

totals, the main purpose of this letter is to point out that the authors have seriously misquoted Field.¹

On p. 1348 they state: "A comparison can be made in both sexes of subjects with parasite counts above and below 1,000/ μ l., since this is the level above which mortality from *P. falciparum* malaria is known to occur (Field, 1949)." Using this very low level of parasite density as a dividing line, the authors then claim that subjects with normal enzyme levels have higher parasite counts than subjects with glucose-6-phosphate dehydrogenase deficiency, and that the difference is statistically significant in males but not quite so in females. They regard this as evidence that glucose-6-phosphate-dehydrogenase deficiency protects against *P. falciparum* malaria.

Field was trying to assess the prognostic value of pre-treatment parasite counts in Asian patients admitted to hospital with an acute attack of uncomplicated falciparum malaria. He excluded most cases with parasitaemia less than 1,000 per c.mm. (μ l.) blood from his data as they were seldom suitable for the evaluation of the drugs under test; and he found that case mortality rates only rose significantly when the peripheral blood before treatment showed at least 100,000 parasites per c.mm. (below 100,000, 11 deaths in 2,139 patients; above 100,000, 39 deaths in 177 patients).

The subject matter of these two investigations differs so radically that comparison would at best tend to be misleading. But, as Drs. Allison and Clyde have used this comparison in support of their opinion, and as the highest counts in their subjects are recorded only as 10,000 + / μ l., one is left uncertain whether the suggested differences have in fact any significance.—I am, etc.,

Liverpool School of Tropical Medicine.

T. WILSON.

REFERENCE

- ¹ Field, J. W., *Trans. roy. Soc. trop. Med. Hyg.*, 1949, 43, 33.

Pythagoras and the Beans

SIR,—There was an interesting report by Drs. H. S. Brodribb and A. R. H. Worssam (May 13, p. 1367) of a case of favism due to eating broad beans which occurred at Hastings.

As is well known, the philosopher Pythagoras forbade his disciples to eat beans. When asked the reason for this prohibition he replied that it was because his father (or was it his grandfather?) had been reincarnated in a bean plant. This was considered a good joke at Croton, in Italy, in the sixth century B.C. However, if Pythagoras, or any of his relatives, had suffered from favism, it is possible that the rule may have had a rational basis.—I am, etc.,

George,
Cape Province,
South Africa.

A. J. COLBY TINGEY.

Cholera

SIR,—Your leading article on cholera (June 10, p. 1664) admirably sums up the problems of bringing control to this deadly disease endemic in the Eastern part of the Indian sub-continent. One hopes that the conclusions drawn in the last lines will provoke constructive thought.

As one of those who come from that unfortunate part of the country, I may perhaps delve a little into your last words—i.e., "co-operation of the population." Owing to political and natural calamities, this part of the country remains the most populous area of the whole

of the sub-continent. The city of Calcutta with all its ancient glories contains, in circumstances not quite under its control, a population which is greatly above its capacity for normal health and sanitary administration. Living conditions for the average citizen are appalling. The state of the water supply and sewerage system is desperate, to say the least. Economic conditions are overburdened with a number of social problems, and it is a wonder that epidemics are not as rampant these days as they might be under such conditions. This is thanks to the awareness and appreciation of most of the resident population, who, in spite of great hardship, try to co-operate with the sanitary authorities.

With this congestion, lack of sanitation and potable water supply is linked the elimination of tuberculosis, cholera, and other such infectious diseases. The W.H.O. is planning to overhaul the water supply of the metropolis, but for better planning international co-operation and appreciation of the problems, together with economic salvation, are necessary to weed out this stigma permanently.—I am, etc.,

The London Chest Hospital, SANJOY ROY CHOWDHURY.
Arlesey.

Contact Lenses

SIR,—Contact lenses are possibly the desire of every young female who has to wear spectacles. Their easy availability (and especially so with hire-purchase assistance) will no doubt result in an increased number of the population wearing this optical aid.

In my opinion it is indeed unfortunate that, especially in the case of the corneal lens, the effects of wearing this lens—that is, degrees of anaesthesia and abrasion of the cornea—are not under the supervision of medical practitioners qualified to do this. I have nothing against a well-fitted corneal lens so long as a follow-up has determined a safe wearing-time. It would be an unhappy state of affairs if the patient obtained a good tolerance but with the result that corneal sensation was depressed, and especially so if the abrasion effect upon the cornea was not under the control of an ophthalmologist. We must suffer a little for our vanity, but medical advice must be at hand to say how much.

The other point I wish to raise is that the general practitioner is possibly unaware that in certain cases the patient is eligible for contact lenses under the National Health Service at minimal cost.

It would seem therefore sensible that all patients wishing to have contact lenses should receive advice from a general medical practitioner, an ophthalmic medical practitioner under the supplementary ophthalmic scheme, or an ophthalmic surgeon to decide the best possible treatment available.—I am, etc.,

London W.1.

C. M. RUBEN.

Nitrous Oxide in Dentistry

SIR,—Dr. Donald Blatchley (June 24, p. 1831) is, I think, quite justified in taking me to task for implying that the cyanosis seen in screaming children is entirely due to oxygen lack; but I think that he is equally at fault in citing local venous engorgement as the only factor responsible. Contraction of the platysma would hardly account for the fact that the cyanosis is often clearly visible in the feet as well as the face, and is doubtless of mixed origin.

3895
COLBY, A. J.
1961