many other oral lesions and rarely is tuberculosis at the top of the list of differential diagnoses.² In the older texts, when tuberculosis was more common, the ulcers were described as being painless and found mainly on the tongue and occasionally on the gingivae. Patients seem to be taking longer to seek advice for such lesions and the pain is probably related to further infection of the ulcer with normal oral commensals.

Finally, I would stress that, although this case was reported from Nigeria, such cases are still to be seen in Britain in both natives and immigrants, and the incidence may be even higher than is thought, as oral lesions are rarely sought in patients with active tuberculosis. Such patients with covert tuberculosis and dental pain may well be given a general anaesthetic during treatment and investigation, with the resulting danger of infecting the anaesthetic apparatus.

IAIN LAWS

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¹ British Thoracic and Tuberculosis Association, *Tubercle*, 1971, 52, 1.

² Laws, I M, *British Dental Journal*, 1973, 134, 146.

Genetic counselling in Huntington's chorea

SIR,—We are concerned at the increasing publicity and the changing attitudes towards genetic counselling in Huntington's chorea. Under the guise of "help" a major drive is developing to discover all the families with the disease.

Before all this becomes too public, and therefore out of the control of medical ethics, we feel several points need to be emphasised. (1) It is a rare disease which has involved a few families for many generations. (2) To eradicate the disease from a family the family itself must be eradicated. This is idealistic medicine, but is it the best medicine here? (3) The only "help" that can be given at present is advice against having children. (4) Particular gentleness and care are needed in genetic counselling in these families because one is advising people who have not yet displayed symptoms of a disease they may have inherited. The foremost responsibility of doctors is towards living patients and not possible future generations. (5) In some patients the disease is not as terrible as is usually described. This should not influence genetic counselling but is a useful solace when advising those at risk. There seem to be familial traits in the clinical picture. In a family which we have studied seven out of 20 members have had mild chorea with no dementia for many years. The average age at death of affected members in that family has been five years older than that of the unaffected members in the last three generations. Therefore we suggest the following: (1) Only doctors should be made aware of this disease, otherwise there is a danger of the general public becoming over-involved. Chorea-hunting and persecution of witches in choreic families was common in America last century.¹ This was done in the name of religion. We do not want a recurrence in the name of genetic counselling. For this reason we suggest that the use of the media to publicise Huntington's chorea is foolhardy. (2) Affected families should be approached through their general practitioners, who are the only professional people in a position to

advise which members of a family should or should not be contacted.

G M GLENDINNING
N W GLENDINNING

South Petherton,
Somerset

¹ Vessie, P R, *Journal of Nervous and Mental Diseases*, 1932, 76, 553.

Outpatient laparoscopic sterilisation

SIR,—I note with interest Mr J H Brash's conclusion (5 June, p 1376) that in his hospital outpatient laparoscopic sterilisation has proved highly acceptable to both patients and staff. I would like to sound a cautionary note from the anaesthetic viewpoint.

Since laparoscopy was first performed on dogs by Kelling¹ in 1902 the deliberate production of a pneumoperitoneum with carbon dioxide has been constantly observed to result in a decrease in the patient's tidal and minute volumes, an increase in arterial carbon dioxide tension, a decrease in cardiac output and central venous pressure, and the possibility of silent regurgitation of stomach contents. These problems led Hodgson *et al*² to conclude that the anaesthetic technique should include controlled hyperventilation via an endotracheal tube and that laparoscopy should not be regarded as yet another minor procedure.

My own experience bears out their views, and indeed authorities such as Lee and Atkinson³ state that controlled ventilation is mandatory during anaesthesia for this procedure. Since the use of muscle relaxants is contra-indicated in day-case anaesthesia I would suggest that it is, to say the least, doubtful if laparoscopy should be undertaken on a day-case basis.

R H JAGO

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¹ Kelling, G, *Münchener medizinische Wochenschrift*, 1902, 49, 21.

² Hodgson, C, McClelland, R M A, and Newton, J R, *Anaesthesia*, 1970, 25, 382.

³ Lee, J A, and Atkinson, R S, *Synopsis of Anaesthesia*. Bristol, Wright, 1973.

Prevention of coronary heart disease

SIR,—Dr M A Crawford's belief (19 June, p 1532) that degeneration of human coronary arteries is caused by the intensive feeding of farm animals finds no support at all in the facts of agriculture. Stall-fed animals make up only a very small proportion of the total population of cattle and sheep, which graze on fields and hills. In dairy herds the tendency has been an increased dependence on grass feeding. In England and Wales¹ from 1949 to 1969 the consumption of concentrates per cow rose by only 153 kg; during the same period the figure for silage was 742 kg. In any case, according to Dr Crawford's own figures² the most underexercised and intensively fed of all domestic animals, the pig, has a far higher percentage of unsaturated fat than the beasts which roam the fields.

The last paragraph of Dr Crawford's letter is wholly incomprehensible and I suggest to him that before writing to the press he might at least read that which he seeks to criticise. He attributes to me advocacy of "sugary saturated high teas" and implies that I am uncaring about the health of future generations.

