

the past seventeen years, particularly in the premature babies, but I am anxious that the difficulties, which are many for a mother in straitened circumstances, should not be unnecessarily increased, and the confidence undermined in the National dried milk. Cheapness has a snowballing effect to the good on the general economy of the family.—I am, etc.,

Edinburgh.

E. V. KUENSSBERG.

Dangers of Cigarette-smoking

SIR,—It is not my wish to detract in any way from the report of the Medical Research Council (*Journal*, June 29, p. 1523) or the efforts of the Government to reduce the undoubted excessive and harmful smoking of a large part of the population; but having experienced nearly 30 years of mixed general practice, it seems to me that several questions require careful thought and even more careful answer.

In the last year I have had four patients die of "carcinoma of the lung," two males and two females. The two males both smoked, the one who died in his 80th year to excess, the other only moderately. One of the females had never smoked; the other had smoked to excess, and, although she was diagnosed in hospital as a primary lung cancer, at necropsy less than six months later she had a carcinoma of the stomach involving the whole of the posterior wall of the organ which must have existed for at least 18 months before her first chest symptoms, and was the undoubted cause of the thoracic secondaries. We are living in an x-ray age, but do let us be quite sure of our facts. Primary and secondary thoracic growths frequently look much the same on x-ray, and not all carcinomata of the body of the stomach are spotted on x-ray if the state of this organ is in fact questioned. I feel very strongly that statistics of the seriousness of those in mind can only be of real value when upheld by competent necropsy findings. Deaths from carcinoma of the lung and carcinoma of the stomach have many similarities. It is my belief that many of the diagnoses were not and still are not quite as accurate as we would wish to have them.—I am, etc.,

Wokingham.

RALPH ROSE.

Cigarette Advertisements

SIR,—In its leading article of June 30 the *Observer* states: "Many young people start smoking because it strikes them as a normal adult habit: we should do all we can to make it appear to them a bad and unnecessary habit." Whatever one thinks about action regarding adult smoking, most people who have read the recent reports will agree with the *Observer*.

In this connexion might I as an advertising man—and one who owes a great debt to medical skill—make a suggestion? One of the factors persuading young people to smoke is of course advertising; and any publicity by the Ministry of Health on the findings of the Medical Research Council is likely to be more muted than its commercial counterpart, and will probably reach only the more thoughtful section of the community. For some years press and advertising alike have accepted a voluntary "code of standards" and have refused all advertising for many formerly accepted patent medicines, now thought to be harmful or to make dubious claims. Similarly, advertising for any type of treatment for a number of diseases is excluded from the press. There would seem to be an even stronger case for refusing publicity to products which cause avoidable disease, and I suggest that the medical profession uses its great influence to have the "code of standards" extended to include tobacco among the list of unacceptable advertising.

We in this country rightly dislike all limitation of freedom, but if in fact there is a choice between the freedom of the cigarette manufacturer to persuade and of a young man or woman to be healthy, I believe the press (and commercial television) will recognize its responsibilities—even if a little tardily in some quarters.—I am, etc.,

Hatch End, Middx.

HAROLD SUMPTION.

Giving Up Smoking?

SIR,—Some of my colleagues might be interested in a method of giving up cigarette-smoking which has proved successful and more or less painless both personally and to quite a large number of patients.

It should be borne in mind that there are three problems to be overcome, the drug addiction, the habit, and the psychological factor. The approach to the first problem is as follows. The addiction must be reduced, and so the smoker must be switched at once to a good filter-tip cigarette. At the commencement, this will cause some discomfort because so much of his drug is strained off by the filter-tip, and he must be warned not to increase his usual daily number of cigarettes. After 8 to 10 weeks' smoking of filter tips, he will already have lost a good deal of his craving and then it is much easier to reduce the number smoked until about five a day has been reached. This number can be kept up for another two to three weeks, and by the end of this time he has so little addiction left that it will be easy to cease the five at one "go." The next problem is, of course, the habit, and this is just as difficult, but I have found that eating a sweet at the normal time that one would smoke works well; holding a cigarette-holder empty in the mouth; and, finally, that great solace to mankind—chewing gum. The psychological or emotional aspect was very tricky with several people until I had an inspiration and told people to call them "cancerettes." When your moral courage is failing and you surreptitiously creep through the house to find that packet, the thought that they are cancerettes produces the same effect as the letters V.D. used to do to another and older vice. Try the system and see it work.—I am, etc.,

Staines, Middx.

HENRY BERGH.

Polyneuritis and Illness in Cats

SIR,—Dr. A. M. G. Campbell has written to you about three cases of acute polyneuritis with raised protein in the cerebrospinal fluid associated with an acute illness of a cat in the house of a patient (*Journal*, May 18, p. 1183).

In March I had a patient under my care suffering from the Landry-Guillain-Barré syndrome. Three months before the illness started she had a kitten suffering from "cat influenza," of which there was an epidemic in the district in which the patient lives. Both the patient and the kitten have since completely recovered. The association here may also be coincidental, but I agree with Dr. Campbell that further investigations may be helpful in elucidating the aetiology of some of the forms of polyneuritis.—I am, etc.,

Harrogate.

T. G. REAH.

Diabetes Mellitus with Acute Polyneuritis

SIR,—The communication of Dr. J. Wedgwood (*Journal*, June 8, p. 1346) prompts me to report a case seen at the Central Middlesex Hospital.

The patient, a woman of 62, developed a sore throat, nasal catarrh, and a slight cough. Five days later she noticed difficulty in walking and two days later weakness of her hands, so that by the tenth day she was unable to get out of bed or feed herself. She also noticed "pins and needles" in her feet and hands when they were touched—this coincided with the onset of weakness in each limb. Previous medical history showed nothing of note. She had had three children, each weighing less than 10 lb. (4.5 kg.) at birth. There was no family history of diabetes mellitus.

Physical examination on admission revealed no abnormality in the cranial nerves. There was gross weakness of the limbs and trunk, in the legs maximal in the proximal muscles, and in the arms in the distal. The tendon jerks and abdominals were absent, plantar responses flexor. There was no objective sensory loss. Cardiovascular and respiratory systems were normal. Blood pressure was 150/90. The significant lumbar puncture findings were:—On admission: protein—75 mg.%, globulin—slight excess, cells—6 R.B.C. per cu.mm.; one week later: protein—70 mg.%, globulin—