

deficiently fed rats, which developed a wide variety of ailments, while the well-fed animals enjoyed a remarkable freedom from disease. It is clear, therefore, that it was to their food that this freedom was due." Surely this was an amazing achievement in preventive medicine, yet it has been lost sight of by the bulk of the medical profession.

As Dr. Jordan points out, Howard, in the agricultural world, stressed the importance of growing food crops on organic principles, and claimed that by his methods of feeding and husbandry the natural resistance to disease of his stock was raised to such an extent that they did not contract foot-and-mouth disease when exposed to it. If this is correct it is a most important step forward from McCarrison's experiment, as I doubt whether McCarrison's stock rats were ever purposely exposed to acute infectious disease.

I think that it is of the utmost importance that the comparative immunity to foot-and-mouth disease and other diseases of organically raised and other stock should be tested by exposure to those diseases. Recently I had the privilege of visiting the farm of Mr. Friend Sykes, at Chute, along with a number of medical friends. Mr. Sykes also claims to have banished disease from his stock by his methods of organic farming. We were all very much impressed by what we saw, and by Mr. Sykes's answers to our questions. I suggest that the Medical Research Council should sponsor (1) an investigation such as I have outlined above, (2) an examination of Mr. Sykes's records of the past 15 years, and (3) an examination of the results of the long-term investigation of this subject undertaken by the Soil Association on their farm at Haughley. If this were done I believe it would result in a complete vindication of McCarrison's statement that "the greatest single factor in the acquisition and maintenance of good health is perfectly constituted food."—I am, etc.,

St. Mawes, Cornwall.

N. C. PENROSE.

Metabolic Effects of Salicylate

SIR,—Your correspondent, Dr. S. W. Stansbury (January 20, p. 138), assumes that in our paper (Reid, Watson, Sproull, 1950, *Quart. J. Med.*, n.s. 19, 1) we consider the reaction change in rheumatic fever resulting from salicylate administration is a "primary" respiratory alkalosis. This is not correct. We did not qualify the term respiratory alkalosis in our paper, for two good reasons. First, our findings would not permit more detailed description, as the rise in plasma pH and fall in plasma CO₂ content developed simultaneously in both patients. Secondly, though a primary respiratory alkalosis may be conjectured it is difficult to reconcile this with the fact that hyperventilation from salicylate subsides, and the plasma pH actually falls, when sodium bicarbonate is given. We thus consider that the origin of the reaction change to salicylate in rheumatic fever remains a puzzle and so cannot accept Dr. Stansbury's interpretations of our findings.

I thank your other correspondent, Dr. Paul (January 20, p. 139), for his interesting comments on the reducing substances which may appear in the urine during salicylate treatment.—I am, etc.,

Glasgow.

JAMES REID.

"A Kick in the Pants"

SIR,—The departure of Mr. Aneurin Bevan from the medical scene was an event which called for a fuller notice in the *British Medical Journal*. Omitted were the facts that the Right Honourable gentleman had held office as Minister of Health longer than any of his predecessors and that, the electorate having expressed the wish in 1945 for a National Health Service, he undertook the most onerous task that has yet befallen a Minister of Health. No offence will have been taken by having mentioned that the B.M.A. disagreed with many of his numerous and difficult decisions, but it would have been courteous at least to wish him well in the new and heavy responsibilities which he has been called upon to accept.

The pity is that a professional journal, when bidding a statesman farewell from the medico-political arena, disregarded his sterling qualities and denigrated his ability. I can only surmise that the *B.M.J.* was influenced by the feeling of the Opposition. May I ask whether it is in keeping with medical tradition for the *B.M.J.* to undertake a function of the Tory press? Is it really too much to expect that the B.M.A. should, regardless of whichever political party holds power or whoever may be Minister of Health, show itself the essence of professional decorum and refrain from giving a vulgar "kick in the pants" to one of His Majesty's Ministers? Has the time not yet arrived for the B.M.A. to cease being a puppet of the Conservative Party and to return to its stand as a professional organization removed from party politics?—I am, etc.,

London, S.W.1.

A. D. D. BROUGHTON.

Fate of a Good Samaritan in Burma

SIR,—I hope that the medical profession in this country will not accept without uttering a protest the sentence of six years' imprisonment recently passed by a Burmese court on Dr. Seagrave. Here, more important issues are involved than local Burmese politics. A doctor must be allowed to work outside the noisy ring of politics and to administer to the sick irrespective of their party. He must refuse to aid only those of which the Government in power happens to approve. The charges brought by the Burmese authorities against the Western doctor who had done such excellent work in their country were utterly trivial: that when the Kachin insurgents captured the town in which he was working he was polite to the commanders and even offered them tea; that he allowed them to take away certain medical supplies which they badly needed. The fact that he was their prisoner and had no power to restrain them does not seem to have been taken into account. In any case six years' imprisonment does not appear to be a suitable sentence for being amiable and polite to one's captors. The utmost publicity must be given to this case. Although the rulers of Burma have elected to be politically independent of the Commonwealth, economically Burma is not self-sufficient and cannot, therefore, afford to affront Western codes of behaviour. It is to be hoped that some international medical body will take this case up. Dr. Seagrave not only worked as a doctor, but set up in Burma an organization for the training of the nurses which that country so badly needed. He was therefore a representative of international medicine and can claim the help of any medical or health organization working on a world scale.—I am, etc.,

London, W.1.

KENNETH WALKER.

POINTS FROM LETTERS

Registrar Appointments

Dr. JOHN FORBES (Adwy, near Wrexham) writes: . . . [There] is the difficulty that senior registrars in non-teaching hospitals have in obtaining consultant posts when they are in competition with senior registrars from teaching hospitals. Similarly, non-teaching hospital registrars are at a disadvantage when it comes to getting senior registrar posts in a teaching hospital against the competition of registrars from that hospital itself or from other teaching hospitals. . . . I would like, therefore, to put forward a practical proposal—namely, that in the future senior registrar posts should be largely confined to teaching hospitals, whereas registrar posts should be largely confined to non-teaching hospitals. This would mean that a trainee would after finishing his senior house-officer appointments be more or less compelled to continue his apprenticeship as a registrar at a non-teaching hospital. After two years, however, he would be able to apply for a senior registrar post at a teaching hospital, where his training would be completed. In this application he would be competing on equal terms with registrars from other non-teaching hospitals.

Influenza

Dr. W. L. FRAZIER (Los Angeles, Calif.) writes: . . . I used colloidal silver intravenously in combating the type of influenza epidemic in 1918-19, and I am convinced it is specific for that type. . . .