It is a sad fact, however, that little or no progress has been made in many homes towards keeping food fresh and fit for consumption. The general practitioner on his visits frequently sees food lying about uncovered, attracting flies and deteriorating in the heat of the room. Insufficient efforts are made to keep down flies; this is inexcusable, as a gun for spraying an insecticide is quite cheap. Since butter, fish, and milk have usually to be kept for some hours before they are eaten, there is urgent need for refrigeration in the home. Personal and domestic hygiene plus refrigeration are necessary to reduce the number of cases of food poisoning. Unfortunately, far too few people own refrigerators. They say they cannot afford to buy one; but they do, nevertheless, manage to buy a television set and/or a washing machine. Yet a refrigerator is far more of a necessity. Somehow—possibly through the medium of that very television set—people must be made to see how, in their homes, they are the ones who can reduce the incidence of this dread disease. For it is a dread disease; it disables and it kills (especially the very young). It is a disease of ignorance, carelessness, and laziness; it must be overcome.—I am, etc.,

London, N.W.6. LOUIS DE JONGH.

History of Medicine

SIR,—The renascence of interest in medical and surgical history shown by the attendance at the lectures and exhibitions of old medical books and prints given in the History of Medicine Section at the recent meeting of the B.M.A. in Newcastle upon Tyne prompts one to suggest that this section be continued at future meetings. When we consider how important the history of medicine is considered in the medical and allied faculties of many of the universities of Europe and North and South America (witness the many journals dealing with this subject in several languages), it is somewhat astonishing to find how few chairs (or even lectureships) in this discipline have been established in this country. One meets at B.M.A. meetings in various parts of the country occasional enthusiasts who look at the table of contents of the *Journal* each week, and if there is a "Nova et Vetera" column they read that before anything else. This preference reminds me that there is a wealth of research in these "Nova et Vetera" essays. It is a pity that this research should be lost. Would it be possible to have them reprinted in book form?—I am, etc.,

Morpeth. WILLIAM STEPHENSON.

Drug Addiction

SIR,—Your annotation (*Journal*, July 27, p. 210) on drug addiction gave illuminating figures from the official report: one wonders, however, if the figures are representative of the actual state of drug addiction in this country or of the fears, and more likely hopes, of the compilers. For instance, it leaves one wondering why at least 103 persons should bother to smuggle cannabis into this country, which, according to the report, is entirely free of cannabis addicts.—I am, etc.,

Barrow-in-Furness. H. C. FISHER.

Medical Use of Hypnotism

SIR,—There have been articles and letters recently in the *Journal* (June 8 and 22) discussing the values of hypnotism. The contributors have, however, not discussed the theoretical basis of hypnotism. Dr. A. Fry (June 8, p. 1323) has described hypnotism as "suggestive relaxation." However, a hypnotic subject can carry out the hypnotist's orders without being in a state of relaxation—for example, as in post-hypnotic suggestion. A hypnotized person carries out the orders of the hypnotist without realizing what he is doing, and without thinking logically about his action, so it is difficult to see how "hypnotism works through the dynamic of the imagination," as suggested by Dr. R. Macdonald Ladell (June 22, p. 1473). It seems rather that the hypnotized subject displays very little imagination but obeys the commands of the hypnotist like an automaton. Hypnosis therefore appears to be a form of condition, or a conditioned reflex. The process of hypnosis, in an unexplained way, cuts off functionally part of the subject's "thinking" cortex, with the result that he behaves reflexly—i.e., becomes prone to suggestion.

If then we consider hypnosis to be a conditioned reflex, the "conditioned stimulus" is the speech of the hypnotist and the response is the subject's reaction to it. Speech in man has come to be associated with all the "unconditioned" stimuli which can reach the cortex, in the same way as the ringing of a bell is associated with the "unconditioned stimulus" of hunger in Pavlov's experimental dogs. The behaviour of a hypnotized subject, therefore, can be compared to that of a patient after leucotomy. The latter, as would be expected, also loses some of his reasoning or thinking ability and behaves "reflexly." Elithorn,[1] describing a patient after leucotomy, writes that she was "slow on the uptake" and forgetful, and "found it difficult if she was put out of her routine."—I am, etc.,

Johannesburgh, S. Africa. S. SAMENT.

REFERENCE

[1] Elithorn, A., *Lancet*, 1955, **1**, 23.

Post-prandial Torpor

SIR,—Post-prandial torpor is a phenomenon which is only too familiar to every one of us. In general practice it is no unusual thing to be consulted by a patient who imagines that his sleepiness after lunch denotes some underlying illness and who fails to appreciate that his symptoms are more or less physiological. It has occurred to me to wonder why our social habits in this country refuse to take account of bodily function in this respect and how it came about that we insist on trying to carry on work as usual at times when it was obviously intended by Nature that we should go to sleep instead. Travel on the Continent gives one the impression that they manage these things better in almost every other country. Even in climates no warmer than ours the midday break is at least an hour longer, the time being made up by starting earlier in the morning and working a little later in the evening. Should we, as doctors, not be contributing something substantial to an increase in national productivity if we campaigned for a change to Continental customs in this respect? It might be interesting to hear what physiologists, social historians, and employers of labour have to say on the matter.—I am, etc.,

Margate. M. CURWEN.

Sudden Death in Infancy

SIR,—In your leading article (*Journal*, June 15, p. 1411) you state that the main cause of cot deaths in infants is still undetermined. Consideration of the actual mode of death provides a clue to their cause. The circumstances of these deaths often make it appear that they occur in sleep, and without discomfort to the child of sufficient duration to wake it, or even to make it restless. This suggests that death occurs within a matter of moments. When necropsy excludes the obvious causes it seems most probable that sudden death of this type is due to cardiac arrest. Sudden complete respiratory failure would be most unlikely, and, as occurs in meningococcal septicaemia without myocarditis, peripheral circulatory failure due to an "overwhelming" infection would not produce death in a few moments.

I have recently reviewed a series of fatal cases of myocarditis (including a cot death), and found that the condition occurred more frequently in the young; it could be associated with quite mild infections; and it often resulted in cardiac arrest with sudden death. The histories of some cases provided evidence of the onset of tachycardia prior to death in otherwise fairly healthy persons, and histological lesions in the myocardium were sometimes small and widely scattered.

Cardiac arrest is due to electrical failure of the heart, and presumably the lesions of a myocarditis provide the conditions necessary for the development of, for example,