welcomed by those able to afford it, but with present living conditions I do not think much of it has been peeled or washed before consumption.

Many of these fruits were picked and packed in countries where the British population would not dream of eating them without previous washing in a weak solution of some oxidizing agent. It is known that the virus of poliomyelitis is easily destroyed by oxidizing agents (Jos. Stokes, jun., in *Textbook of Pediatrics* (edit. W. E. Nelson), Philadelphia, 1946, p. 479). I feel that a more vigorous campaign among the public, including those serving meals and uncooked food, for more care in handling and in washing up all utensils is called for urgently.—I am, etc.,

Winchester. MYRTLE M. HUTCHINS.

SIR,—In an article on acute poliomyelitis by Dr. W. H. Kelleher (Aug. 23, p. 291) the opinion of American observers is quoted that "perhaps 98% of poliomyelitis is a mild, widespread, highly communicable disease, mainly of young children, leaving no residual paralysis . . ." This opinion is valid for the present outbreak of the disease in this country, and the presence of the specific virus is not the only factor necessary for producing the disease in a clinically recognizable form.

It is very important to discover what it is that has been added to the virus in 2% of people to produce serious disease of the nervous system. To solve this problem a study of clinical and environmental factors must be made of the patients and their known contacts, using the knowledge of the virus as an indicator of the people at risk.

Recent outbreaks of smallpox, enteric fever, and of other acute diseases, as well as chronic infections such as tuberculosis and chronic pyogenic disease, show how large is the unknown factor in the equation : specific organism plus *x* equals disease. A revival of epidemiology is needed, with knowledge of bacteria and viruses as an aid instead of the insufficient substitute which it has been for many years. Clinicians must take a bold part in this revival.—I am, etc.,

London, W.1. J. M. ALSTON.

Leprosy and its Problems

SIR,—Dr. B. Moiser's "new theory" of the spread of leprosy (Aug. 30, p. 347) is based on a number of assumptions for which he adduces no supporting evidence. That cockroaches evacuate large numbers of acid-fast bacilli after feeding on leprous material was shown years ago by MacFie. This work was confirmed and amplified by Lamborn, in Nyasaland, in the course of observations extending over several years. It is interesting to know that Moiser has repeated some of these earlier observations—to which, however, he makes no reference.

Lamborn's observations led him to believe that the bacilli multiplied in the cockroach and that human infection may result from contamination of food by the faeces of the cockroach. Postulating a "characteristic" lesion following cockroach bites—which he has never witnessed—Dr. Moiser advances a theory that the bacillus is inoculated in the act of biting. I submit that much more substantial evidence is required of Dr. Moiser before his new theory merits serious consideration.—I am, etc.,

Bournemouth. J. B. DAVEY.

SIR,—Your issue of July 12 has just reached me, and under the heading "Leprosy and its Problems" (p. 73) Dr. E. Muir has a letter. In it he takes to task the writer of the leading article on the same subject in the issue of June 7 for "two rather serious mistakes."

Dr. Muir considers the first of these serious mistakes the opinion of the writer that "nodular leprosy may possibly prove intractable." I have lately received a letter from a friend holding an important position in the Department of Leprosy in Sao Paulo, Brazil, from which I should like to submit an excerpt on the subject. Dr. Muir will agree with me that the visitors to the Pan-American Conference on Leprosy, held at Rio de Janeiro in October last year, were astonished and very favourably impressed with the standard of work carried out in that country, and particularly in the State of Sao Paulo. They have been using the sulphones since early in the history of this treatment, and the letter reads :

"About promin, according to the experiments done here (not by myself), my impression is the following: (1) Good results in the lesions located in the mucosa, especially in the larynx, in cases which formerly would have required tracheotomy. (2) Good results in the skin lesions of some patients. I have the impression that promin has to be used chiefly in uncharacteristic or simple inflammatory cases (neuromacular of the Cairo Classification), with negative lepromin test, to avoid their evolution to the lepromatous type. If we can stop this evolution we shall have already done a great thing to the patient and to the prophylaxis."

Speaking from my own experience with "promin" and "diasone" since January, 1945, I heartily endorse the statement that nodular leprosy may possibly prove intractable. We may have made some progress by the use of the sulphones. In my opinion, any judgment of their value is still in the impression stage. One has only to look at the swing in opinion of the value of the chaulmoogra derivatives which has been taking place for some years among a considerable number of leprologists to appreciate how difficult it is to arrive at an accurate and permanent judgment on the value of any treatment in leprosy. I am convinced that we are still looking for a real cure for this disease.—I am, etc.,

Trinidad. GEORGE CAMPBELL.

"Mushroom" Poisoning

SIR,—Since "mushroom" poisoning happens chiefly to the collector of mushrooms, the rule should not be, "Do not eat any fungus which is not obviously a mushroom," but should be "Buy your mushrooms, and collect only edible fungi which have no resemblance to any of the poisonous ones." Such fungi are (1) the puff-ball (small and giant), (2) the amethyst agaric and blue leg blewit (*Tricholoma nudum* and *T. personatum*), (3) the morel, (4) the girolle (*Cantharellus cibarius*), (5) the oyster mushroom, (6) the shaggy cap (*Coprinus comatus*), (7) the beef-steak fungus, (8) *Sparassis crispa*, (9) the horn of plenty, (10) the cep—if the amateur avoids the highly coloured ones. I have left out the parasol mushrooms because the amanitas bear some resemblance to them.

The amateur who will collect mushrooms should be careful to avoid the yellow staining mushroom (*Psalliota xanthoderma*)—very like a small horse mushroom except for yellow stains on it, more apparent when bruised. In some people it can produce unpleasant though not dangerous symptoms, as I know from personal deliberate experiments with it. The mycophagist is apt to become an enthusiast in experiment, and having learnt the known poisonous fungi can indulge his appetite with reasonable safety if he eats at first very sparingly of the unknown.—I am, etc.,

Havant, Hants. C. THACKRAY PARSONS.

Milk Certificates

SIR,—Now that school is about to start once more there is little doubt that a fair amount of milk certificates will be required for "sick children not attending school." Such certificates have to be renewed every week according to present regulations, which does not only burden the doctor quite unnecessarily but even more the mother of the sick child. In most cases of sick school-children the medical attendant is able to foresee a minimum period for which the child will have to be kept away from school—take the so frequent cases of measles, whooping-cough, or scarlet fever. The mother being usually the only person at home to look after the sick child (and perhaps a few more) it is certainly not only unnecessary but inadvisable that the mother should be obliged to go each week to the food office, leaving the sick child unattended in the house. I have known many cases where the mother has done without the milk rather than take that risk, particularly in winter with a fire burning in the house.

If doctors are credited with the ability and responsibility to issue milk certificates at all, surely they must be credited too with stating the period for which the issue of milk will be necessary. In the case of sick children I consider that of particular importance for the reasons stated, and I think it would be reasonable if the doctor could fill in the number of weeks for which extra milk would be required, say, up to six weeks at the time. In cases where no time is specified by the doctor the validity should be for one week as it is at present.