and repeated gastroscopic control, I find no difference in the comfort and rate of healing between the hospitalized patient on repeated restorations of frequent feeds and alkali, and the hospitalized patient taking the normal hospital diet, only three meals a day and no drugs at all. In view of this fact I do not think this class of patient will be much benefited by instructing him to follow an abnormal dietary regime which necessitates special difficulties and anxieties about food at each meal.

The second class—the patient with the healed ulcer—appears to be comfortable on a normal full diet with the extra milk usually allowed. Should such a patient complain of dyspepsia one should suspect that the ulcer is really still unhealed or has relapsed. My own practice is to retain a patient in bed until proof of healing is obtained by gastroscopy in gastric ulcer and by radiology in duodenal ulcer cases. The practice of regarding the disappearance or absence of physical signs on the part of the patient as evidence of the condition's healing, which is too strongly condemned. Reliable physical signs of ulceration are often absent from the start, and it is common to see an active penetrating ulcer through the gastroscopio several weeks after all pain and discomfort have gone.

The most serious feature of the peptic ulcer problem, however, and the one which so often makes surgery advisable, is the new ulcer complicating it before the previously healed ulcer relapse, especially in the chronic ulcer, and even after good healing. Local deformity, fixation, or stenosis makes the scar site more susceptible to local trauma, and it is probable that the thin, newly regenerated mucosa, which occupies the centre of the scar, lacks the protective anti-acid-pepsin factor or lacks mucus-secreting cells. Again, I doubt if any special disadvantage is to be attributed to the cause of the ulcer relapse, especially in the chronic ulcer, and even after good healing. Many of our most conscientious patients relapse repeatedly. A varied, easily prepared diet containing adequate vitamin, especially C, as well as adequate nourishment is important in the attainment and maintenance of healing. Only gastric irritants and coarse roughage need be avoided.

Current inquiry directed to the time preceding the first dyspepsia often elicits a history of irregular or missed meals, or a sudden change in the hours of taking the main meal. This suggests that workers and employers should be informed of the importance of getting regular meals leisurely masticated with rest before and afterwards in reasonably pleasant surroundings, and of taking breakfast before starting work. Much also could be done to enable workers to live near their place of work, which would help them to eat the extra time required. Shift work should be regarded as bad in principle, and might be rectified by making employees either day or night workers—possibly making financial compensation to those who adopt the less popular hours. These, too, are the lines on which we must tackle the more important question of the prevention of ulcer.

—I am, etc.,
NORMAN TANNER.

Scabies
Sir,—Dr. MacCormac's article (Nov. 27, p. 667) on three skin diseases in wartime deals instructively with this subject, and if those treating scabies all carry out his directions an immense improvement in the present situation will occur. Two applications of 25% benzyl benzoate emulsion, as he describes, with a second application a week later by the health authorities engaged in skilled treatment orders have obtained equal success with one application (see Graham, J. R., Journal, 1943, 1, 413).

It is tragically common still to find people with a sulphur dermatitis on one part of the body and a live sarcoptic infection on another; to find patients who have been instructed to apply a medicament daily for an unlimited period and to boil all their clothes every day; and to find children deprived of months of schooling because of a disease which can be rendered non-infective in a matter of minutes and completely cleared up almost as rapidly.

With regard to disinfection of bedding and garments, I still feel that, although this can do no harm and may occasionally be useful, provided that it does not divert energies from more important measures, Dr. MacCormac's evidence of a "minor epidemic occurring among fire-watching parties through communal blankets" requires some comments. I am afraid this phrase will be quoted and reproduced in textbooks, so that in twenty or thirty years we will be faced with the statement that such an epidemic did, in fact, take place during this war. I have been unable to find any evidence of epidemics of scabies, either among fire-watchers or among groups of military personnel living under confined conditions. Of course one commonly sees fire-watchers with scabies, but they are practically the whole adult civilian population of the country engages in fire-watching. The evidence that fire-watchers have contracted their scabies through "communal blankets" is scanty, and is mainly based on an attack on the patients themselves. Similarly, in the early part of the war practically every soldier with scabies attributed his infection to blankets, but it has been shown since that most of these infections came from outside civilian sources.

I would submit that, while scabies is widespread and is indeed causing a minor epidemic, there is no evidence to suggest that this epidemic is greatly aggravated by communal blankets among fire-watchers, nor indeed, as such, are particularly prone to infection. Furthermore, if a few people are probably infected through the intermediary of fomites, reinfection from this source, after benzyl benzoate treatment, is rare, due to the acaricidal medicament on the skin of the subject.—I am, etc.,
K. E. R. HURST.

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