health food stores. It was estimated that if the patients adhered to the diet they would receive in the region of 18 g of fibre per day. We do not claim that bran tablets have any "magical," properties that cannot be obtained with a sensible HRD or ordinary miller's bran, but tablets which are specifically prescribed are more convenient for the patient than a diet and are more likely to be regularly taken. For the trial three tablets were taken three times a day (18 g bran/day). The antispasmodic is incorporated within the Normacol granules and is alverine citrate. The dose prescribed was two teaspoonfuls twice a day.

(2) The results shown and the statistical comparison made are within-patient comparisons between control values and values following each of the treatments.

(3) It was not possible to show in this group of 20 patients that one treatment was more pleasant than another, although at least half preferred the taste of bran tablets to either Normacol granules or a rigid HRD.

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Nit-picking?

SIR,—Much as I enjoyed the cross-fire between Dr W F Whimster and Mr C M Heath (15 May, p 1211), and Dr John Apley (24 April, p 999), and would like to pitch in with my own twopennyworth, I feel it is more important to take issue with your own comment.

In stating that "a tooth-comb was in the past an essential weapon in the battle against head-lice" you seem to be satisfied that the battle is won and the tooth-comb obsolete. Reference to the report in 1975 of R J Donaldson¹ on the incidence of infestation in school-children in England and Wales reveals that over 200 000 children are affected and that there is a reservoir of infestation of about 1 m persons. Donaldson's recommendations that a vigorous campaign should be mounted to eradicate the louse while it is still susceptible to malathion preparations seem to have been ignored. As the modern insecticides kill but do not loosen the nit, the tooth-comb is still a vital part of that campaign. It should certainly not be a relic of the past.

T C G SMITH

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¹ Donaldson, R J, *The Head Louse in England: Prevalence amongst Schoolchildren*. London, Health Education Council, 1975.

*We did not intend to suggest that the battle is over but simply that the tooth-comb no longer stands virtually alone in the front line of the attack.—ED, *BMJ*.

Spares for anaesthetic machines

SIR,—I wish to reply to Dr D W Eyre-Walker's letter (1 May, p 1077) criticising BOC Medishield Ltd's decision "to stop supplying spares for, and maintenance to, anaesthetic machines manufactured prior to 1957."

Production of the machine in question, the Medishield Boyle Basket Model, ceased in

1957, and many examples which continue in use pre-date the second world war. I estimate that no more than 15% of anaesthetic machines in use in the UK are of this type, and many of those are maintained solely in a standby capacity. That the machines are still in good working order is due largely to the fact that we have been able to provide a high standard of servicing and an ample supply of spares. To maintain this supply of spares beyond 1977 would involve extensive retooling costs, which would have to be reflected in the cost of those spares. While it would be possible in theory not only to maintain the machines, but to continue to upgrade them to present-day standards, the cost would, in many cases, exceed that of a new machine of equivalent performance.

Our company's decision has been accepted and welcomed by many members of the profession and hospital supplies officers, and a typical reaction is that of the Midlands Regional Health Authority which appeared in the *Birmingham Mail* on 1 May. The authority is stated to have told that newspaper: "The firm is justified in not trying to perpetuate old models. In a lot of cases these machines should be replaced. Better and more sophisticated models are now available."

Finally, I refer to Dr Eyre-Walker's comment that he and his colleagues "would be prepared to replace our machines gradually over a matter of years." Our original letter of warning regarding the withdrawal of spares and service was issued to the Department of Health and to hospital supplies officers in September 1971. Our most recent warning, advising that July 1977 will be the cut-off date, was issued in February this year.

We believe, as responsible suppliers, that we are totally justified in phasing out what can only be described as vintage equipment not only in our own interests but also in the interests of the medical profession and the patient. Furthermore, we have provided more than ample notice of our intentions.

J E EVERITT
Director,
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Progression and regression of atherosclerosis

SIR,—The pathological observations of Professor CWM Adams (1 May, p 1070) are, of course, relevant as such, but there is some confusion over the issues under consideration which must be seen in perspective. I wrote (20 March, p 710) to fill in what appeared to be an important omission in a discussion on regression of atherosclerosis. The physician is concerned with patients who develop atherosclerosis and its clinical consequences and who need the best available dietetic advice.

The relevant facts are that Western man has made radical changes in the food he eats and they are of a kind highly likely to be atherogenic. The incidence of atherosclerosis varies widely between populations and is closely related to this type of diet. Migrants to high-incidence countries like America from low-incidence countries like Japan, or to Israel from countries with a varying incidence such as the Yemen, Iraq, and Europe, and who change their eating habits develop, in expected sequence and degree after appropriate time intervals, changes in their plasma lipids,

atherosclerosis, and coronary heart disease (CHD). These observations are based on healthy individuals, necropsies, hospital patients, and population surveys.

Patients with familial hyperlipidaemia, precocious atherosclerosis, and premature CHD often also have cutaneous xanthomata. If they are given what is now termed a "prudent" diet the xanthomata regress and, since their lipid composition is similar to that of atheromatous plaques, it is reasonable to expect there will be at least some degree of comparable regression in their arteries.

Non-human primates, very similar to man in the ways I described and not subject to spontaneous atheroma, if given a diet taken by Western man today develop, in expected sequence, changes in plasma lipids, severe atherosclerosis, and its complications. If, however, they are given instead a "prudent" diet only mild arterial changes develop or, if atheroma has been induced, there can be considerable regression.

Finally, patients with atheromatous peripheral vascular disease tend to have similar changes in their coronary arteries and are at high risk of developing myocardial infarction. If changed on to a "prudent" diet widening of the narrowed peripheral vessels occurs as judged by angiography and increased blood flow.

The up and coming high-density lipoprotein story is fascinating and important, but the fact that mechanisms have not yet been clarified does not reduce the importance of the observations referred to above.

All this, of course, may just be coincidence.

RICHARD TURNER

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Family pathology and family treatment

SIR,—The articles (17 April, p 947, and 24 April, p 1004) on disobedience and violent behaviour in children heighten my awareness of the need for adult and child psychiatrists to join together in the treatment of the family.

Often disturbed children are treated in isolation while their parents require attention, and the converse also holds true. Treatment of marital problems can just as easily centre on physical, psychiatric, or emotional difficulties which the parents are having with their children, and only on seeing the children with their parents can one get an accurate picture of the problems.

I might add that a new organisation, the Association for Family Therapy, has been formed out of just such a need for increased communication within and between medical and social disciplines.

S LIEBERMAN

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Treatment of mania with bromocriptine

SIR,—Bromocriptine is a semisynthetic ergot alkaloid marketed for the suppression of puerperal lactation and the treatment of galactorrhoea, amenorrhoea, and infertility. Bromocriptine stimulates dopamine receptors in the nigro-striatum of the brain in animals,¹ lowers plasma prolactin levels, and has little