

should therefore ultimately prove to be one of the preventable diseases that cause mental subnormality.

Our thanks are due to Dr. R. Consden, of the Canadian Red Cross Memorial Hospital, who first drew the attention of Dr. Dorfman's work to one of us (G. D.), and to Dr. Dorfman.

—We are, etc.,

Romford, Essex.

W. DENNY.
G. DUTTON.

REFERENCES

- ¹ Fisher, O., and Robinow, M., *Arch. Dis. Child.*, 1961, **36**, 691.
² Dorfman, A., *Pediatrics*, 1958, **22**, 576.

Hubble-bubble Smoking

SIR,—Since the publication of the report on smoking by the Royal College of Physicians, I have been following the various observations by your readers in the *B.M.J.* May I take the opportunity of inviting their viewpoints on the possible effects of water-pipe (hubble-bubble) smoking on health?

I am from a country (Nepal) where this form of smoking is much in vogue. The water-pipe (represented diagrammatically in fig.) consists of a base, usually made of silver, brass, or coconut shell, with a wooden pipe above it. The base is half-filled with water. A deep bowl made from clay is connected to the wooden structure. Tobacco (which is usually prepared by roasting finely cut leaves in brown sugar and flavoured) is put in a clay watch-glass, which is laid inverted inside the bowl and the latter is filled with coal-fire. Smoking is carried out through a tube connected to the outlet in the base. Water is changed each time smoking is carried out. The used water is dirty brown in colour and smells of tobacco. I think that this form of smoking is less harmful than smoking cheap-brand cigarettes, as done by the majority of people in my country. However, it is very disappointing to know that cigarette smoking is gaining more and more popularity, for which the advertisers are mostly responsible. I wonder how these representatives of the tobacco industry manage to reach the almost inaccessible hilly regions in the country.

I will be very much delighted to read the views of your readers.—I am, etc.,

Edinburgh 9.

BADRI RAJ PANDE.

R.S.P.C.A. Campaign

SIR,—I am sure the gentlemen of the R.S.P.C.A. would agree that by far the greatest part of the unnecessary suffering which undoubtedly is inflicted in animal experiments is due to lack of thought and imagination, not sadism. I have always been concerned by the cruelty of merely keeping some of these animals, especially the dogs and cats, caged up in the animal houses. So many of the dogs had so obviously been well-cared-for pets—one wondered how they had come into the hands of the dealer, but questions were discouraged—and confinement for weeks or months was perhaps the greatest cruelty of all. Indeed, I would like

to see the supply of dogs and cats for laboratories taken out of the hands of private dealers altogether. If the animals are really needed, they should be bred specifically for such purposes by some well-disposed organization—perhaps the Universities Federation for Animal Welfare would take the job on?—I am, etc.,

Waroona, Western Australia.

PAUL MESTITZ.

SIR,—Mr. D. L. Griffiths (April 21, p. 1149) spoils an otherwise excellent letter when, to bolster his arguments, he says that the R.S.P.C.A. “. . . approves the tearing apart of live, unanaesthetized foxes.” This does not happen in the hunting field. As a matter of strict fact, at the close of a hunt, the fox is killed in the same way as a terrier kills a rat, by the leading hound snapping its throat. This causes a fracture and/or a dislocation in the mid-cervical region following which death is almost always instantaneous. It is always dead before being broken up by hounds. Any Master who failed to ensure this would immediately be compelled to resign.

Mr. Griffiths can easily verify these statements by reference to the R.S.P.C.A. and to the British Field Sports Society.—I am, etc.,

Hay-on-Wye, Hereford.

W. M. E. ANDERSON.

Boxing and Head Injuries

SIR,—I am glad that Dr. A. G. Freeman (May 5, p. 1279) makes a clear distinction between amateur and professional boxing.

I also note that he admits that “all sports and pastimes” entail some danger to life and limb.

With reference to his quotation of the statement of Dr. G. C. Sherriff¹ that “boxing alone amongst sports and pastimes involves *deliberate* attempts to produce a cerebral concussion and other bodily damage,” has he not observed the kicking, kneeing, elbowing, gouging, and other deliberate attempts to injure one's opponent at Rugby football, the ankle-tapping at soccer, and the “accidental injuries” sustained at judo and wrestling? —I am, etc.,

London W.1.

J. L. BLONSTEIN,
Senior Honorary Medical Officer,
Amateur Boxing Association.

REFERENCE

- ¹ Sherriff, G. C., *Lancet*, 1962, **1**, 543.

Painful Injections

SIR,—I thought perhaps some of your readers might find interesting an experiment I recently applied to a course of streptomycin injections in a child of 7. She had to have 28 injections, 14 of which had been done in hospital with, needless to say, the accompanying cries. As I am sure everyone knows, streptomycin sulphate in aqueous solution makes a thick, oily, and therefore painful injectable mass.

It occurred to me that the use of a little 1% plain “xylocaine” (lignocaine) in the syringe would be the answer and to spray the skin with ethyl chloride first would reduce the pain of the needle. I therefore drew up into the syringe $\frac{1}{2}$ g. streptomycin and then 0.4 ml. 1% plain xylocaine, and she had a painless injection; so much so that she would come down to my surgery each morning alone to have her dose.—I am, etc.,

Caterham, Surrey.

DOUGLAS STATHERS.

