The question which, in effect, Dr. Batty Shaw raises is this: If latent tuberculosis is almost universal, and unrecognized (and unrecognizable) infectivity common, are we, in directing our efforts mainly towards the early recognition and isolation of individual cases, tackling the problem in the best way; or should we not direct more of our effort towards altering the conditions in which our children are reared and educated, so as to minimize the amount of infection to which they are exposed and to raise their resistance to the highest possible degree?

In support of the latter alternative it may be pointed out that of all inhabited places one of the least infective, from the tuberculosis point of view, is a well designed and disciplined sanatorium for consumptives. May we not logically draw from this fact the conclusion that, were every home a sanatorium, there would be no tuberculosis?

Early recognition of the disease is, of course, most important from the point of view of treatment, and the isolation of cases in their terminal stages will always be desirable from the point of view of avoidance of mass infection. But we now know that the majority of the tuberculous do not die of the disease; although they pass the torch along to others, they are not themselves consumed.

Exception must be taken to Dr. Batty Shaw's strictures on sanatoriums. A sanatorium is, or should be, a highly specialized and equipped hospital, and sanatorium treatment is not "a holiday in the country," but demands much patience and strength of character, and not a little renunciation on the part of the individual concerned. These qualities are none too common, and consequently there are many failures. As was truly said by two great authorities some years ago, "It is impossible to cure a fool of pulmonary tuberculosis." Properly carried out, real sanatorium treatment has, long since, proved itself far and away the best means of restoring to health and working capacity individuals who would otherwise have perished. To be effective it must be prolonged. A three months' stay in a sanatorium can only have an educational value in the immense majority of cases, and statistics of institutions which receive patients for such a period only should not be quoted as statistics of true sanatorium treatment.—I am, etc.,

Derby, Aug. 11th.

P. HEFFERNAN,
Major I.M.S.(ret.).

SIR,—With Dr. Batty Shaw's conclusions as to the necessity for hospitals in accessible places I entirely agree; and there is little doubt that these are of much greater value to the community than sanatoriums. But their chief value is for the isolation of highly infective cases of tuberculosis.

So far our efforts to eliminate tuberculosis have been directed mainly to the treatment of individual cases, and no serious attempt has been made to deal with it as an infectious disease, although this is far the most profitable side from which to attack the problem.

I think Dr. Shaw much exaggerates the difficulties and hardships of prevention—one might almost say he is so logical that he loses sight of common sense. It is only the highly infective, advanced cases that need complete isolation, and for this, with compulsory powers, sixty beds (thirty for each sex) would suffice in South Devon. I see no reason why efforts to disinfect sputum and use pocket flasks should be discouraged, but the main point is to isolate the highly infective case.

Roughly speaking, I find 40 per cent. of cases of tuberculosis can be traced to recent personal infection; in 25 per cent. there is no traceable history of infection, in 23 per cent. there is a history of probable remote infection (childhood), and 12 per cent. I classify as doubtful. If tuberculous pensioners were taken from these figures the percentage of recent infections would rise considerably.

A large percentage of cases of tuberculosis, then, are due to a recent infection, and the great majority of these again are due to infection from advanced cases. Surely this could be prevented.

A childhood infection these patients may also have had, but it is certainly not the important one. If we do all in our power to prevent mass infection in childhood or after (a germ or two will not matter), we shall certainly prevent a great deal of disease, and possibly childhood infections will become much less common. The large number of cases of adult tuberculosis due to the recrudescence of an early

infection cannot yet be prevented, but the 40 per cent. recent infections could be prevented.

I cannot speak for the rest of the country, but Devon, at any rate, is alive to the value of hospitals for tuberculosis in accessible places, and there is a reasonable prospect of my sixty beds (for observation and isolation) in the near future.—I am, etc.,

Paignton, Aug. 18th.

E. WARD.

EFFICIENT TREATMENT OF THE CHRONIC RUNNING EAR.

SIR,—The recent correspondence shows a very great divergence of opinion on this very important subject, and I therefore venture to give the results of my own experience.

For over two years, as Aural Specialist to Havre Base, B.E.F., I had the opportunity of treating a large number of cases of chronic suppurative otitis media under conditions analogous to those related by Dr. Wilson.