Unlike Dr Crawford, who has no clinical experience and who works among animals, I live and work among people; they are my friends as well as my patients. For over 25 years I have observed their diseases, their way of life, and their nutrition, and like most general practitioners I share in their agonies and ecstasies. Because I care a great deal about the dreadful effects of the high incidence of diseases such as dental decay, obesity, coronary heart disease, peptic ulcer, diabetes, diverticular disease, and, above all, cancer I have repeatedly campaigned³⁻⁵ against those "sugary high teas" which are so popular in Scotland and which I believe are the cause of these very diseases. Any possible "saturation" of my high tea will be corrected by the wheat germ oil in my whole-wheat bread.

Coronary heart disease is, I am convinced, but one wave in a whole tide of degenerative diseases which, since the turn of this century, has steadily risen in industrial societies. Changes which have occurred in the quantity or quality of fat cannot, in my opinion, explain this pattern of disease. I am sure, however, that, in elaborating the role of refined carbohydrate foods as the cause, the work of Cleave⁶ will stand as a landmark in human affairs.

WALTER YELLOWLEES

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Perthshire

¹ Morton, J, Milk Marketing Board, 1971. Personal communication.

² Crawford, M A, *Lancet*, 1968, 1, 1329.

³ Yellowlees, W W, *British Medical Journal*, 1960, 1, 125.

⁴ Yellowlees, W W, *British Medical Journal*, 1964, 2, 1332.

⁵ Yellowlees, W W, *British Medical Journal*, 1976, 1, 401.

⁶ Cleave, T L, *The Saccharine Disease*. Bristol, Wright, 1974.

Once-daily treatment of hypertension

SIR,—Drs A P Douglas-Jones and J M Cruickshank (24 April, p 990) claim atenolol to be effective in once-daily dosage in controlling blood pressure in patients with mild or moderate hypertension. However, their conclusions appear to be drawn from an analysis of evening blood pressure readings taken once every two weeks and as a result no information is available concerning within-day blood pressure variation; also their patients did not perform an exercise test.

I have undertaken a pilot study to determine whether once-daily therapy with the beta-blocking drug sotalol would have a satisfactory 24-hour effect in lowering blood pressure in eight patients suffering from mild to moderate hypertension. The pharmacokinetics of sotalol and its relatively long plasma half life of 12-7 hours¹ suggested its use for this purpose. Blood pressure and heart rate were measured in each patient's home at 7 pm, 11 pm, and 7 am. On each occasion recordings were made at rest in the lying and standing positions and repeated after three minutes' exercise. After a 4-day run-in period once-daily therapy with 80 mg of sotalol taken just after 7 am was commenced. Dosage was increased until a satisfactory reduction in diastolic pressure, measured on the above thrice-daily schedule, was achieved. Readings were then taken weekly for a further six weeks with the same thrice-daily routine.

Preliminary analysis of the results shows the following features: (1) Beta-blockade with sotalol showed a dose-response relationship. Blood pressure was reduced by 12-20 mmHg.

hours after dosing, by 7-16%, 16 hours after dosing, and by 8-13%, 24 hours after dosing. Thus once-daily therapy with sotalol has a 24-hour effect in reducing blood pressure. (2) The dose of sotalol eventually required was related to the initial diastolic blood pressure. (3) In at least one patient there appeared to be a correlation between standing diastolic pressure, heart rate, and sotalol dosage.

Detailed analysis of these data will be published in due course.

H L SHAW

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¹ Brown, H C, et al, *European Journal of Clinical Pharmacology*, 1976, 9, 367.

pH of swimming pools

SIR,—In his answer (10 April, p 893) to a question concerning a physiotherapist who acquired a skin problem on entering a hydrotherapy pool, your expert says that the pH in nine swimming pools was found to be between 6.5 and 7. It is difficult to understand the point he is making as all these pools must have been badly maintained. The pH should be greater than 7, and the Department of the Environment, in their booklet *The Purification of the Water in Swimming Pools*,¹ recommend a desirable pH range of 7.2-8.0.

HARVEY GORDON

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¹ Department of the Environment, *The Purification of the Water in Swimming Pools*, 3rd edn. London, HMSO, 1975.

* * * We have shown Dr Gordon's letter to our expert, who replies: "These pools may have been badly maintained, but this is the actual range of pH I found. In any case, even if the pH in the hydrotherapy pool was above 7 (as the HMSO publication recommends) my other recommendations would still hold." —Ed, *BMJ*.

Thiamine in vegetarian diets

SIR,—Your expert (Any Questions? 29 May, p 1336) is misleading over the content of thiamine in the normal vegetarian diet, which includes unrefined cereals, pulses, nuts, soya flour, wheat germ, and yeast extract, all rich sources of the vitamin. Our assessments ("dayplans") of typical vegetarian meals indicate plentiful supplies of thiamine. Moreover, vegetarians take care over the preparation and composition of their foods, so they are unlikely to lose unduly in cooking and by the effects of additives (sulphites, commonly used in preserving meats, destroy thiamine).

