he may be able to do much to prevent such an event. We occasionally meet individuals who suffer greatly from the "fear of diabetes," when informed that a little sugar has been found in the urine—a neurosis similar to that known as "syphilophobia," which is most difficult to check. I have seen a number of such cases. In one instance the neurosis continued for over two years. A trace of sugar had been detected once only, at the examination for life assurance. The man was the son of a medical man and was acquainted with many medical terms. A terrible dread of diabetes developed and continued, though the urine was examined repeatedly by numerous medical men and no further glycosuria ever detected. Finally, he visited Carlsbad, where again no sugar could be detected in the urine, and treatment was refused. He returned home still distressed and unsatisfied. He consulted me after two years of mental anxiety. I examined his urine, and found no trace of sugar, even after a meal containing a great excess of sugar.

Such instances show how important it is that the proposer should not be alarmed when he is informed of the slight glycosuria.

A NOTE ON THE DIAGNOSIS OF TUBERCULOSIS IN RECRUITS AND PENSIONERS.

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THE relation of the tuberculous patient to war service is interesting. In the earlier days of the war we heard a great deal of the cured consumptive who had joined the army. Institutions in their reports apparently vied with each other as to the number of their ex-patients who were at the front. At one time it appeared that the motto which would possibly be inscribed over all sanatoriums was "We won the war." After a little experience of the cured consumptive, and a short period of observation, the War Office issued stringent instructions to the intent that no consumptives need apply. As far as one could judge the orders meant total rejection for any recruit who had been at any time in a sanatorium or under treatment at a tuberculosis dispensary. This knowledge speedily reached the laity, and those men who were not over-anxious to run the risk of being killed were delighted if at any period in their lifetime they had been under treatment for actual or suspected tuberculosis. I answered not a few letters from recruiting boards who were desirous of testing the truth of some of the assertions by recruits of attendance at the City Dispensary. Several of the cases inquired into were genuine tuberculous patients, but others whom we had classed as slight bronchitis or some other non-tuberculous condition attempted, and sometimes attempted successfully, to evade service on the strength of having attended the dispensary once or twice many years previously.

The Attitude of Recruiting Boards to Tuberculosis.

Nothing apparently scared the recruiting boards like the word tuberculosis. I could place my finger on one or two men who, to my own personal knowledge, secured admission to a sanatorium for the purpose of avoiding service, and

who, as far as I know, had no tuberculous disease in the lungs at all. One at least confessed to me that he had "got the wind up," and on being told that there was nothing wrong with his lungs, inquired anxiously as to whether if he could contract a cold it would make any difference. He gained admittance to a sanatorium all right. I suppose he will be returned as one of the cures discharged in the year 19—, and now, at the beginning of 1920, is well and working.

It was a good thing in those days to be supposed to have consumption, but it is a much better thing now. The day of pensions has arrived. The number of men who are now in receipt of pensions for tuberculosis and who, in my judgment at least, are not suffering therefrom is truly alarming. I have seen in one week alone at least eight men who, in my opinion, showed either no evidence of pulmonary tuberculosis, or at most presented what might be interpreted as an old cicatricial condition, the age of which no man could tell, but showing no signs of activity and producing no disability whatever. Nevertheless they had a pension. My experience is, I take it, not unique. I have had much confirmation of this state of affairs from my brother tuberculosis officers by written and conversational inquiry.

The cause of this state of matters is complex. While the war was in progress it was perfectly natural, and I believe not uncommon, for some men to attempt to get out of the trenches for a longer or shorter period on the pretext of illness. The conditions of life, the physical stress, and the mental strain produced in many the constitutional syndrome which is often presented in tuberculosis. This made it difficult to give an exact diagnosis of any real or supposed illness, and if any departure from the normal were discovered in the lungs too often the man was labelled as tuberculous and discharged as unfit for further service.

Too frequently in the well-known 1835 certificates the diagnosis rested on an X ray finding of that very unsatisfactory thing, peribronchial thickening, or some such indefinite condition. Yet these 1835 certificates were a power in the land. Whoever signed them had to state whether it was essential or not that the man should go to a sanatorium. If he signed in the affirmative, then to a sanatorium the man was sent, and whenever he appeared at a future medical board for reassessment the fact that he had been in a sanatorium was considered as proof that he had had tuberculosis.

Generous Pensions.

Again, now that the war is finished, it is becoming known that the scale of pension is much more generous in the case of the tuberculous than in the non-tuberculous, and, in addition, there is the chance of the extra domiciliary grant equivalent to 10s. per week. This makes it profitable to be labelled "tuberculous." Consequently, many men are now, after demobilisation, discovering, or imagining, that they have a cough and a spit in the morning; that they have lost weight and are breathless on exertion; and too often on such flimsy evidence are classified P. 25, which, being interpreted, means pulmonary tuberculosis. After a medical board has given such a finding these men ultimately wend their way to the tuberculosis officer for the district. Many of them I turn down promptly and inform them that in my judgment they do not suffer from tuberculosis. To some of

them I appear as an angel of light, but to others a rock of offence. At times, instead of giving a definite judgment at once, I admit them to the sanatorium for a period of observation. If they are found then not to be suffering from tuberculosis that does not necessarily finish the case, as the next time they appear before a board for reassessment they have then, as added proof of the presence of disease, the fact that they have been in a sanatorium.

