

TABLE I—Comparative Data of Five Newborn Infants on Alkalinized Milk and in Five Controls

	Group on Alkalinized Milk (n=5)	Control Group (n=5)
Mean gestation (weeks (range))	32.5 (30-36)	31.5 (30-33)
Mean birth weight (grams (range))	1658 (1530-1840)	1627 (1360-1810)
Mean milk volume/day (ml)	417	387

TABLE II—Results of Stool Examination and Growth Measurements in Five Newborn Infants on Alkalinized Milk and in Five Controls

	Group on Alkalinized Milk (n=5)	Control Group (n=5)
No. of stools examined	50	42
No. <i>L. bifidus</i> isolates	8	5
Mean counts/gram stool	1.2×10^4	1.3×10^4
Other organisms: Mean counts/gram of stool	4.8×10^8	1.7×10^9
Mean stool pH (range)	6.46 (5.42-8.10)	6.43 (4.89-7.68)
Mean weight gain (g/day (range))	27.1 (21.5-32.8)	24.8 (22.6-28.6)
Mean length increase (cm/week (range))	0.95 (0.65-1.09)	0.98 (0.76-1.19)
Mean increase skin fold thickness (mm/week (range))	0.79 (0.53-0.92)	0.82 (0.47-1.12)
Mean increase head circumference (cm/week (range))	0.87 (0.69-0.97)	0.83 (0.72-0.92)

milk might afford some protection against gastroenteritis, we repeated Harrison and Peat's study, but in newborn infants of low birth weight to enable us to assess them over a longer period.

Ten infants were fed S.M.A.-S26, but five of them (chosen alternately on entering the unit) had 1 ml of 8.4% sodium bicarbonate added to every 100 ml of milk, bringing the pH of the milk from a mean of 6.98 to a mean of 7.37. The two groups were found to be comparable (table I). All infants received intravenous fluids during the first few days, all (except one in the control group) required oxygen for respiratory distress, and all (except one in the control group) received parenteral antibiotics during the first two weeks of life. Growth rate was measured by weight, length, skin fold thickness in three areas, and head circumference during the period from the first day after intravenous fluids were discontinued till the day of discharge from the unit (which varied from the 38th to the 55th day). Stools were examined twice a week for pH and by surface viable count on various culture media for the bacterial content. The modified, reinforced clostridial medium of Willis *et al.*² was used for the selective isolation of *L. bifidus*.

Lactobacilli were isolated from a small number of stools in each group (table II). Other organisms cultured were mostly *Escherichia coli*, *Klebsiella* spp., and *Streptococcus faecalis* but *Bacteroides* spp., *Clostridium welchii*, and non-haemolytic streptococci were isolated occasionally in both groups. There was no significant difference between the groups in any of the parameters measured.

Admittedly these infants were in no way comparable with the group studied by Harrison and Peat, but infants under intensive care, as ours were, are particularly prone to infection in all parts of the body and therefore are likely to benefit from any measures that might discourage colonization of the bowel with pathogenic organisms. Our inability to confirm the findings of Harrison and Peat in our group of infants is therefore unfortunate.—We are, etc.,

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¹ Harrison, V. C., and Peat, G., *British Medical Journal*, 1972, 4, 515.
² Willis, A. T., *et al.*, *British Medical Journal*, 1973, 4, 67.

Cerebral Lupus—Wider Implications

SIR,—Your leading article (8 March, p. 537) very rightly draws attention to the fact that the choroid plexus bears many struc-

tural similarities to the renal glomerulus. Just as the central nervous system involvement of systemic lupus erythematosus is attributed to immune complexes at the choroid plexus, the spinocerebellar degeneration seen in the so-called paramalignant syndromes may be due to immune complexes lodged there, caused by tumour-derived antigens. Certainly the finding of such immune complexes in the kidney in patients with tumour elsewhere has been reported,^{1,2} though unfortunately in neither case was any attempt made to study the choroid plexus of these patients at necropsy, as is technically eminently feasible.³

It is interesting to correlate the structural similarity at these two sites with a biochemical one. Enzymes involved in the γ -glutamyl cycle,⁴ specially the transpeptidases, which are involved in the very first step of glutathione degradation and play such an important role in the uptake of amino-acids into the cell, are found in their maximum concentration in these very organs—in the kidney and at the apical portions of the epithelial cells in the choroid plexus. It is quite simple to understand then why patients with erythrocyte γ -glutamyl synthetase deficiency and haemolytic anaemia⁵ have aminoaciduria and signs of C.N.S. involvement, including psychosis and spinocerebellar degeneration.

One is then able to speculate that perhaps the immune complexes in cerebral lupus or in the paramalignant syndromes interfere with aminoacid transfer by obstructing the γ -glutamyl cycle at some point directly or indirectly; and if investigations along these lines, which have so far been neglected, prove fruitful the last sentence in your leading article (8 March, p. 537), "the recognition that the brain is not immunologically privileged . . . may have implications for the pathogenesis of other neurological diseases," would perhaps serve as a starting point to revolutionize our concepts about the enigmatic and obscure degenerative diseases of the central nervous system.—I am, etc.,

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¹ Lewis, M. G., *et al.*, *Lancet*, 1971, 2, 134.
² Costanza, M. E., *et al.*, *New England Journal of Medicine*, 1973, 289, 520.
³ Atkins, C. J., *et al.*, *Annals of Internal Medicine*, 1972, 76, 65.

⁴ Meister, A., *Annals of Internal Medicine*, 1974, 81, 247.

⁵ Konrad, P. N., *New England Journal of Medicine*, 1972, 286, 557.

Race Relations

SIR,—I read with interest your apology (17 May, p. 400) about an advertisement which you had published (3 May, p. xiv).

Is it not a crazy world we live in when a Kuwaiti oil company cannot advertise for an Arab doctor, preferably Kuwaiti, without offending the Race Relations Board?—I am, etc.,

JOHN HAWORTH

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Disaster Planning—Fact or Fiction?

SIR,—In spite of recent symposia on problems of disaster planning the suspicion remains, as you suggest in your leading article (24 May, p. 406), that preparations are far from adequate.

At hospital level a disaster may be regarded as a non-specific stress test for the whole institution. The single most important step in any plan is the mobilization of a very small number of officers in the medical, nursing, and administrative fields who have the authority and experience to make the hospital respond appropriately to the stimulus which is being applied. Provided such a control team can rapidly be mobilized, it is not difficult to elicit a maximal and controlled response by the hospital to any kind and size of stimulus.

The problem of adequate preparedness in all the emergency services throughout the whole country seems to me a somewhat similar problem—basically a problem of control and responsibility. Each of the emergency services has national headquarters, but there is no mechanism for united or co-ordinated control of the emergency services to meet disaster. Until the question of responsibility and authority is settled, it is difficult to see how the uncertainty of which you complain can be eliminated.—I am, etc.,

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B.M.A.: Need for Radical Change

SIR,—I would like to endorse everything that Dr. J. P. Lee-Potter has stated in his letter (24 May, p. 446). A great number of doctors, both members and non-members of the B.M.A., are convinced that there is a need for a radical change in the administration of B.M.A. affairs, which appear to be out of touch with present-day problems and far too concerned with maintaining an existing and rather cumbersome pattern of administration, much of which is not related to present-day medical activities.

I was amazed to read in *Pulse* that the new Secretary of the B.M.A. will be nominated or "recommended" by a committee of the Association and that the post will not be advertised publicly. Indeed, *Pulse* went so far as to suggest that the new Secretary has already been "appointed" subject to confirmation by the full Council.

Many of us have gone through a fairly