In France no aural consultant was appointed, each centre being left to evolve on its own lines—which, in my opinion, was a mistake, as much good would have resulted from the interchange of ideas and results which such a consultant would have brought about. The system I employed was, briefly, as follows:

1. All cases of aural suppuration were admitted in the first place to hospital, where routine treatment was commenced.
2. The cases after classification and a short period of treatment were, unless operative measures were found necessary, sent to a convalescent camp, where the treatment was continued under my personal supervision.
3. The treatment employed was a preliminary filling of the ear with hydrogen peroxide (10 vol.), followed, after an interval of five minutes, by syringing with boracic lotion. The meatus was then thoroughly dried, and either boracic powder insufflated or a few drops of rectified spirit dropped in. No wool was kept in the ear, and this I regard as an important detail.

The treatment was carried out twice daily.

During the two years I had an average of about 60 cases under treatment at any one time, the average duration of treatment being between two and three weeks. As a result of this experience I have come to the following conclusions:

1. That a very large proportion of cases can be cured by thorough non-operative treatment, the essential factor in such treatment being the prevention of the stagnation of discharge in the meatus and middle ear. I find that as a result of treatment in 100 consecutive cases in which the discharge had persisted for more than six months, healing of the perforation took place in 47, in 28 the discharge was scanty or absent, but with persistent perforation, while in 25 I could find no certain improvement. The most important factor is the thoroughness with which the treatment is performed, and this explains the relatively poor results obtained in civilian out-patient practice.

2. Mastoid operations, whether radical or not, do not in a large number of cases give permanent cessation of discharge.

The results are, I believe, much worse in this respect in the poorer classes owing to the neglect of the periodical cleansing of the cavity which is usually essential. Such operations should therefore be reserved for cases in which there are definite indications, other than a discharge which can be kept under control by less drastic measures.

Harty¹ and Wilson² have, as a result of similar military experience, come to the same favourable conclusion as to the results of systematic non-operative treatment, as has also Kerr Love³ in his experience with school children. On the other hand, Adair Dighton,⁴ in the treatment of 4,000 cases, had "no good results of any kind" by non-operative measures. I can only conclude that his treatment was half-hearted, and I hope that he will give such measures a further trial before submitting all his future cases to operation.—I am, etc.,

Bristol, July 28th.

A. J. WRIGHT, F.R.C.S.

REFERENCES.

¹ *Bristol Medical-Chirurgical Journal*, July, 1916. ² *BRITISH MEDICAL JOURNAL*, May 24th, 1919. ³ *Diseases of the Ear in School Children* (John Wright, 1919). ⁴ *BRITISH MEDICAL JOURNAL*.

INFECTIVE CATARRHS—SO-CALLED "COLDS."

SIR,—Your correspondent Dr. Francis, in his interesting letter on the etiology of "colds," speaks of "the off-repeated argument that patients in sanatoriums do not suffer from catarrhs." I have never heard the argument

put in this form by any one with sanatorium experience, and as a former sanatorium officer I should certainly not make any such unqualified statement. What I can state from my own five years' experience as medical superintendent of a sanatorium is that the patients never had colds that could not be clearly traced to importation of infection from outside. We would go for months without a cold in the place, and then some patient would receive a visit from a relative with a cold, he or she would succumb to the infection, and the thing would run like wildfire through the place, infecting both patients and members of the staff. I do not think there is any special insusceptibility to colds on the part of sanatorium patients. Colds are rare among them because the local conditions are unfavourable to the persistence of coryza germs, and infection from outside is not an everyday occurrence.—I am, etc.,

Berkhamsted, August 17th.

F. S. ARNOLD.

MEDICAL APPOINTMENTS UNDER THE MINISTRY OF PENSIONS.

SIR,—“In Arduis Fidelis (T.F.),” in his letter in the *BRITISH MEDICAL JOURNAL*, August 16th, p. 224, presupposes that the majority of the men on pensions boards are those who have seen no service; my experience is quite contrary to this.

I write especially to express a hope that the Association will take up vigorously the question of the pay for the members of these boards. We are still paid at the pre-war rate. The London County Council has realized the necessity of increased pay for part-time work, and is now paying members of school clinics and treatment centres at the rate of £1 11s. 6d. a session of two and a half hours.

Recently the board of which I am the chairman has been called on to do nine, ten, eleven cases a session so that the glut of pensioners should be disposed of. The clerical work has also increased enormously, and we are now asked to prepare, in duplicate, record cards for each patient in addition to other clerical work. These record cards will necessitate a close examination of the man's papers and an extract therefrom of any disabilities on entry into the army, etc., and a *précis* of all previous boards, and of his present condition. I understand that we are still supposed to examine the same number of pensioners.

I trust, therefore, that the British Medical Association will endeavour to bring to the notice of the Ministry of Pensions the resolution of the Representative Meeting.—I am, etc.,

August 16th.

CHAIRMAN OF PENSION BOARD.