Another source of error is that at times indefinite cases present themselves before a board on which there is no member who has had special experience in the difficult branch of chest work. Such a board is usually timorous and doubtful of its own experience. It plunges for tuberculosis every time. It does not fully realise the weight its decisions carry. At other times the board may have had the assistance of a tuberculosis "expert." Such an individual usually sways the judgment of the board, as he does the examination, and the other members do the clerical part of the work. The assistance of the expert does not always improve matters. Tuberculosis experts are divisible into two classes, wise and unwise. The latter, suffering from grandiose ideas, are prepared to diagnose pulmonary tuberculosis at a moment's notice anywhere and everywhere, and if one such becomes the guiding spirit in a medical board still further confusion may result.

A Special Chest Board.

In order to improve the present condition of affairs, all chest cases, tuberculous and non-tuberculous, should be dealt with by a board composed of members all of whom should be experienced in chest work. Not less than two should examine every case, and when any doubt exists the opinion of all the members would, of course, be obtained. All chest disabilities discovered or suspected by the other boards should be referred to the special chest board for final decision. All new claims of chest disabilities by demobilised men should be dealt with by the chest board.

Whenever a man has had sanatorium or dispensary treatment this board should be authorised to ask for a special report on the man's case from the tuberculosis officer for the district in which the man comes from. There should be no difficulty in this, as I think we all file the discharge report of our sanatorium cases. If such report were received by the special board it could be placed with the man's papers and kept as a permanent record.

The special board should not be asked to work in the same room in which two or three other boards are working and where the men are undressing. It is quite impossible often to do good work owing to the noise, and more particularly is this so if any of the other boards happen to be an aural one. The chest board might reasonably occupy rooms at one of the tuberculosis dispensaries, where an X ray installation is at hand and where there are facilities for the examination of sputum.

Such special boards should be asked to pay particular attention not only to the presence of any lesion, but to its activity and to the amount of disability arising. As indicative of activity the board should demand in preference to symptoms signs, such as rapid or marked loss of weight, a medical certificate of hæmoptysis or fever, the presence of tubercle bacilli in the sputum, and the presence of persistent localised crepitations.

Too much stress should not be laid on slight impairment of the percussion note in the right apex or the presence of broncho-vesicular breathing or

apical retraction. These may quite truthfully represent a lesion, but the important points are activity and disability. Such a board might also very properly form a final court of appeal in all doubtful cases seen by the medical referees.

Throughout this paper I am not discussing the genuine consumptive, but rather the indefinite case simulating pulmonary tuberculosis. The man should have the benefit of any doubt after exhaustive examination and be given a high assessment. The period between examinations for reassessment should, as a rule, be not more than six months. As the cases come up for review and pass into the quiescent or arrested condition they should be reduced by 10 or 20 per cent. at each examination, so that the reduction in pension would correspond with the permanent improvement in health.

Could such a board as I visualise be instituted for each large centre, I am confident it would at once justify its existence and be a source of strength to all engaged in this most difficult and trying work.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A BONE CONDITION ANALOGOUS TO RICKETS IN A CHILD OF FIVE MONTHS.

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IN view of recent discussions on the ætiology of rickets the following symptoms occurring in a breast-fed infant appear to be worth recording.

A girl, born July 16th, 1919, the sixth child of a mother aged 31 years, was brought to one of the Salford corporation guilds. At the age of 4 weeks, when first weighed, the baby was a healthy, normal, breast-fed child weighing 8 lb. 1 oz. For three weeks she continued to gain normally, weighing 9 lb. 5½ oz. at the age of 7 weeks. From that time progress was less satisfactory and the weight fell below the normal. At the seventeenth week, when the child weighed 10 lb. 7 oz., symptoms analogous to those of rickets were observed. Three weeks later the infant was brought to the clinic for special medical examination. At this time the mother had noticed a considerable decrease in activity (the child showed no inclination to kick, and lay listless all day). The forearms were bent with an outward curve. There were comparatively large swellings at the distal ends of the radius and ulna in either case. The radial swellings were the greater, and those of the left forearm were more marked than those of the right. In the lower limbs the tibiæ exhibited marked forward and outward curves, each tibia having an obvious swelling of the anterior part of its distal extremity. Another swelling occurred on the right tibia at the lateral and anterior part of its proximal end. The head was normal in shape and size, and the spine presented no unhealthy symptoms. The skin of the whole body was dry and slightly rough. Constitutional symptoms (slight sweating of the head at night, listlessness during the day, enlarged abdomen, slight alimentary disturbances, &c.) were commencing but were not marked. The child was still breast-fed only and weighed 10 lb. 13 oz.

History of the mother.—As the child had been breast-fed it was thought advisable to inquire into the history and condition of the mother. The latter had had six living children, as follows: the first at the age of 22, the second at 24, twins at 26,