

such as drilling, but conservative measures are sufficient. Rest for the knees at the age of 13 may interfere temporarily, but unimportantly, with her career: a persistently painful tibial tubercle may ruin it.

Causes of Deaf-mutism

Q.—*What are the causes of deaf-mutism—other than the accepted theory of the mother contracting rubella while pregnant? Is it possible that large doses of quinine taken in an attempt to produce abortion in early pregnancy would be responsible for this condition?*

A.—There is no evidence that quinine taken during pregnancy is a cause of deaf-mutism. It is in fact unlikely that any external factors operating before birth can be responsible for more than a small proportion of instances. Deaf-mutism may be hereditary or acquired; an estimate of 50% of cases falling into either category may, perhaps, prove to be not very wide of the mark. Any disease which destroys the hearing sufficiently early in life may be the causal factor—for example, scarlet fever, meningitis, or syphilis.

Simple recessive inheritance accounts for at least the very large majority of the hereditary cases. The criteria by which the type of transmission may be recognized are well exemplified: (a) The majority of deaf-mutes are the offspring of normal parents. (b) Frequently more than one child in the sibship is affected. (c) Consanguineous marriages among the parents are commoner than in the general population. (d) Affected persons who marry each other have affected children only. This is the usual finding in deaf-mutism. Certain instances in which the offspring were all normal are to be explained either by the condition being an acquired one in one or both parents (as has sometimes been observed), or it may be that more than one recessive gene may give rise to deaf-mutism—which would also lead to apparent exceptions.

Deaf-mutism is sometimes encountered as part of more complex syndromes. For example, its occurrence in association with retinitis pigmentosa serves to distinguish one variety of that condition. This syndrome, like uncomplicated deaf-mutism, also depends upon a recessive gene.

Maturing of Threadworms

Q.—*How long do threadworms take to mature, and what interval must elapse after the appearance of the last worm to consider the cure certain?*

A.—The period of development, from the ingestion of the infective egg to the time of oviposition by the gravid female, is given by different authorities as from fifteen days to two months; probably it rarely exceeds one month. It must be remembered that under suitable conditions the ova may remain alive and infective for periods up to five days, and possibly longer. In such circumstances the patient may become infected from his own fomites, even when not in contact with infected neighbours.

Safety of Butter and Cheese

Q.—*There is much talk at present of the danger of allowing children to drink unboiled milk. Is there any similar danger in allowing them to eat (a) farm butter, (b) National butter, (c) cheese? I believe that the milk used in making farm butter is not generally heat-treated in any way, but I am not aware by what process National butter and cheese are manufactured.*

A.—For general interest the answer to this question may be slightly expanded. At present about 94% of butter distributed in this country is imported, 4% is home-produced in factories, and 2% is home-produced on farms. Practically all imported and factory butter is made from pasteurized or otherwise heat-treated cream, and may therefore be regarded as free from living tubercle bacilli or other pathogenic bacteria. Farm butter is made from raw cream and must be considered potentially dangerous. Most pathogenic organisms, however, including the tubercle bacillus, die out fairly rapidly in butter, owing partly, perhaps, to the amount of acid produced. Though it would be unjustifiable to dogmatize, it is probably fair to say that the danger of contracting disease from farm butter is confined mainly to the fortnight following its manufacture. It may be added that nearly all farm butter is consumed in farming households, and that very little finds its way to the open market.

Of the cheese consumed in this country, 92% is imported, 7% is home-produced in factories, and 1% is home-produced on farms. Probably not less than 60% of imported and factory cheese is made from heat-treated milk; the remainder, including farm cheese, is made from raw milk. Before the war most "hard" cheeses (Cheddar and Cheshire types) were ripened for several months before being offered for sale—a process that led to the death of all pathogenic bacteria; but, as pointed out in the *Journal* (June 12, 1943, p. 730), it became common during the war to distribute imported cheese from the United States and Canada which had had no adequate period of ripening. That unripened cheese may cause disease is illustrated by the occurrence in Canada during the past few years of three or four outbreaks of typhoid fever traced to this source. These outbreaks were caused by cheese that had been con-

