

Correspondence

De Morgan's Spots

SIR.—Capt. A. R. Murison and his fellow investigators on the above subject (May 10, p. 634) remark that the literature on these "ruby spots is extremely meagre." May I suggest that the reason is that most of those who have taken any interest in the subject and have looked for these spots in various morbid conditions have come to the conclusion, as I have, that almost every adult person, regardless of the state of his health, has one or (mostly) more of the spots on his body. I feel sure that Sampson Handley and all other surgeons attach no importance to their presence in regard to the diagnosis of cancer. Doctors who examine patients with degenerative cardiovascular conditions have doubtless found them constantly present, and so with psychiatric and other specialists. Personally I have found one or more present in every adult and even some children in whom I have taken the trouble to look for them. An adult without any must indeed be a *rara avis*.

For a more exhaustive statistical study of the subject I would propose that in every adult case the whole of the body (not merely the greater portion) should be examined. If patients and others were assured that there was absolutely nothing to fear from their presence, they could be left to examine most of their own skin, and in this way a *fairly reliable* statistic, with relatively little trouble, could be reached. I wish some archaeologically minded doctor, in his spare time, would take the trouble to search the old treatises on the detection of witches in order to ascertain what the professional "witch-finders" thought of the presence of ruby spots.—I am, etc.,

London, W.1.

F. PARKES WEBER.

Physical Health of Children attending Day Nurseries

SIR.—I was interested to read Dr. Margaret E. McLaughlin's account (May 3, p. 591, and May 10, p. 631) of the physical health of children attending day nurseries, especially with reference to the measles epidemics. During the months of February, March, and April of this year there was an outbreak of measles in my district. Most of these cases originated at the day nursery; in all I had seventy cases. At the beginning of the outbreak the children were attending the nursery up to the appearance of the rash, and only during the latter end of the outbreak were they sent home when the cough and rhinitis were present.

I should like to make a few comments on the complications of measles. I had three cases of bronchopneumonia, occurring at the latter end of the first week and beginning of the second week after the rash appeared, which responded favourably to sulphathiazole. I also had about half a dozen cases of otitis media, occurring in the second and third weeks, three of which had to have a paracentesis tympani done. The rest resolved at the early stage with sulphathiazole. Finally I had six cases of conjunctivitis, occurring in the first week. These were the result of treatment by the mothers, who washed the eyes with various solutions from milk to boracic lotion. It is interesting to note that in this district washing the eyes out with milk is a common and accepted practice.—I am, etc.,

Sheffield.

I. GOTTLIEB.

SIR.—The difficulty about articles such as those by Dr. Margaret E. McLaughlin in the *Journal* of May 3 (p. 591) and May 10 (p. 631) is that others are liable to draw more definite conclusions from them than do the authors, who are aware of at least some of their limitations. You state in your leading article on the subject that her results are "clear-cut and striking." They are certainly striking, but it is not so clear whether they are clear-cut. One of the most striking things about them is that the only accurately measurable criterion which she used in her comparison of a group of nursery children with a group living at home—namely, the weight—gave results favouring the nursery group. The remainder of her material was based entirely on subjective impressions, which are so often misleading. It would appear also that she did not even have the advantage in making the comparison of not knowing to which group a child belonged. It is now generally recognized that for any

scientific purpose in work of this kind it is essential that the examiner should not know to which group an individual belongs, otherwise the result may merely reveal an unconscious bias.

It is clear from what Dr. McLaughlin herself says that her two groups are derived from different classes of the community, doubtless with different income levels. In addition, so far as one can judge from her article, she does not allow for the fact that infectious diseases, which she found more frequently in the nursery group, are more readily diagnosed by trained nursery staff than by parents. It is a matter of general agreement that such remarks as "general condition good, satisfactory, etc.," are of very little value for scientific purposes, since different observers differ widely in their impressions, and even the same observer will report very differently on the same group examined after an interval. This criticism applies to all the criteria of health, except weight, used in this investigation.

Desirable though it may be, therefore, accurately to assess the effect on health of the nursery environment, and important though it is to minimize infection in our new nurseries, the present investigation does not afford the opportunity for such accurate assessment and must not be used as the basis for an illogical campaign against nursery provision.—I am, etc.,

Orpington, Kent.

BRIAN H. KIRMAN.

Acid Drinks and Sulphonamide Therapy

SIR.—Dr. Petronella Potter (May 10, p. 654) raises an important opinion in regard to the administration of "acid drinks" during sulphonamide therapy which if accepted is bound to cause a great deal of unnecessary harm and will actually incur the very danger of renal complications which she is so keen to obviate. Apparently it is still not realized that the organic acids used in these drinks—e.g., tartaric and citric—are those which are metabolized in the body into carbon dioxide and water, and that any basic element present in the fluid—e.g., sodium or potassium—is freed to form an alkaline solution. For example, imperial drink contains 0.08% free citric acid and 0.46% potassium tartrate, and I think it is possible to cause an alkalaemia on sufficiency of this drink alone.

I would like briefly to recapitulate the value of giving these acid drinks: (1) By their flavouring value they greatly help the patient to assimilate large quantities of water. (2) The acid flavour stimulates salivation and therefore helps to keep the mouth clean—a very important consideration in febrile patients. (3) They aid alkalization. (4) They have caloric value because of the contained sugar. Therefore the statement that "all fruit drinks" (and presumably acid fruits) must be forbidden has been mistakenly applied, and it should be known that these drinks are still valuable as an aid in the nursing and treatment of febrile patients.—I am, etc.,

Netley.

LEON RADCLIFFE.

SIR.—Dr. Petronella Potter's letter (May 10, p. 654) condemning the administration of fruit drinks to supply the extra fluid required in sulphonamide therapy fails to take into account the fact that the natural fruit acids undergo oxidation in the human body and their acidity is destroyed. To quote from Dr. V. L. S. Charley's recent article in *Chemistry and Industry*, 1947, 19, 221, on "The Nutritive Value of Fresh Fruits and Fruit Juices": "The acids in fruits are very largely composed of citric, tartaric, and malic acid. These are metabolizable and are used in the body as a source of energy. The ash constituents are largely composed of basic materials, and consequently their ultimate effect is to make a contribution to the alkaline reserves of the blood and urine."

The use of such drinks should not therefore be condemned on the evidence submitted.—I am, etc.,

Widnes, Lancs.

R. A. GREGORY.

Groundnuts in East Africa

SIR.—The *Journal* of March 8 has just arrived, and I must comment on the leading article entitled "Groundnuts in East Africa" (p. 301). No credit was given to the United Africa Company, Limited, who submitted the original plans to the Secretary of State for the Colonies and Minister of Food substantially the same as have been adopted, and, according to the official Tanganyika Territory Government pamphlet, *The Groundnut Scheme*, the proposals "had been worked out in