REFERENCES

[1] Grant, D., *Your Daily Bread*, 1944, Faber and Faber, London.
[2] *Lancet*, 1956, **1**, 895.

SIR,—Dr. W. W. Yellowlees, in his letter (*Journal*, February 6, p. 426) seems to imply that honey and semi-refined sugar are much less liable to cause dental caries than sucrose is. There is little evidence for this belief. The valuable factor lost by refinement is the fibre in sugar-cane, fruit, and vegetables. Honey in the comb might be harmless, the wax having a similar cleansing effect to that of the cellular matrix of food plants, but this is doubtful.

I agree that *Family Doctor* ought not in any way to encourage or excuse the consumption of sugar and flour by those with natural teeth. To call these foods valuable is a misleading way of stating the obvious fact that they are cheap, convenient, and pleasant. They could presumably be used as ingredients for wholesome foods incorporating some factors to simulate the chewable texture of fruit, but this has not yet been attempted. At present the only wholesome use for extracted sugar is as a condiment applied to nuts, fruit, and chicle gum, and possibly with fruit juices. *Family Doctor* could help to create a demand for a wider range of wholesome confectionery.—I am, etc.,

London, S.W.10. R. B. D. STOCKER.

Bathing in Sewage-polluted Waters

SIR,—In your leading article on this subject (*Journal*, January 30, p. 336) you rightly state that the figures for Beach "J" are apparently missing from the Table said to record its degree of pollution (Table 3 of the paper in the *Journal of Hygiene*[1]). I hope most readers of the paper will have realized from the context that the code letter "I" ascribed to the second beach listed in Table 3 should have read "J." This error is being corrected in the circulated reprints of the paper. It does not occur in *Medical Research Council Memorandum, No. 37*,[2] as code letters are not used in the paragraph concerned (p. 21).—I am, etc.,

Public Health Laboratory, Exeter. B. MOORE.

REFERENCES

[1] *J. Hyg. (Lond.)*, 1959, **57**, 435.
[2] *Sewage Contamination of Bathing Beaches in England and Wales*, Medical Research Council Memorandum, No. 37, 1959. H.M.S.O., London.

POINTS FROM LETTERS

Anaesthetic Vomiting

Dr. N. K. ALLAHBADIA (Scarsdale Hospital, Chesterfield) writes: I read with interest Dr. F. D. Adrianvala's letter (*Journal*, January 16, p. 203) about anaesthetic vomiting. Obstetric patients have a special tendency to vomit, and inhalation of vomit is recognized as one of the avoidable causes of maternal death. Not infrequently, I have admitted patients from the district with complicated second stage post-partum haemorrhage or incomplete abortion who have had "small meals," tea, coffee, and brandy, etc. . . . I feel that the general practitioners supervising domiciliary midwifery must leave clear instructions as regards feeding during "abnormal" labour or anticipated emergency.