

as that of children vaccinated in Britain, viz., 13 years, and laments the tragic misfortune that in countries like India B.C.G. has been accepted almost as an inexpensive alternative to treatment of infectious cases.

It is indeed a great pity that some medical men in distant lands with no personal knowledge of the utterly different conditions in India should assume the role of advisers. Perhaps it may interest Dr. James to know that in India there are to-day only 23,000 beds for tuberculosis, while the number of infectious cases of tuberculosis is estimated variously at one and a half to two and a half millions. Therefore the main problem was to try and reduce the number of new infections and new cases of tuberculosis, and as quickly as possible, with the available resources. India did well in accepting B.C.G. mass vaccination on the advice of the W.H.O. as early as 1952. The second report of the M.R.C. Committee amply confirms the wisdom of such action, for there is now no doubt that B.C.G. is just as important for the control of tuberculosis in the less fortunate countries as the use of anti-tuberculous drugs, whatever opinion Dr. James and others of his way of thinking may hold.—I am, etc.,

Madras, India.

K. S. RANGANATHAN.

#### REFERENCES

- <sup>1</sup> M.R.C. Tuberculosis Vaccines Clinical Trials Committee, *Brit. med. J.*, 1956, 1, 413.  
<sup>2</sup> — *ibid.*, 1959, 2, 379.

### Ceiling of the Great Hall

SIR,—Perhaps Mr. H. Austen Hall's letter in the *Journal* of February 6 (p. 421) will again focus attention on our Great Hall. I feel that it is no longer deserving of the capital G, as the Association has now outgrown it.

As important as completing the ceiling is the investigation of the possibility of enlarging the seating space. The only suggestion I can recall is to cut the foot to fit the shoe, and prune down the Representative Body. I would welcome the comments of somebody so interested as Mr. Hall.

There appears to me to be a tremendous waste of space at the back beneath the balcony. I believe that reconstruction here would entail the removal of a food lift. Why not? I have only seen it in action once, and that was one morning after arriving on the early train from Scotland, long before coffee was ready in the dining-room. It sailed past me laden with a sumptuous breakfast of bacon and egg for somebody in the upper stories. Would it not be possible to extend the gallery all round the hall to provide at least a few more rows of seats?

We are not the only association finding difficulty in accommodating our conferences, and we might well recoup some of our outlay by letting to other bodies.—I am, etc.,

Stanley, Perthshire.

OWEN McDONAGH.

### "Family Doctor" on Food

SIR,—It was a relief to see Dr. Walter W. Yellowlees's letter on this subject (*Journal*, February 6, p. 426). The *Family Doctor* appears to be unaware of the important work carried out by McCarrison and Sanderson Wells, or of the evidence of the "Medical Testament on Nutrition and its Relation to Agriculture" which was published in the *Supplement* (April 15, 1939, p. 157). All is summarized in Doris Grant's book, *Your Daily Bread*,<sup>1</sup> a little volume which I have prescribed for many patients. During the last war I baked all my bread with wholewheat, compost-grown, stone-ground

flour. That ensured a delicious and nourishing bread, far removed from the emasculated, blanched, tasteless, white-flour loaves which most bakers produce. When, recently, a lower extraction rate was introduced, the *Lancet*<sup>2</sup> had a leader entitled "The Millers Decide." I trust that this letter will induce many to bake their own bread if they cannot find a baker to supply a vitamin-containing loaf.—I am, etc.,

London, W.1.

AGNES SAVILL.

#### REFERENCES

- <sup>1</sup> Grant, D., *Your Daily Bread*, 1944, Faber and Faber, London.  
<sup>2</sup> *Lancet*, 1956, 1, 895.

SIR,—Dr. W. W. Yellowlees, in his letter (*Journal*, February 6, p. 426) seems to imply that honey and semi-refined sugar are much less liable to cause dental caries than sucrose is. There is little evidence for this belief. The valuable factor lost by refinement is the fibre in sugar-cane, fruit, and vegetables. Honey in the comb might be harmless, the wax having a similar cleansing effect to that of the cellular matrix of food plants, but this is doubtful.

I agree that *Family Doctor* ought not in any way to encourage or excuse the consumption of sugar and flour by those with natural teeth. To call these foods valuable is a misleading way of stating the obvious fact that they are cheap, convenient, and pleasant. They could presumably be used as ingredients for wholesome foods incorporating some factors to simulate the chewable texture of fruit, but this has not yet been attempted. At present the only wholesome use for extracted sugar is as a condiment applied to nuts, fruit, and chicle gum, and possibly with fruit juices. *Family Doctor* could help to create a demand for a wider range of wholesome confectionery.—I am, etc.,

London, S.W.10.

R. B. D. STOCKER.

### Bathing in Sewage-polluted Waters

SIR,—In your leading article on this subject (*Journal*, January 30, p. 336) you rightly state that the figures for Beach "J" are apparently missing from the Table said to record its degree of pollution (Table 3 of the paper in the *Journal of Hygiene*<sup>1</sup>). I hope most readers of the paper will have realized from the context that the code letter "I" ascribed to the second beach listed in Table 3 should have read "J." This error is being corrected in the circulated reprints of the paper. It does not occur in *Medical Research Council Memorandum, No. 37*,<sup>2</sup> as code letters are not used in the paragraph concerned (p. 21).—I am, etc.,

Public Health Laboratory,  
Exeter.

B. MOORE.

#### REFERENCES

- <sup>1</sup> *J. Hyg. (Lond.)*, 1959, 57, 435.  
<sup>2</sup> *Sewage Contamination of Bathing Beaches in England and Wales*, Medical Research Council Memorandum, No. 37, 1959. H.M.S.O., London.

## POINTS FROM LETTERS

### Anaesthetic Vomiting

Dr. N. K. ALLAHBADIA (Scarsdale Hospital, Chesterfield) writes: I read with interest Dr. F. D. Adrianvala's letter (*Journal*, January 16, p. 203) about anaesthetic vomiting. Obstetric patients have a special tendency to vomit, and inhalation of vomit is recognized as one of the avoidable causes of maternal death. Not infrequently, I have admitted patients from the district with complicated second stage post-partum haemorrhage or incomplete abortion who have had "small meals," tea, coffee, and brandy, etc. . . . I feel that the general practitioners supervising domiciliary midwifery must leave clear instructions as regards feeding during "abnormal" labour or anticipated emergency.