1/10-1/1,000. Such reactions are abolished if the serum is preheated for 1½ hours at 56°C prior to injection.

These findings are in contrast to those of Dr. Bryant and his colleagues in that these workers were unable to show attachment of IgE at two and four hours after sensitization. However, they do agree with the findings of other workers who have been able to sensitize chopped human and monkey lung and human skin passively in vitro by exposure to IgE antibody for a short time.

Our results indicate that human IgE attaches rapidly to macaque monkey skin and elicits a P.C.A. reaction at two, four, and 24 hours; these reactions being abolished if the serum is heated for 1½ hours at 56°C. Most importantly, they emphasize the importance of using "clean" experimental monkeys with a known history.—We are, etc.,

T. S. C. ORR

Fisons Ltd. Pharmaceutical Division,
Research and Development Laboratories,
Loughborough, Leics

M. C. POLLARD

Pharmacology Control Laboratory,
Beecham Pharmaceuticals,
Worthing, Sussex

Consultant Posts in Baghdad

SIR,—Several advertisements have appeared in the *B.M.J.* inviting applications from consultants in certain specialties to apply for service for periods of three months to one year in a special unit attached to the Medical City Teaching Hospital, Baghdad. As one who has been working for over two years as a visiting professor to the medical college and in the teaching hospital I can assure any consultants who may be interested that I have found work in Baghdad a most rewarding experience. The clinical conditions encountered are many and reasonable facilities for their investigation and management exist. Educational standards are good; a high general standard of education and knowledge of English is demanded of all entrants to medicine, all teaching being in English; the students are keenly interested and lively; and a teacher is often bombarded with questions.

Apart from medicine Iraq is a wholly fascinating country to anyone interested in history and archaeology—the centre of an ancient and sophisticated civilization, of which substantial remains going back 5,000 years still exist, and also there is much to see of the early Muslim world. Finally, may I say that ancient Arab courtesy and welcome have to be experienced to be understood. Without them I doubt if I, who had originally intended to serve here for only one year, would now be entering my third year of service.—I am, etc.,

H. H. LANGSTON

Medical College,
Baghdad

Diet and Colonic Cancer

SIR,—In your leading article, "Diet and Colonic Cancer" (2 March, p. 339), you credited Mr. Denis P. Burkitt for the thesis "that diet and faecal constituents are important in the aetiology of cancer of the

large bowel," which he attributes to "the low-residue diet of the West, high in refined carbohydrates and low in fibre." This has obviously happened because Burkitt in his article¹ did not even refer to my work,² published much earlier than his, let alone give me due credit for this thesis. Allow me, therefore, to quote from my article² not only to establish priority but, even more important, to draw attention to the explanation why diets rich in cellulose and vegetable fibres are protective. Perhaps this may lead to additional information which could go a long way to prevent colonic cancer.

In my article I stated that cancer of the colon was far less common in north Indians as compared with south Indians, and that one likely explanation might be that while north Indian diets are rich in roughage, cellulose, and vegetable fibres these are almost completely lacking in the south Indian diets. The article continued: "We have investigated this point further by examination of faeces in these disparate groups, which showed that while vegetable fibres were abundant in the stools of north Indians these were completely absent in those of the south Indians. This may have an important implication because of the recent evidence³ that fermentation of cellulose and vegetable fibres in the intestine gives rise to large quantities of acetic acid which may thus act in a protective manner on the intracellular mucus of the mucous membrane of the colon by virtue of its acid milieu in north Indians while giving no such protection to the south Indians."

An acid milieu precipitates the mucus and prevents it from escaping from the mucus cells, thus protecting the mucus cells from the adverse inflammatory and proliferative changes referred to above. In an alkaline milieu, on the other hand, the intracellular mucus of the mucous membranes is rendered fluid and escapes from the cell, thus producing inflammatory and proliferative changes in the mucosa with a marked increase in mitotic activity. Such hyperplasia of long duration is often a prelude to neoplasia.^{4,5}—I am, etc.,

S. L. MALHOTRA

Calcutta,
India

¹ Burkitt, D. P., *Cancer*, 1971, 28, 3.

² Malhotra, S. L., *Gut*, 1967, 8, 361.

³ Peblack, G., French, T. H., and Folley, S. H., *Biochemical Journal*, 1951, 48, 411.

⁴ Poel, W. E., *Progress in Experimental Tumor Research*, 1964, 5, 53.

⁵ Malhotra, S. L., *Journal of the Indian Medical Association*, 1970, 55, 265.

Geriatric Policies

SIR,—May I take sides in the dialogue between Professor G. F. Adams (28 September, p. 789) and Dr. H. M. Hodgkinson (2 November, p. 290) and state that the easiest solution of the geriatric problem is permanent hospital admission. This is the line of least resistance, and by taking it everybody is left alone in peace. A time comes, of course, when all the available geriatric beds are taken, but this again is a perfectly calm and peaceful stage of the long waiting list.

As a geriatrician with a high turnover and no long-stay problem I must admit that I am a "spiv." Yes, "somebody must carry the can" for me. They are my own long-suffering consultant colleagues in other specialties who just have to learn to deal

with their own geriatric problem instead of getting their "chronic cases" transferred to the geriatric unit. Some of them do it in good humour, some of them with grinding teeth. But they all do it. There is just no alternative.—I am, etc.,

STEPHEN SZANTO

Geriatric Departments,
Langthorne and Plaistow Hospitals,
London

Disco Deafness

SIR,—Early deafness in young people as a result of exposure to excessive noise in "discos" must now be assuming epidemic proportions. The importance of this problem has been brought especially to my mind because an 18-year-old medical secretary, who has worked for me, has now been found to be suffering from this condition. If every general practitioner in the country had one such new case a year there would be 20,000 new cases in the country annually.

We can only guess at the degree of disability in later years when the normal hardness of hearing in old age would be replaced by disabling deafness in many people. This is a preventable cause of deafness and the medical profession should press for controls to regulate sound at "discos." No doubt controls will eventually be applied, but in view of the enormity of the problem, the sooner the better.—I am, etc.,

M. S. SWANI

Birmingham

Variation in Intravenous Infusion Rates

SIR,—We share the views of Drs. F. C. Flack and T. D. Whyte (17 August, p. 439) that most hospital staff are probably unaware of the variability of intravenous infusion rates under normal ward conditions. In a recent study at this hospital we measured the time over which 1,898 infusions were administered to 141 medical and surgical inpatients. The times at which the infusions were set up and discontinued were recorded by the nursing staff and later compared with the rate of administration prescribed by the physician or surgeon.

The results, which are shown in tables I and II, illustrate the fact that less than half the infusions were administered over the

TABLE I—Proportion of 1,898 Infusion Bottles Which Deviated from the Prescribed Rate

Deviation (%)	Percentage of bottles	
	Fast	Slow
<20	8.58	16.58
20-40	6.64	8.06
40-60	2.00	4.43
60-80	0.68	1.74
80-100	0.53	0.95
>100	0.05	1.31

No deviation in 48.42%.

TABLE II—Comparison of Deviations Found with Solutions Containing Additives and Those without Additives

Infusion Rate	Bottles with Additives	Bottles without Additives
Too fast	18.0%	18.9%
Too slow	27.9%	37.7%
Correct	54.1%	43.4%