

this book is helpful is even more doubtful. Yet journeying with that "Black Ship to Hell" is not without its pleasure, provided one has frequent rest pauses and turns a blind eye to passages of thought that have been traversed before. A wide panorama of the thought and art of centuries is spread before us which can be enjoyed in its own right.

It is perhaps of interest to mention that Miss Brophy succeeded in making a discovery that originated in her vegetarian kitchen rather than in her books. The discovery concerns the unexplained superstition of the ancient world about beans. The eating of beans was, for instance, forbidden in the Orphic and Pythagorean brotherhoods. There has recently been some speculation about this superstition in medical journals and the opinion has been expressed that it might have originated in favism, a genetic disease fairly common among Mediterranean peoples, which causes anaemia after ingestion of beans. T. H. D. Arie, in a letter to the *British Medical Journal* (1961, 2, 709) mentions evidence that Pythagoras could not tolerate beans. There are also accounts of his death which state that he was caught and killed by the people of Croton because he could not escape from them through a bean field. Miss Brophy may be credited with a more likely explanation of Pythagoras' bias against beans. "If you put fresh broad beans in water and boil them, they give out a light red liquid which gradually turns the boiling water the colour of blood", she says in her book. While the book was in press, she succeeded in finding a reference in which Pythagoras explained why he abstained from beans. He regarded them as

holy, partly because "If you boil them and put them out in the moon-light . . . you will make blood".

F. KRÄUPL TAYLOR.

Correspondence

A CORRECTION

1st September, 1962.

DEAR SIR,

We are indebted to Dr. Max Hamilton for drawing attention to two errors of calculation in our paper "Clinical Features of Depression and the Response to Imipramine ("Tofranil")" (January, 1962). Regarding our data on the association between "suicidal" and response to the drug, we stated $\chi^2 = 3.78$; $p < .1$: this is incorrect. In fact $\chi^2 = 4.18$ which is significant at the 5% level. Similarly, for the association between sexes and response to treatment $\chi^2 = 4.09$; $p < .05$.

Our conclusions should, therefore, be amended to indicate that, of the clinical items we studied, sex of patients and "suicidal" were significantly associated with outcome of treatment, male sex and absence of suicidal features being favourable.

We much regret these mistakes and would be grateful if you would publish these corrections.

Yours faithfully,

J. J. FLEMINGER.

B. M. GRODEN.