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LEADING ARTICLES

- | | | | |
|-----------------------------------------------|-----|------------------------------------------------|-----|
| Liverpool: where does the buck stop?..... | 319 | Nature and nurture in child growth..... | 322 |
| Birth trauma in vaginal breech delivery..... | 320 | Subarachnoid haemorrhage of unknown cause.. | 323 |
| Dietary amenorrhoea..... | 321 | Television medicine | 323 |
| Price of survival in childhood leukaemia..... | 321 | Imbalanced ventricles and cardiac failure..... | 324 |

PAPERS AND ORIGINALS

- | | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----|
| Perinatal mortality and one-year infant morbidity | CAROLYN E M JONES, M RADFORD..... | 325 |
| Atopy and immunoglobulin E concentrations in Hodgkin's disease and other lymphomas | P L AMLLOT, L A GREEN..... | 327 |
| Giant-cell pneumonia caused by measles and methotrexate in childhood leukaemia in remission | M J LEWIS, A H CAMERON, K J SHAH, D R PURDHAM, J R MANN..... | 330 |
| Late treatment of paracetamol poisoning with mercaptamine | JENNIFER M SMITH, W O ROBERTS, SYBIL M HALL, T A WHITE, A A GILBERTSON..... | 331 |
| Testicular disease in acute lymphoblastic leukaemia in childhood | REPORT ON BEHALF OF THE MEDICAL RESEARCH COUNCIL'S WORKING PARTY ON LEUKAEMIA IN CHILDHOOD..... | 334 |
| Treatment of malignant ascitic and pleural effusions with <i>Corynebacterium parvum</i> | H E WEBB, S W OATEN, C P PIKE.... | 338 |
| Arteriovenous fistula after hair transplantation | A A J BARROS D'SA, G E HEARD..... | 340 |
| Late onset constrictive pericarditis after thoracic radiotherapy | D L SCOTT, R D THOMAS..... | 341 |
| Cardiac arrhythmias in thalassaemia major: evaluation of chelation treatment using ambulatory monitoring | S B KAYE, MARIE OWEN..... | 342 |

MEDICAL PRACTICE

- | | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----|
| Prognosis of the Ramsay Hunt syndrome | K E G HEATHFIELD, A S MEE..... | 343 |
| Letter from Finland: Smoking control policy and legislation | KIMMO LEPPÖ..... | 345 |
| The adolescent process | K S PERINPANAYAGAM..... | 347 |
| Doctors and television | FROM A SPECIAL CORRESPONDENT..... | 348 |
| Antenatal diagnosis of thalassaemia major | D V I FAIRWEATHER, B MODELL, V BERDOUKAS, BLANCHE P ALTER, D G NATHAN, D LOUKOPOULOS, W WOOD, J B CLEGG, D J WEATHERALL..... | 350 |
| Medicine and Books..... | | 354 |
| Any Questions?..... | | 353 |
| Materia Non Medica—Contributions from MARY DUGUID, R E GOODMAN, HUGH DUDLEY..... | | 359 |
| Personal View | JOHN GARFIELD..... | 360 |

- | | |
|--------------------------------------|-----|
| CORRESPONDENCE—List of Contents..... | 361 |
|--------------------------------------|-----|

NEWS AND NOTES

- | | |
|-----------------------------------------------------|-----|
| Views..... | 376 |
| Epidemiology—Typhoid fever..... | 377 |
| Parliament—Medicines Act: temporary exemptions..... | 377 |
| Medical News—Safety in laboratories..... | 380 |
| BMA Notices..... | 381 |

- | | |
|---------------|-----|
| OBITUARY..... | 372 |
|---------------|-----|

SUPPLEMENT

- | | | |
|-----------------------------------------|------------------|-----|
| The Week..... | 382 | |
| The Liverpool Inquiry | ROGER DYSON..... | 383 |
| A subconsultant grade in surgery | F S A DORAN..... | 385 |
| Cure or care: where do we go from here? | BRIAN LEWIS | 386 |

