

venture to suggest that the attitude which is taken up by some authorities on tuberculosis as to the advisability or otherwise of allowing children to drink tuberculous milk, and the wild statements concerning milk which are occasionally made at such meetings as that held in Liverpool, add more than these people realise to the difficulties of the situation.

I am, Sir, yours faithfully,

R. STENHOUSE WILLIAMS.

Research Institute in Dairying, University College,  
Reading, Oct. 18th, 1920.

## INFANTILE MORTALITY IN HUDDERSFIELD.

To the Editor of THE LANCET.

SIR,—Pray allow me to point out that in your sympathetic notice of the extension of the work against infantile mortality in this borough you do not correctly reproduce my views on the relative value of the work of qualified and legally registered medical women in this relationship, and the work of other ladies of different training. You "confess to a little astonishment that" I "can see no training other than the full medical course likely to result in producing efficient health visiting." That is not my attitude, but I am satisfied that a medical practitioner can do better work in this field than anyone else. It is not my opinion that every medical woman will make a better health visitor than every lady having other training, but I am satisfied that the more highly trained person is more likely to be the more efficient. This word "efficient" is a relative term, it has no absolute meaning—for example, a shorthand typist taking down 80 words a minute, and typing 25, might properly be described as efficient, but there are shorthand writers who can faithfully reproduce 150 words a minute, and typists who can do 60. The latter are more efficient than the former. My position is that women doctors are more efficient than others in the work of saving infant life and promoting maternal welfare; moreover, I am satisfied that the work is so important and so vital from every point of view that officers of sanitary authorities are justified in advising that the highest efficiency ought to be aimed at.

I desire to pay a high tribute to the excellent work done by nurses and others. I would regret if any action or words of mine seemed deprecatory, but I regard it as my plain duty to secure the best for the borough I serve.

I am, Sir, yours faithfully,

S. G. MOORE,

Huddersfield, Oct. 15th, 1920.

Medical Officer of Health.

## CITY OF BRADFORD ANTITUBERCULOSIS CENTRE.

To the Editor of THE LANCET.

SIR,—There appears to be a growing despondency regarding the efficacy of the antituberculosis measures now in vogue. As the result of eight years' experience in a large industrial city I am now more optimistic than when I commenced my work there, because, as the result of my clinical experience and the preventive measures suggested by the medical officer of health, Dr. J. J. Buchan, an attack is being made on tuberculosis which was producing good results before the war, and now that the war is over, good results are again coming to the fore. We have a sanatorium for *early curative cases* only, and some magnificent results have already been obtained. In common with all other areas the weakness of our after-care allows a certain number of preventable relapses, but the future will strengthen that weakness.

The strongest point of our scheme is that we endeavour to isolate the advanced infective cases, as far as is practicable, in hospital, the high death-rate of these institutions not being considered, in contradistinction to that of the sanatorium. In my opinion, a high institutional death-rate should not be deprecated as it makes a low death-rate in the homes possible. The isolation of these infective cases prevents them working in factories. If it is impossible to obtain isolation in hospital, we endeavour to get isolation in the homes. By working on these lines good results have

already been obtained, and I firmly believe that if it were possible to obtain *compulsory removal and isolation* of all cases of infective tuberculosis in the slum areas our results would be far better than at present. The time is not yet opportune for pushing that important point, but it will come in the future when its value is fully appreciated.

I am, Sir, yours faithfully,

HAROLD VALLOW, M.D., D.P.H.

Bradford, Oct. 15th, 1920.

## BACILLARY NEPHRITIS.

To the Editor of THE LANCET.

SIR,—I regret that any misapprehension may have been caused by the occasional omission of the hyphenated part of the word guinea-pig in my recent paper on nephritis. The experiments were all performed on guinea-pigs and white rats. I take this opportunity of mentioning a point of interest omitted in the original article—viz., the cyto-diagnosis of acute nephritis. In all the uncomplicated cases of bacillary nephritis the "pus" cells found free or enclosed in casts in the urinary sediment showed a large predominance of the mononuclear type, chiefly lymphocytes. On the other hand, an exudation of polynuclear leucocytes has been reported as a characteristic of a nephritis following septic conditions and as an early sign accompanying peri-renal inflammation from the same cause.

I am, Sir, yours faithfully,

Cairo, Oct. 4th, 1920.

H. B. DAY.

## Parliamentary Intelligence.

### NOTES ON CURRENT TOPICS.

THE Autumn Session of Parliament, which opened on Tuesday, Oct. 19th, promises to be an arduous and important one. The Government have at the outset taken the whole of the time in the House of Commons, and apart from the consideration of a large number of first-class measures, there are likely to be discussions on many questions of pressing national interest. Several Bills relating to medical and health matters, which were held up during the summer recess, will receive further consideration. Among these are the Patent Medicines Bill, which originated in the House of Lords, the Criminal Law Amendment Bills 1 and 2, the Sexual Offences Bill, and the measure formally introduced by Dr. ADDISON, the Minister of Health, on the eve of the adjournment in August, the purpose of which is to enable county councils and borough councils, if they think fit, to contribute to the maintenance of the hospitals. The Milk and Dairies Bill, too, raises issues of great importance from the point of view of public health. The long-delayed Bill to give effect to the recommendations of the Dental Committee is also expected to be introduced at an early date. There was some hope earlier in the year that Dr. ADDISON would be in a position to bring in his promised measure for dealing comprehensively with the whole of the medical services of the country, but in view of the extreme pressure of business in other directions the chances of this Bill being passed this year are regarded as remote.

### BOOKS, ETC., RECEIVED.

- CROSBY, LOCKWOOD, AND SON, London.  
Every Man His Own Builder. A Book for Everyone Who Owns a Piece of Land. By G. G. Samson. 3rd ed., revised. Pp. 350. 15s.  
KEGAN PAUL, TRENCH, TRUBNER, AND Co., London. DUTTON, E.P., AND Co., New York.  
The Human Atmosphere (The Aura). By W. J. Kilner, M.B. Cantab. Pp. 300. 10s. 6d.  
Phenomena of Materialisation. A Contribution to the Investigation of Mediumistic Teleplastics. By Baron von Schrenk-Notzing, Practising Physician in Munich. Translated by E. E. Fournier d'Albe, D.Sc. Lond. and Birm. Pp. 340. 35s. net.  
LEWIS, H. K., AND Co., London.  
Elements of Practical Medicine. By A. H. Carter, M.D., M.Sc. Pp. 696. 16s.  
The Principles and Practice of Roentgenological Technique. By I. S. Hirsch, M.D. Pp. xx + 224. 60s.  
LIPPINCOTT, J. B., Co., Philadelphia and London.  
Principles and Practice of Operative Dentistry. By J. S. Marshall, M.D. 5th ed. Pp. 711. 35s.  
LONGMANS, GREEN, AND Co., London.  
School Hygiene and the Laws of Health. A Text-book for Teachers and Students in Training. By C. Porter, M.D. 5th ed. Pp. 361. 6s. 6d.