

out the review, and that as practically no account appears in it of the moral and humanitarian aspects of my work, I was tempted on reading it to wonder whether it was really my own book that was under discussion, whether it was a work by some other person, or whether it was one that existed only in the mind of the reviewer himself.

Finally, I would beg to point to a very remarkable assertion which the reviewer permits himself to make, and which he appears to launch against what he conceives to be my views. "It is demonstrable," he informs us, "that the application of scientific methods to agriculture would result in food production sufficient for the needs of many times the present population of the world, even if not a single acre of fresh cultivation were added." Having called attention to this most reckless statement, however, I am well content to leave it to the judgement of any of your readers who have studied the practical possibilities of agriculture, the economic law of diminishing return with all its implications, the problems involved in the distribution of food over wide areas, and the question of a really adequate diet for each and all of the world's human inhabitants. I have little doubt as to the verdict.—I am, etc.,

FRANK W. WHITE, L.R.C.P. & S.ED.

Cullercoats, Northumberland, Aug. 8th.

Population and Food Supply

SIR,—In a review on page 212 of your issue for August 3rd the surprising statement is made that it is demonstrable that the application of scientific methods to agriculture would result in food production sufficient for the needs of "many times" the present population of the world, even if not a single acre of fresh cultivation were added. That the production could even be doubled is doubtful, because rainfall is insufficient and certain fertilizers scarce. Professor Armstrong has said: "The solution of the nitrogen problem by Crookes has brought us nearer to destruction rather than saved us, by hastening the depletion of irreplaceable phosphatic stores," and Sir Frederick Keeble that "nearly all the soils of the world are famishing for phosphates." However, the question as to what population the world will *ultimately* be able to support is relatively academic. The Malthusian and practical consideration is that the world's inhabitants have never increased their food supply at a rate of more than one per centum a year, and that they may therefore be expected to continue having widespread food shortage until they have reduced their birth rate to about twenty per thousand.—I am, etc.,

Putney, S.W.15, Aug. 3rd.

B. DUNLOP.

Paraldehyde as a Pre-anaesthetic

SIR,—I would like to endorse fully all that Dr. R. R. Foote has said in his letter to the *Journal* of August 10th (p. 278) concerning the use of rectal paraldehyde as a pre-anaesthetic. We in our hospital practice are finding it of increasing usefulness in all types of cases and in patients of all ages. Only in the very toxic and very old do we find that it is not well tolerated (it tends to be returned) and is therefore less useful for that reason. We have not had a case of proctitis in a series of 800 patients where this method has been used. In our early cases hiccup was sometimes a troublesome feature of the post-operative period. This, however, was well controlled by inhalations of carbon dioxide, and latterly, for some reason or other, it is of much less frequent occurrence. I think that there is little doubt that lung complications are more frequently absent, or, if present, less severe when this drug is used as a preliminary measure. The simplicity of the technique and the relative non-toxicity of the drug

are two definite advantages. The patients themselves often ask that they shall be "put to sleep in the ward," and I am sure that the so-called unpleasant odour of the drug has been very much overestimated.—I am, etc.,

Bow, E.3, August 10th.

J. R. M. WHIGHAM.

Treatment of Infrequent Epileptic Fits

SIR,—I saw a boy 10 years old in a typical attack of epileptic fit, and was told he had had similar attacks every twelve months during early summer for the last four years. I have kept him on luminal, 1/2 grain daily, for over eighteen months, and he has remained free from an attack. In cases in which the interval is much longer I should be inclined to give a two-years course of luminal, if only for the simplicity and harmlessness of the treatment and the possibility of avoiding further recurrence.—I am, etc.,

Burton-on-Trent, Aug. 10th.

M. GHOSH, M.B.

"Tulip Fingers"

SIR,—In your last issue Mr. A. P. Bertwistle reopened the discussion on the interesting condition of peri- and hyp-onychia dermatitis from handling tulip bulbs. I first saw this condition nine years ago, and subsequently described it in a medical journal (*Lancet*, November 13th, 1926).

I have little to add to Mr. Bertwistle's description of a typical case, except that at the time it seemed to be those with untrimmed nails who were chiefly affected. The tulip bulb is peculiar in that it is protected by a thin and easily split testa. It is worth recording that the use of an ointment beneath and around well-trimmed nails not only seemed useful in preventing the condition but relieved the symptoms of sufferers. The wearing of finger stalls has proved of value, and is to be preferred to the use of rubber gloves.

Peri- and hyp-onychia dermatitis, as distinct from "lily rash" from daffodils and narcissi, was also observed more recently among those coming in contact with the stem juices of tulips. It seems likely that a lime salt is responsible. There is every hope that with appropriate care this painful condition may be prevented.—I am, etc.,

Factory Department, Home
Office, Aug. 14th.

SIBYL G. HORNER.

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel Robert Davidson, R.A.M.C., died suddenly in the military hospital at Murree, Punjab, on July 13th, aged 48. He was born on August 19th, 1886, the eldest son of the Rev. R. Davidson of St. Cyrus, and was educated at St. Andrews, where he graduated M.B., Ch.B., with distinction, in 1910, and M.D. in 1921. He also took the D.P.H. at Birmingham in 1922. After filling the posts of senior house-physician and house-surgeon at Dundee Royal Infirmary he entered the R.A.M.C. as lieutenant on July 28th, 1911, and reached the rank of lieutenant-colonel on May 1st, 1934. He served during the war of 1914-18.

Lieut.-Colonel Richard James, Madras Medical Service (ret.), died at Colinton, Midlothian, on July 26th, aged 80. He was born on April 20th, 1855, was educated at Edinburgh, where he graduated M.B., C.M. in 1878, and entered the I.M.S. as surgeon on March 31st, 1879. He became lieutenant-colonel after twenty years' service, and retired on April 29th, 1910.

Captain Christopher Urry Wickham, Indian Medical Service, died at Peshawar on June 19th. He was educated at Birmingham, and took the M.R.C.S., L.R.C.P.Lond. in 1932. He entered the I.M.S. as lieutenant, with an extra year's seniority, on October 25th, 1934, less than a year ago, and was promoted to captain from March 11th, 1935.