already have been carried out by local authorities, and it seems a good opportunity for medical councillors to speak out.—I am, etc.,

GRIFFITH EVANS,
Chairman, Caernarvonshire County Committee for Care of the Tuberculous.

Transplantation of Ureters into Large Bowel

SIR,—Owing to an oversight, possibly connected with the necessity for drastically compressing the address on this subject which you kindly published in your issue of Oct. 30 (p. 535), I have omitted to mention an important point in the description of the operation. A little more than half-way through the section dealing with preparation and operation and referring to the suture used to draw the ureter into the bowel it is stated: "Both ends of the stitch on the ureter are now threaded on a small round needle, which is passed through the hole into the bowel and out through the whole thickness of its wall half an inch beyond the aperture." Three lines further down it is stated: "The ends are then tied firmly, but not so tightly as to cut through the tissues." Of course, it should have been made clear that after the ureter is safely drawn into the bowel one of the ends of the fixation stitch must take a good bite of the muscular wall of the bowel, after which the two ends are drawn taut and securely tied. In this way the ureter is anchored against the inner surface of the bowel.

I very much regret the omission, which was inadvertently made, but for which I am alone responsible.—I am, etc.,

British Postgraduate Medical School, W.12. G. GREY TURNER.

Wartime Diet for Peptic Ulcer

SIR,—It would be a pity if this very important subject became obscured in a debate on details. Dr. Wrathall Rowe is in the thick of the industrial front and suffers from a peptic ulcer. He earns our gratitude for his attempt, based on acute personal experience, to improve the lot of the ulcer patient (Oct. 9, p. 464). Sir Arthur Hurst, after a lifetime spent in the study of alimentary disorders, writes from the cloistered and cultured seclusion of Oxford (Oct. 23, p. 523). Presumably he does not suffer from a peptic ulcer, and views the problem with that detachment and wisdom for which Oxford has ever been famed. His statement that "apart from gross roughage, there is no food intrinsically bad for ulcer patients" seems to me not too sweeping a generalization as Dr. Rowe suggests, and no new physiological principle is involved, since the digestion of ulcer patients is usually excellent. Likes and dislikes are, of course, important, but are peculiar to the patient rather than to his ulcer, and chocolate is certainly one of those foods for which many people have an idiosyncrasy.

My chief purpose, however, in writing this letter is to emphasize a principle with which many ulcer patients would agree—namely, that the diet is of much less importance than the stomach into which it is going. The well-being of the patient when he takes his meals, the principle of the initial state, is paramount. A tired stomach cannot digest food. Too long have we laid emphasis on the diet and given our patients elaborate lists of foods, often unobtainable, to the exclusion of a proper direction in those rules which should govern the taking of meals; the frequent feeds, adequate mastication, rest before the evening meal, week-end leisure, curtailment of tobacco and alcohol, and so on. To a large extent these determine whether good digestion shall wait on appetite.

To-day, as perhaps never before, our out-patient clinics and consulting rooms are full of tired folk, often with dyspepsia, some of them with peptic ulcer. Anxiety undoubtedly plays a part, but I am convinced, with Dr. Rowe, that the fatigue of intense and sustained mental effort plays a much larger one. Likewise, the constant change of hours of duty, notable particularly, and not unavoidable, in transport workers, and a too frequent alternation of day and night shifts in factory workers—these are inimical to the proper rehabilitation of the ulcer patient. Many man-hours are being lost for want of a little organization, and while supporting Dr. Rowe in his plea to the Ministry of Food for a greater accessibility to the more easily digested foods for ulcer patients I would support even more strongly his appeal to the Ministry of Labour for some improvement in their working conditions.—I am, etc.,

Birmingham. T. L. HARDY.

SIR,—In his letter to the *Journal* of Nov. 13 (p. 619) Dr. J. B. Wrathall Rowe suggests that I cannot be aware of the difficulties under which industrial ulcer patients labour, as I write from "the quiet retreat of Oxford." If he were to visit wartime Oxford he would realize that most of the wives of the many thousand industrial patients here are engaged in part-time, and often whole-time, employment, shopping is difficult, and domestic help almost unobtainable. The fact that chocolate makes Dr. Rowe sick is no reason why the large majority of ulcer patients who do not share his idiosyncrasy should not make use of it as an occasional change from milk for their intermediate feeds. It would be interesting to know what evidence he has that meat leads to a far more abundant secretion of HCl in his stomach than cheese. If it is subjective and not the result of comparative test-meals, it is valueless. I have seen many patients, including several doctors, who for years had taken alkalis and belladonna for "acidity" till a test-meal showed that they really had achlorhydria.

If meals are taken, for example, at 8 a.m., 12 noon, 4 and 8 p.m., two pints of milk will provide 8-oz. feeds at 10 a.m., 2, 6, and 10 p.m., and one during the night. This is surely enough to keep the pylorus sufficiently active to prevent the stomach from being empty at any time during the day.

Dr. Rowe approves of my advice to give phenobarbitone to anxious patients with duodenal ulcer. But why not give it alone instead of in a mixture containing sugar, chloroform, and a homoeopathic dose of ext. hyoscyam. liq.? The dose of the latter he prescribes is equivalent to about 1/1120 gr. of hyoscyamine or atropine after breakfast and lunch and 1/560 gr. at bedtime. Numerous investigations have demonstrated that anything less than 1/100 gr. has no action on the secretory or motor activity of the stomach.—I am, etc.,

Oxford. ARTHUR HURST.

Agents Provocateurs

SIR,—During the past week the newspapers have contained reports of legal proceedings which must be of interest to every medical man in the country. In the course of the evidence in a case it was disclosed that three *agents provocateurs* consulted a medical practitioner at the instigation of New Scotland Yard, and after giving a false name in one case, and false addresses and false medical histories in all cases, they obtained certificates to the effect that they were unfit for work. The three men were subsequently examined by the police surgeon and found to be fit for work. The medical practitioner was later arrested and proceedings brought against him under the Defence Regulations. It was admitted in court by a police witness from the C.I.D. that he had instructed the three police agents to give the false information, to feign sickness, and that he had also told them what to say. Finally, all these facts were admitted by the legal representative of the Director of Public Prosecutions. The charges against the doctor were dismissed, and costs of ten guineas awarded against the prosecution.

The *Times* of Nov. 11 summarized the magistrate's comments as follows:

"The police officer himself has agreed that the three men who went to the doctor were *agents provocateurs*. Not only ought such methods not to be encouraged, but let me say for my own part that I hope no such cases, where such methods are employed, will be brought into this Court. The facts in this case, he said, are that these three men went to the doctor at different times. They themselves said they were told what to say by the police officer. They had each of them admitted that the stories they put up to the doctor were wholly untrue. That kind of thing was wrong. The very basis of the relations between doctor and patient was honesty. In his view the doctor had reasonable cause to believe that these three certificates which he gave could be given in good faith because of the stories which were told to him by the men."

The importance and implications of this case should not be lost sight of by the profession, and it is to be hoped that the strongest possible protest will be sent by the various professional bodies to the Home Secretary and also to the Minister of Health. At the same time the thanks of the profession are due to the magistrate for his condemnation of the police methods and to the Press of the country for the publicity given to the proceedings.

Mutual confidence is the only possible basis between a doctor and his patient. The patient's history of his symptoms is so