

thing to lose by being taken in tow by politicians. Let tuberculosis men imitate rather the action of the Italian *Pneumothorax Thérapeutique*, which, forced by the war to stop publication, recommended its subscribers to a German journal; or of an important British text-book on tuberculosis appearing in 1917 with German papers constituting almost half its foreign references; or other good examples I have no time to tell, or you, long-suffering Mr. Editor, space to print.

Yours faithfully,

W. C. RIVERS.

April 22.

To the Editor of "Tubercle."

DEAR SIR,—I am glad you put in a word in your current issue (p. 323) for reconciliation in international medicine.

It is a pity that a body designed to combat so widespread a malady as tuberculosis and calling itself both a "Union" and "International" should of all others show delay in attempting to heal national animosities. Is it too late to turn the conference in London at the end of July into a truly representative one? Medicine, as you say, should be above politics, and science knows no national boundaries.

I am, yours faithfully,

S. V. PEARSON, M.D.

The Sanatorium,

Mundesley, Norfolk.

April 17, 1921.

THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.

To the Editor of "Tubercle."

SIR,—I was in hopes that the Tuberculosis Society or the Tuberculosis Group of the M.O.H. Society would ere this have considered Dr. Bardswell's article in your issue of March last, but disappointed in this, I was all the more glad to read Dr. Hebert's letter in the April number of *TUBERCLE*. Dr. Hebert has stated the question from the tuberculosis officer's point of view so clearly and so well that little remains to be added except, perhaps, to emphasize one or two points.

In the first place, knowing Dr. Bardswell as we all do, we are confident that he never intended to cast any slight upon the tuberculosis officers. Rather would one infer that his statement was published with a view of inviting and provoking criticism.

As to the article itself, I would cordially endorse everything that Dr. Hebert has written regarding hospital diagnosis. Like him I have for several years past questioned my patients on their discharge from hospital, and I long ago came to the same conclusion, viz., that for all practical purposes the diagnosis was made by the resident. This I would not complain of so much if only some reasons were given as to how the diagnosis "no evidence of tuberculosis" was arrived at. Some two years ago I had a patient labelled as such giving a plus sputum three days after leaving hospital. I

fancy few tuberculosis officers regard themselves as infallible even in their own particular subject, and all I am sure are willing to learn from any source that is likely to increase their knowledge. Further, we have all passed through the "resident stage," with its cock-sure diagnosis.

It is just their experience in connection with these doubtful cases that makes tuberculosis officers so sceptical as to the value of the proposed consultation centres outlined in the Menzies Report. We all know what will happen. A consultation will be arranged between the hospital authorities, the medical officer of the London County Council, and the tuberculosis officer. They will meet at the bedside. The chief, if he can spare the time, will, no doubt, look in, but we may take it as more probable that he will deliver his verdict to the resident to convey to the consultation, who will receive it with due respect, and the proceedings will terminate. R.I.P.

Now the procedure most of us would like to see followed out in these cases would be one somewhat on the lines adopted at Margaret Street Hospital, to which I would draw Dr. Bardswell's attention as one commanding the confidence of the tuberculosis officers generally. Here the staff working together as a team (so far as difficult cases are concerned) are prepared to give within six days a practically certain diagnosis as to the presence or absence of active tubercle—the diagnosis being based upon the results of clinical, bacteriological, and X-ray examinations, combined with cutaneous tuberculin tests. Nothing is omitted, not even the blood-pressure. It is a thoroughly "intensive study."

In fact I would go so far as to suggest to Dr. Bardswell and to Dr. Menzies that if they desire a "clearing house" for doubtful cases, they might do worse than "take over" such a hospital. I am certain that it would prove more valuable, more efficient, and more economical than the observation beds now being arranged for. Moreover, it is one to which tuberculosis officers would send their cases without hesitation.

Just another point in regard to Group III (civilian cases recommended for diagnosis). Dr. Bardswell seems to regret that each and all of these patients did not prove tuberculous. In my opinion he ought to rejoice inasmuch as it shows that the tuberculosis officers rather than run the risk of missing a case are willing to let their reputations suffer by sending up patients who are apparently non-tuberculous. But surely this is a wise policy! Some of us, no doubt, recommend cases for diagnosis, hoping that tuberculosis may be excluded rather than found.

I am, Sir,

Yours very truly,

M. MACDONALD, M.D., D.P.H.

Greenwich Tuberculosis Dispensary.

April 19, 1921.