

cigarette smoker differs from the pipe smoker in that he is more likely to inhale, this may have some bearing on the risk, but it must also be noted that he inhales a combination of tobacco and paper smoke.

That the smoke from the paper of many brands of cigarettes is very distinctly irritating can be easily proved by lighting a twisted cigarette paper and smelling the smoke. It will in many cases irritate the nasal mucosa and will induce coughing if inhaled. The smell resembles that of burning newspaper, but, unlike the newspaper, the cigarette paper continues to smoulder until it is completely consumed. It brings to mind the specially impregnated novelty papers often found in Christmas crackers, which burn into various patterns when touched with a glowing match at a particular spot. It is not clear from the answers of Professor Bradford Hill and Dr. Doll whether different types of cigarette papers have been examined separately for carcinogens. Now that the problem is obviously a grave one every possible help should be forthcoming from manufacturers, even at the risk of giving away trade secrets.—I am, etc.,

Poole, Dorset.

P. H. CUMMINS.

Diesel Oil and Lung Cancer

SIR,—In your leading article (*Journal*, May 12, p. 1092) you draw attention to the dangers of diesel oil and lung cancer. This article has already drawn one or two replies, but as far as I can see no one has mentioned the fact that the dirtiest and blackest oil is issued from these vehicles by bad driving.

As far as I am aware, the accelerator pedal on a diesel engine is not a throttle but is merely a governor. The result of this is that when a man is taken off petrol lorries and put on to driving vehicles with diesel engines, with insufficient instruction, he proceeds to put his foot down when he wants the vehicle to go uphill. This has no other effect than to attempt to make the vehicle go uphill fast, and when he releases the accelerator at the top of the hill he is merely trying to make it go downhill slower. The result of course is that in the uphill work the engine is encouraged to labour unduly and the mechanical governor puts in far more fuel than can be used. I understand that, were all these engines fitted with pneumatic governors, instead of issuing forth black smoke the engine would stall. This of course would be a very good thing for the country, but might be misinterpreted against the makers of the engines by ignorant users. I do think that some attempt should be made to point out to these drivers throughout the country that there is no need for this sort of treatment. One can see very heavily laden eight-wheel diesel engines going quietly uphill driven by an expert driver with no sign of smoke, and behind it may be a small three-ton lorry belching forth blacker smoke because it is improperly driven.—I am, etc.,

Great Brington, Northampton.

F. F. WADDY.

Prophylaxis for Recurrent Upper Respiratory Tract Infections

SIR,—I have been following with interest the correspondence regarding prophylaxis for recurrent upper respiratory tract infections. I am in whole-hearted agreement with the views of your last contributor, Dr. S. Hillman (*Journal*, May 12, p. 1106), and agree that the only hope for these children lies in immunization. Equally well I agree that research into this question is indicated in the light of modern virology, but I do still believe that the bacterial element is responsible for a large number of cases. It is in these cases that, in spite of orthodox teachings to the contrary, I am obtaining success with oral immunization. Unlike the customary method of immunization, this does not frighten the child, and is producing good results in some 50 to 60% of cases.—I am, etc.,

Windlesham.

R. E. DEREK LEIGH.

Divine Healing

SIR.—Dr. Nigel Loring's reasoned letter (*Journal*, June 9, p. 1363) leaves him open to one challenge. He says "the Church insists on blind faith," and therefore the attitudes of parson and doctor are diametrically opposed. This is not true. There is a lively and growing body of intelligent Christians who ask only that a man should open his mind in a spirit of real humility to all the evidence.

It is not unreasonable to ask clergy and doctors to cooperate, so long as both adopt this attitude. Clearly, all known methods of healing will be used. At the same time both medical and clerical attendant will make the truth as clear to the patient as they are able. No one knows the power of the spirit over the mind and body. Only those who have unscientifically closed minds refuse to believe that such an influence exists. I believe that if an atmosphere of true open-mindedness could be attained this power would begin to reveal itself.

It is obvious that cases proving supernatural intervention will rarely, if ever, appear. If God heals a human body, is it likely that He will do so by some dramatic change in a natural law? If the course of a case of meningitis, or a moribund case of acute nephritis, is altered by divine power, how should we know it? If we deny that such things are possible, are we not guilty of the unforgivable sin of a closed mind? And is not blind unbelief as bad as blind faith?—I am, etc.,

Midsomer Norton, Somerset.

K. E. LANE.

SIR,—The publication of the report of the B.M.A. Committee to the Archbishops' Commission on Divine Healing (*Supplement*, May 12, p. 269), demonstrating as it does beyond reasonable doubt that the physical and chemical laws of nature cannot be annulled by prayers or ceremonies, provides an opportunity for the medical profession to draw attention once again to the unhygienic procedure of the Church of England in administering its Holy Communion service by a common cup. Those who defend this practice seem to imagine that its sacramental character renders the act completely harmless.

The potential danger of salivary contamination is now well realized and accepted by educated people. The Government can accordingly expect full support from the public in its attempts to enforce stricter regulations in the handling of food and drink. Refusal to change their technique, therefore, implies a deplorable lack of social responsibility on the part of church leaders. Doctors and nurses of hospitals and sanatoria dealing with infectious diseases, as well as certain laboratory workers, surely cannot take part in such services with an easy conscience, for they know full well that they may be temporary carriers of bacterial or viral diseases and would be exposing their fellow communicants to unwarranted risks. Nor can any M.O.H. regard the matter with equanimity.

Perhaps we should again remind the Archbishops of the resolution passed by the Board of Directors of the National Tuberculosis Association, meeting in St. Louis in 1943, recommending "Church organizations adopt some method of administering the Sacrament that is in conformity with our knowledge of good hygiene and public health practice."—I am, etc.,

Hull.

A. J. SHILLITOE.

Automation in Medicine

SIR.—While finding myself in general agreement with the annotation (*Journal*, June 23, p. 1477), I feel notwithstanding that the following remarks are both relevant and timely.

We should not be hypnotized or frightened by the word automation. There is no necessity to go to extremes in automation as applied to medicine. Medicine by its very nature is a combination of art and science. I suggested in my book *Medical Electronics* that "it may be worth while to build an experimental electronic machine, which could act as a 'diagnostician.' Various data could be picked up from