SIR,—A man who does not receive all he asks for or expects becomes a man of biased judgement in so far as his own case is concerned. We all acknowledge that Sir Douglas Haig is a born leader of men, but the medical profession will not acknowledge him as an expert upon medical matters. The medical referee has to hold a just and logical balance between the interests of the State and the pensioner. Not a few cases of “shell shock” have occurred in men who have never left these shores, but who had the misfortune to experience air raid bombing. Doubtless your correspondent (*BRITISH MEDICAL JOURNAL*, August 16th, p. 224) has assimilated the views held by military authorities upon this subject. During the war the incessant night calls nullified the advantage of possessing a bed to lie upon and a roof to cover one. The serving men in this area explained that army service was a holiday compared with general practice and that a large proportion of their work might have been done by clerks! Does a man suffering from nerve paralysis due to injury require the experience of a military gentleman to determine whether such injury was due to military service and to assess the percentage of damage? Special pleading is a dangerous attitude to adopt.

My only regret is that the services of your correspondent were not available during the epidemic of influenza. The position of medical referee requires tact, forbearance, and practical experience.—I am, etc.,

Bedford, Aug. 17th.

S. J. ROSS.

SUPPLY OF SERUMS AND VACCINES FOR INSURANCE PATIENTS.

SIR,—It is surprising that there should still be any doubt as to whether under the National Insurance Act serums and vaccines are to be supplied by druggists on prescription in England. Certainly they must be supplied. The Regulations are quite definite. The case of *Dr. Fisher v. the Hertfordshire Insurance Committee* is confirmatory.

The letter in your issue of August 16th stating that the Northumberland Insurance Committee has resolved that serums should not be dispensed merely shows that the Committee does not “deliver the goods” for which insured persons in that area have paid. It would be interesting to know whether other Insurance Committees are making the same error.

May I remind those concerned that Local Medical Committees have a statutory right to be consulted in all matters relating to the administration of medical benefit, and that Local Panel Committees are the bodies chiefly interested in the administration of the drug fund.—I am, etc.,

J. H. FREDERICK WAY,
Honorary Secretary, Portsmouth Medical
and Panel Committees.

Southsea, Aug. 16th.

SIR,—Dr. Archd. Fairlie of Blyth, referring to my letter of July 26th, presumes that I have contracted to supply necessary remedies. This is not the case. Herein lies the difference between my case and that of Dr. Fisher.

I agree with Dr. Fairlie that the natural corollary of Dr. Smith Whitaker's decision is the supply of serums by druggists on prescription by a panel doctor who does not dispense. It does not follow as a corollary that vaccines should be so supplied. Some vaccines are not so well established in therapeutic record as antidiphtheritic and antitetanic serums. But it is reasonable that serums and vaccines should be classed together.

Dr. Fairlie and I practise not many miles apart. My lot seems to have fallen on the happier bank of the Tweed.—I am, etc.,

Duns, Aug. 16th.

A. J. CAMPBELL.

INCREASED GRANTS TO INSURANCE PRACTITIONERS.

SIR,—I raised the question of the increase in the cost of living at the Conference of Representatives of the Local Medical and Panel Committees in regard to the urgent necessity of the Insurance Acts Committee taking action when the question of remuneration comes up for consideration. Dr. Brackenbury said at the meeting that the temporary increase for 1919 was based on the increase awarded to the civil services, and that it would be impossible to get the Government to agree to any other basis. The Government has only just raised the scale of increase for pensions to a level of 60 per cent. above pre-war rates based on the cost of living, owing to the pressure of public opinion. I fail to see why our claim to an increase of payment should not be on the same basis at least. Why should we be awarded an increase comparable to that of civil servants, who have a pension to look forward to, which we have not? Our case is certainly not comparable to that of the civil servant, and one fails to see altogether how the Council can be said to have watched our interests properly in agreeing to any such premise. If the panel practitioner had any pension to look forward to one would say nothing much.

Now the basis on which I get my figures is that of the actuarial estimate of the average increase of wages for all classes of labour—in other words, our patients under the Insurance Acts. What is sauce for the goose is sauce for the gander! The average increase in wage on this estimate is 133 per cent. above the figures for 1914, and on that scale we are in no way unfair if we ask for a similar increase in insurance fees from the almoners of the Ministry of Health for this year. I personally feel the pinch quite considerably after my military service, and can get a fair estimate of the difference in the cost of living after service abroad. It was noticeable that, while on service, every other branch of the services than the R.A.M.C. got considerable increases in pay, but the Central Medical War Committee failed to secure any increase for our branch. Personally I should like to see, what probably