sumed within two or three weeks or so of manufacture, and it is doubtful whether the cheese would have proved infective if it had been kept for longer. Between manufacture in America and distribution in this country several weeks elapse, and it is possible, therefore, since pathogenic bacteria are known to die out almost completely within two months in cheese kept at 50° F. or over, that very few, if any, of these organisms are alive by the time the cheese reaches the consumer in this country. There is not enough evidence to assess accurately the risk of disease being carried by cheese made from raw milk, but, considering the relatively small quantities that are eaten at a time, the danger of infection resulting from the consumption of factory-produced cheese must be very small. On the other hand, cheese produced on farms in this country—particularly if it is of the "soft" or cream cheese variety—should be treated with caution, since such cheese is often eaten within a week or so of production. Children had better avoid it altogether.

LETTERS, NOTES, ETC.

Pasteur Institute during the Occupation

Dr. RONALD MACKEITH (chairman, Medical Committee, Scientific Film Association) writes: I read with interest the leading article on Pasteur (Sept. 29, p. 429). Your readers may like to know that the French Office of Information (54, Queen Anne Street, W.1) have just received from France a film made during the occupation, illustrating the work of the Pasteur Institute. *L'Institut Pasteur* contains also some historical matter, and although designed for the general public it will be of real interest to a medical audience. It is a sound film, available 16 or 35 mm., with a French commentary. The running time is 20 minutes.

Sprouting Legumes

J. A. N. writes: Your editorial note on sprouting legumes suggests that it might be of interest to recall the earliest mention of this expedient that I have so far come across. Capt. T. Forrest in his *Voyage from Calcutta to the Mergui Archipelago* (published in 1792) closes the book with "Thoughts on the Best Mode of Preserving Sea Provisions or of Victualling Ships in Warm Climates." In this chapter he mentions "that great antiscorbutic salted limes, lemons or oranges"; he also relates (p. 135) that he sprouted his peas, a trick which he says he learnt from the Malays. I wonder if this is still practised in Malaya. Did Fürst or Chick and Delf know where and how the idea came to be revived?

Books for Polish Doctors

The Polish Medical Association in the British Empire is appealing for gifts of medical and scientific books to reconstruct the libraries in Poland that have been destroyed in the war and to replace books that were confiscated or stolen during the German occupation. In the efforts now being made to train young people for the work of reconstruction the greatest problem is the lack of books. In the field of medicine teachers badly need textbooks for their students, and books, reference books, and periodicals to bring their own knowledge abreast of the scientific progress made in recent years. Doctors in Great Britain are invited to offer to the Polish profession any medical or scientific books or periodicals they can spare; the language may be English, German, or French. Their help will be greatly appreciated. Books and periodicals may be sent to the Secretary of the British Medical Association at B.M.A. House, Tavistock Square, W.C.1. Correspondence on the subject should be addressed to Dr. B. Jedlewski, 43, Eaton Place, S.W.1.

Corrigenda

Owing to delay in the post the corrected proof of the letter on significance of the erythrocyte sedimentation rate by Drs. D. G. McIntosh and D. M. Keay was received after we had gone to press with the issue dated Oct. 27. On page 584 in the fourth numbered paragraph (*Disregard of Physiological Variations*), line 20, the figures should be 13 of 53, instead of 18 of 55. In the table the reference to Abeles and Pinner should read 86 in the second column, instead of 91.

Dr. K. R. OGILVIE wishes to correct an error in his letter on Ludwig's angina published on Nov. 3. In column 1 of page 623 when describing Case II he wrote "tracheotomy tube" by mistake for "endotracheal tube."

By an error, the name of Prof. J. R. Marrack, one of the signatories of the Memorandum on Training and Qualifications of Dietitians, was omitted from the second sentence of the introductory paragraph of the report published in the *Journal* of Nov. 3 (p. 617). The sentence should have read: "The committee has summarized its findings in the subjoined memorandum, but two of its members (Miss M. Grant and J. R. Marrack) have dissented from paragraph 1 (concerning membership of the British Dietetic Association and registration as medical auxiliaries)."