

whole prescription in the doctor's own handwriting before a drug is dispensed.

I wish to acknowledge helpful discussion on this subject with Dr. L. P. Darmanin, Dr. M. Ezzat, Dr. D. T. Gemmell, Dr. S. Mohanalakshmy, Dr. S. Parmar, and the medical superintendent, Dr. I. A. Macdonald.

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R. W. PARSELL.

SALMONELLAS IN MEAT

SIR,—In your leading article¹ and in Mr. Penny's letter² the problem of salmonellas in meat is discussed. Since this has in recent years become a world public-health problem and is also studied intensively in the Netherlands,³⁻⁶ I should like to comment on the proposals made in your journal for dealing with it.

Everyone who is familiar with the number of animals slaughtered each year, and with bacteriological meat inspection, will agree that bacteriological examination of every cow and pig carcass is out of the question with available methods. Moreover, because of the heterogeneous distribution of salmonella on the surface, and in the meat and organs, there is no guarantee that a carcass released even after examination may not harbour salmonella. The results of bacteriological meat inspection (in European countries this is carried out only in "emergency slaughter") show⁷ a great discrepancy between the numbers of salmonella detected by the routine methods used and by the intensive screening of similar material in a research laboratory. I do not therefore believe that the suggestions made in your leading article will help to solve the problem. The battle against salmonella has to start long before the animals reach the slaughterhouse—when they are on the farm and in the breeding centres. Research in our laboratory⁸ has proved that salmonella-free pigs can be fattened under certain circumstances. Only by raising salmonella-free animals shall we eventually be able to protect the consumer.

Meanwhile every effort must be made to inform people that food of animal origin in general, and meat and meat products in particular, must be stored below 10°C, and well cooked before being eaten.

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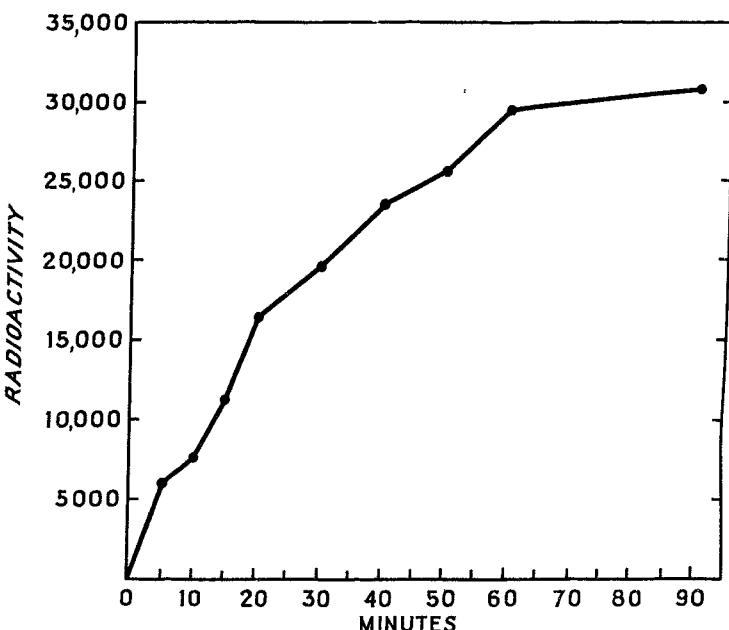
E. H. KAMPELMACHER.

PERMEABILITY OF THE THORACIC DUCT

SIR,—In a previous letter on the volume of renal lymph-flow⁹ one of us (M. F.) tried to prove that it is of the same order of magnitude as the urine-flow. Since the volume of the lymph-flow of the thoracic duct is also about the same,¹⁰ there is a contradiction to be resolved.

In dogs anaesthetised with pentobarbitone sodium the thoracic duct was cannulated in the abdomen, below the diaphragm, and in the neck, and the duct was continuously perfused with 150 ml. of previously collected thoracic-duct lymph containing ²⁴Na with a specific activity of 300,000 counts per minute per ml. under physiological pressure and velocity. Blood-samples were withdrawn and their radioactivity estimated at 5-20 minute intervals. It was found that considerable radioactivity escaped through the duct into the blood-stream (see accompanying figure).

Thus we succeeded in proving that water and solutes are reabsorbed not only from peripheral lymphatic vessels



Escape of radioactivity (in counts per minute per ml. of plasma) from thoracic duct into the blood-stream.

and glands, as described by Földi et al.¹¹ and Malek,¹² but also from the thoracic duct which must be highly permeable.

There is a considerable loss of the lymph produced by the various organs en route to the angulus venosus.

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TRIVIAL MATTERS?

SIR,—The peripatetic correspondent (April 3) who quoted an extract from my column in *Woman's Mirror* implied that I advise readers to seek help from doctors on what would appear to be trivial matters. It seems to me that if more National Health Service doctors devoted time to dealing with what many of them appear to regard as trivial matters, fewer patients would need to resort to writing to me. And certainly there would be far fewer neurotic middle-aged women requiring help from psychiatrists.

London, E.C.1.

MARJORIE PROOPS.

URINARY-TRACT INFECTIONS IN GENERAL PRACTICE

SIR,—In the article by Dr. Mond and his colleagues (Mar. 6) there was no reference to the gram stain as a simple means for detecting the majority of cases of true bacilluria. As Kass¹³ and your correspondents^{14 15} have pointed out, when a drop of uncentrifuged urine is stained and examined under the microscope, bacteria will be found in 80-85% of cases¹⁶ if the urine contains over 100,000 bacteria per ml., and only rarely if it contains less.

In a series of 51 patients whose uncentrifuged urine we examined by simultaneous colony counts, white-cell counts, and gram stains, the 6 patients with colony counts above 100,000 per ml. had obviously positive gram stains. In none of the remaining urines were bacteria seen though 100 fields were examined in each case. In 5 of the 6 infected urines over 100 white cells per c.mm. were present; the remaining urine, from a patient with chronic pyelonephritis, had only 30 cells per c.mm., and the infection might conceivably have been missed in an ordinary urine analysis if pyuria alone had been the

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