Wernicke's encephalopathy and Haff disease are associated with diets containing fish, probably undercooked; further, the victims are usually alcoholics, whose requirements of thiamine are correspondingly elevated. Vegetarians are usually temperate in their habits, so alcoholism is most unlikely to affect them. Raw fish contains the enzyme thiaminase, which destroys the vitamin. Similar diseases occur in other carnivores—for instance, Chastek's paralysis, observed in ranch-reared silver foxes fed on carp. Some uncooked vegetables (for example, kale) contain thiaminases. Disorders in human beings have not

been attributed to consumption of such foods, although cerebrocortical necrosis (also called "star-gazing") in ruminants indicates the significance of the antinutritional factors in forage crops.

ALAN LONG
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* * * Our expert replies: "Mr Long is obviously well versed in the biochemistry of thiamine and I respect his specialist views. However, I must point out that Wernicke's encephalopathy is by no means confined to alcoholics, although they do appear to be the main sufferers. I could quote from Spillane's work on British prisoners of war of the Japanese in Singapore from 1942 to 1945. Wernicke's syndrome was found frequently among them, and what is even more important is that if the condition was not too far advanced thiamine therapy was dramatically effective. Other conditions involving avitaminosis, like pernicious vomiting in pregnancy and severe wasting illnesses such as cancer of the stomach, can also produce the same syndrome. In any event, I still maintain that there is no direct association between depression and vegetarianism." —Ed, *BMJ*.

Defects in sphygmomanometers

SIR,—In our article on defects in sphygmomanometers (10 April, p 886) we stated that no cuff was on sale in Great Britain with a rubber bag larger than the British standard (9 × 5 in (approximately 23 × 12 cm)) designed for arm use.

Since the article was published we have been told that a larger cuff, to WHO specifications, is manufactured in this country for sale in Sweden and can be purchased on special request by doctors in Britain. It contains a rubber bag of 34 cm length which would have encircled the arms in more than 90% of the patients we studied and would have left a very small gap in the remainder. The cuff is manufactured by A C Cossor and Sons (Surgical) Ltd, London N4, and can be ordered through the usual distribution channels.

We are currently comparing this cuff with the standard British cuff in a double-blind crossover trial to see whether it does in fact result in the lower blood pressure readings that we would expect from previous studies.

S CONCEICAO
M K WARD
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Tattooing for port-wine stains

SIR,—I cannot allow the letter from Dr G P A van Rossum (5 June, p 1402) to pass without comment. His letter was anecdotal, as mine must also be.

A female relative in her mid-twenties was born with her face disfigured by an extensive port-wine stain. However, the skin texture was normal and it was possible to conceal it by make-up. Throughout her youth it was a source of great mental anguish to her and her immediate family. Three years ago, the girl was treated, in a reputable centre, by a

tattooing technique similar to that set out in your columns, having been assured that no change in skin texture would occur. The result to this day is quite appalling, with extensive scarring impossible to conceal with any cosmetics. Whether this was due to faulty technique, postoperative infection, or previous thorium X treatment given in childhood I do not know, nor am I qualified to speculate.

In describing this case I do not intend to condemn the method, as anything which may alleviate this dreadful condition deserves consideration. However, I feel I must warn sufferers (and their medical advisers) that it is by no means always the success described in Dr van Rossum's letter and that extreme caution should be adopted before allowing this (or any other) procedure to be carried out.

STUART HISHON

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New-product pruritus

SIR,—I read with interest Dr J D Little's letter on bath additives as a cause of pruritus (5 June, p 1407). Some time ago in this area there was a sales drive for cinnamon-flavoured "Close-up" toothpaste. We, like hundreds of others, got our free sample through the letter-box. Inside three days each member of the family had a very sore tongue and mouth. The physical signs and symptoms of this reaction to cinnamon were constant in all of us and, inevitably, very many patients were seen with the same condition for weeks after.

Recently the manufacturers of "Tic-Tac" mints have introduced a new cinnamon flavour. Patients with the same trouble now answer my questions with: "Goodness me, doctor, how did you know I'd been eating cinnamon Tic-Tacs?"

The latest problem concerns a soap called "Protect" (also "Shield"), which was "on offer" in the stores. We tried it; I got itching after 24 hours and a faint rash after 48 hours and my wife began scratching two days later. Needless to say, being armed with this knowledge saved a lot of time in diagnosing the 18 itching patients seen so far.

These conditions clear quickly when use of the product is discontinued, so it pays to know what new products are being promoted locally—even though one may suffer personal discomfort as a result.

MICHAEL J ROBERTS

Buckley, Clwyd

Erythema infectiosum (fifth disease)

SIR,—We have read with interest the article by Drs H E Cramp and B D J Armstrong (10 April, p 885) concerning an epidemic of erythema infectiosum (fifth disease) in north Devon during the spring of 1975 as we have wondered why this exanthematous disease until now had been mentioned in Britain only in case histories and reports of minor outbreaks.¹⁻³

We recently⁴ described an epidemic of erythema infectiosum in a Danish nursery school on Funen, also during the spring of 1975. Of 27 children in the nursery school, 18 (67%) were affected during 11 weeks from February to April. Among the 27 brothers and sisters living at home, 10 were affected, and two of the fathers were similarly affected.