CORRESPONDENCE

Dental caries and between-meal snacks A R P Walker, DSC, and P E Cleaton-Jones, FFA(SA).....	361	The NHS 5-ml spoon S W V Davies, MRCP.....	365	Bronchiectasis in acute leukaemia P J Kearney, MRCP, and others.....	368
Blood transfusion and renal allograft survival B Hulme, FRCP, and M E Snell, FRCS.....	361	Confidentiality and life insurance S A Smail, MRCP.....	365	Ferritin and iron overload R G Batey, FRACP.....	368
Psychological evaluation in cases of self-poisoning Sir Denis Hill, FRCPsych.....	362	Appeasement 1977 style M G Selson, MB.....	366	Hepatitis B and endoscopy A G Morgan, MD, and others.....	369
Transplacental hyponatraemia due to oxytocin P I Silverstone, MRCP; S J Ware, MRCP; M F Vere, FRCS, and Susan M Sellers, MB.....	362	Thyroid disease, asthma, and prostaglandins J R S Hoult, PhD, and P K Moore, BSc.....	366	Autoclavable Forrester laryngeal spray A C Forrester, FFARCS.....	369
Morale in mental handicap hospitals J T Hutchinson, FRCPsych.....	362	Respiratory crisis in Parkinson's disease B C Kundu, MRCP.....	366	Silk sutures in the common bile duct J M Anderson, FRCS, and L H Blumgart, FRCS.....	369
Help for parents after stillbirth Dorothy F M Black, MRCPsych; Mary Weetman, SRN.....	363	Necrotising enterocolitis S M Jones, FRCS.....	367	Lung cancer risk in pipe and cigar smokers S P Bohrer, MD.....	369
Contamination of surgical gloves W J Henderson, FRMS, and others.....	363	Treatment of hereditary angioneurotic oedema with methandienone E M Saihan, MRCP, and R P Warin, FRCP.....	367	Smoking behaviour in medical students C M P Clauoué, FCS.....	369
Doxorubicin cardiotoxicity: role of digoxin in prevention D Guthrie, MRCP, and A L Gibson, MRCP; T M Mathew, MD.....	364	Adrenocortical suppression in workers manufacturing synthetic glucocorticoids D C Anderson, MD.....	367	The cancer patient: communication and morale Jacky Rossiter, and P E Moffitt, BM.....	370
Labetalol and urinary catecholamines B P Chapman, BSc, and others.....	364	Otosclerosis and the operating microscope I S Hall, FRCS.....	367	Cimetidine in "chicken-pox oesophagitis" K D Bardhan, MRCP.....	370
Incontinence S L R Stanton, FRCS, and others; P J B Smith, FRCS.....	364	Threadworms in homosexual males A McMillan, MRCP.....	367	Henry VIII and the NHS J S H Lodge, MB.....	370
Uncovering physical illness in elderly patients with dementia G T Cubitt, MRCP, and M J Bowman, MRCPsych.....	365	Central dopamine blockade in anorexia nervosa T M Reilly, MRCPsych.....	367	Conciser, but is it nicer? P D Trevor-Roper, FRCS.....	370
Boston Collaborative Drug Surveillance Program H Jick, MD.....	365	Cardiac arrhythmia after mushroom ingestion P A Jones, MB.....	368	More health education needed L D Rutter, MRCP.....	370
		Snap-happy parents J A Sills, MRCP, and J E Handley, MRCP.....	368	Devolution and the Health Service R M Milne, MB; T L Pilkington, FRCPsych.....	370
				Is your treatment really necessary? J Fry, FRCP.....	371
				Wasted women doctors Bobbie Jacobson.....	371
				Redundant doctors B A B Thurlow, MRCP.....	371
				Appointments in Iran E Grey-Turner, MRCS.....	371

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

Dental caries and between-meal snacks

SIR,—It is commonly believed that dental caries is caused or grossly promoted by consumption of sugar and sugar-containing foods and that of these the between-meal moieties, particularly if they be sticky, are the most damaging. These beliefs receive support from some studies but scarcely any at all from others.^{1,2}

In Johannesburg in high school pupils of 16-17 years we found DMF (decayed-missing-filled) scores to be roughly 10 for whites, 8 for Indians, 6 for coloureds (Eur-African-Malay), 2-3 for urban blacks and 1.5 for rural blacks.³ The mean daily total sugar intake of white pupils, 135 g, was certainly greater than that of rural and urban black pupils, roughly 80 and 90 g respectively. Interestingly, for females the mean daily intakes of ethnic groups in the lower thirds of sugar consumption were much the same, about 40-60 g, yet on this relatively low intake there were huge differences in mean DMF scores, ranging from 11.6 to 0.9.

Virtually all white, coloured, and Indian pupils partake of much the same types of snack at school breaks or at home, chiefly soft drinks, potato crisps, sweets and chocolates, and sandwiches. For approaching one-third of all pupils these foodstuffs constitute breakfast. The most intriguing group is urban black senior pupils. About two-thirds eat no

breakfast, though not for economic reasons. Of snacks, the most popular are fat cakes and sandwiches of white bread with pickles or meat; also soft drinks, sweets, and popcorn. About 70% of pupils have one or more of these foods daily and all partake of one or other on more than half of school days.

As indicated, this regular consumption by all ethnic groups of much the same type of between-meal snacks, with their contributions of sugar and refined cereal and their frequent stickiness, especially in the case of black pupils, is associated with gross differences in DMF scores. Urban black high school pupils, an elite stratum, are being increasingly exposed to these and other Western foodstuffs, yet their DMF scores have not significantly increased during the last generation.^{3,4} We just do not know the exact reasons why these pupils still have excellent teeth.

Orthodox teaching is that in a given community a marked decrease in intake of sugary between-meal snacks will lead to a non-trivial reduction in caries scores; this opinion appears altogether premature. Møller,⁵ of Copenhagen, has pointed out that "the implication... that unrefined carbohydrates would be less cariogenic [than refined carbohydrates] has received surprisingly little critical evaluation." Certainly in caries develop-

ment the snack foods mentioned play a role, yet in our view the near total obsession that they are by far the principal cause of dental caries is stultifying research progress.

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¹ Confectionary and the Statistics of Dental Caries. London, Cocoa, Chocolate and Confectionery Alliance, 1974.

² Chung, C S, et al, *Journal of Dental Research*, 1977, 56, 11.

³ Retief, D P, Cleaton-Jones, P E, and Walker, A R P, *British Dental Journal*, 1975, 138, 463.

⁴ Staz, J, *South African Journal of Medical Sciences*, 1938, suppl 3, p 1.

⁵ Møller, I G. Paper presented at International Sugar Research Foundation Conference, Paris, 1977.

Blood transfusion and renal allograft survival

SIR,—Mr R W Blamey and his colleagues (21 January, p 138) report a series of 32 cadaveric renal allografts in which there was improved graft survival in those recipients who had previously received blood transfusions. It may be of some interest to report our own findings in a much larger series. A previous analysis of 65 patients from this hospital in 1968¹ failed to reveal any effect of blood transfusions, but this may have been due to the error of grouping