

Only further investigation into the facts of surgical practice rather than laboratory conditions by many independent observers is likely to explain the discrepancy for the comfort of the anaesthetist. It is therefore to be regretted that information is not available in Dr. Davies's and other like cases as to the functional capacity of the heart, liver, and kidneys, and also the state of the blood picture before and after the administration of the quick-acting barbiturate. In the absence of such precise information it seems that anaesthetists must still suffer qualms in making the fullest use of these drugs, and yet doubt the real validity of their qualms.—I am, etc.,
Birkenhead, Oct. 8. R. L. WYNNE.

Sulphur and Sulphapyridine

SIR.—I was interested in Lieut.-Colonel R. W. Cushing's article on cerebrospinal fever (October 5, p. 439). I entirely agree with most of his findings, but I must take exception to his statement that during administration of sulphapyridine "eggs are dangerous, as are other foods of a high sulphur content." Is there any scientific foundation for this statement? The cyanosis has been attributed to sulphaemoglobinemia, but has this ever been proved? Is the cyanosis due to deficient oxygenation of the blood, possibly owing to some chemical or physical effect on the envelope of the blood corpuscles, if not on haemoglobin itself?

Vitamin C appears to have a helpful effect in these cases of cyanosis. Intravenous injection of "redoxon" caused a remarkable improvement in one patient, but I have had as yet no opportunity to confirm this with certainty.

Eggs are a most valuable invalid food. We have given them freely at this hospital during extreme dosage of sulphapyridine with no ill effects whatever. Our mortality in the series of forty-eight cases reported in *Public Health* for September was 4.2%, appreciably higher than Dr. Cushing's excellent rate of 2.9%. We used sulphapyridine soluble and observed the same disadvantages. We also used serum. I think this has an effect, not possessed by chemotherapy, of reducing the effects of the toxemia, and may have contributed to the rapid recovery of the patients. The average stay in hospital (deaths excluded) was twenty days.

I shall be interested to hear of any confirmation of the vitamin C treatment.—I am, etc.,

The Isolation Hospital, South D. V. HAGUE, M.B., D.P.H.
Petherton, Somerset,
Oct. 12.

Cause of Appendicitis

SIR.—Dr. Josiah Oldfield's theory that appendicitis is due to meat-eating (October 12, p. 505) does nothing to explain its "epidemicity" during the last half-century. The well-to-do among our great-grandfathers were enormous meat-eaters, but there is no evidence that they were particularly prone to the disease under any name. Moreover, our Australian and New Zealand cousins have always eaten about twice as much meat as we do, but are no more prone to appendicitis. For the last fifty years appendicitis has exacted a heavy toll of life, suffering, and material on our population, and the levy (though somewhat modified by therapeutic progress) still continues. Is it not a blot on our profession that no organized effort has yet been initiated to prevent it by a scientific investigation of the causation? The cynic would say it would not pay us to investigate. Must we leave it to the Germans when they can find time for it? Such an investigation would require well-organized team work, though independent observers could make valuable contributions. Historical, ethnological, sociological, physiological, pathological, and clinical evidence should be collected, carefully checked, and collated by a competent body, and the result would almost certainly throw a good deal of light not only on appendicitis but also on many other obscure digestive and "nervous" disorders. Why should not the B.M.A. "go to it"?

Many years ago I propounded what, for brevity's sake, I will call "my" theory, and offered some evidences (which, of course, needed and still need careful checking) under each of the six headings, and these, however shaky they may be, afford a reasonable jumping-off ground for an investigation, since they all tend in the same direction. Scepticism about

the theory leaves us where we are; a serious attempt to disprove it would probably take us a long way forward. While it is not scientific to accept without full investigation a simple and obvious explanation, it is no whit more scientific to turn it down on account of its simplicity and obviousness. "My" theory is both obvious and simple and therefore apparently not worth investigating!

To paraphrase Dr. Oldfield, I fully agree with him that millions of mothers have averted attacks of appendicitis by the timely administration of doses of castor-oil.—I am, etc.,
Ambleside, Oct. 15. J. PRICE WILLIAMS.

Respirators into Oxygen Apparatus

SIR.—Major H. L. Marriott's very interesting and useful description (October 19, p. 519) of his adaptation of a civilian gas-filtering respirator for use as an oxygen face-piece inhaler prompts me to record certain improvements effected after further experience in the technique of converting and using as an oxygen tent an infant gas protective helmet. The original apparatus was described in the *Journal* of December 30, 1939 (p. 1279), but after repeated use it was observed that patients became uncomfortably hot during a prolonged stay inside the tent and certain modifications were made in the set-up.

A half-inch metal tap (the type with disk base used by gas fitters proved satisfactory and cheap) was fitted with adhesive strapping into the air-tight cloth top of the helmet to act as an outlet for exhaled air. The helmet tent fitted and used in this way on patients sitting up in bed was borne comfortably and with therapeutic advantage for comparatively long periods. A stream of oxygen enters the tent after being cooled by passing through a wide-necked, corked thermos flask nearly filled with ice. The cold inflowing oxygen, being heavier than the warm expired air, tends to keep to the lower part of the tent around the patient's face and mouth, dislodging upwards the warmer expired air, which leaves the tent by the open tap at the top.

An oxygen tent has certain important advantages over any type of face-piece inhaler. It can be used for infants as well as adults, and for patients with face or head wounds. It cannot be dislodged by bedclothes, nor is the restless or apprehensive patient tempted to pull it off. A patient can talk and even eat inside a tent, and an infant may cry comfortably within its walls. Moreover, the infant gas protective helmets provided by the Government are available in most households and institutions, and can be readily and cheaply adapted for oxygen therapy.

I consider that these advantages far outweigh the slight extra consumption of oxygen incurred by employing the tent method of administration.—I am, etc.,

Leeds, Oct. 24.

W. HARTSTON, M.D.

National Dried Milk

SIR.—I am concerned, as no doubt others are, at the issue of the new national dried milk. Inquiry at the local food office informs me that it is a "full-cream dried milk of British manufacture by the roller process and containing approximately 26% fat." This is not sufficient data for its intelligent use. Does it contain, for instance, added vitamins? Nor am I happy about its keeping qualities in view of its scanty wrappings. A slip enclosed in the packet says it should be used under medical direction; yet so far as I know the profession have not been informed of its full composition. A full-cream milk is not suitable for all babies, especially under 3 months old; yet if mothers are to obtain dried milk free of cost they must perforce use this preparation.

Have paediatricians been consulted about its composition, or is it another example of authority's failure to utilize expert advice on the problem, now more vital than ever, of infant feeding?—I am, etc.,

Cardiff, Oct. 16.

A. G. WATKINS, M.D.

** National dried milk is a full-cream dried milk exactly of the nature of all such milks which have been on the market for many years. It is manufactured by the well-known makers of such milks, and it may be assumed that the medical profession is fully aware of its constitution. It does not contain added vitamins or added iron. The carton is of the same