

No. of case.	Age.	Sex.	Admitted.	Relapsed.	Interval.
1	7	M.	Nov. 2nd.	Dec. 3rd.	31 days.
2	32	F.	" 4th.	Nov. 24th.	20 "
3	3	M.	" 10th.	" 28th.	18 "
4	6	M.	" 11th.	Dec. 18th.	37 "
5	6	M.	" 11th.	Nov. 18th.	7 "
6	7	M.	" 13th.	Dec. 29th.	46 "
7	5	M.	" 17th.	" 21st.	34 "
8	6	F.	" 28th.	" 23rd.	25 "

The average daily number of cases of scarlet fever in hospital during November was 43, and during December 32, nursed by the same staff in two wards served by a common kitchen.—I am, Sir, yours faithfully,  
Ealing, W., Feb. 23rd, 1920. R. P. GARROW.

### THE INFECTIVITY OF TUBERCULOSIS.

*To the Editor of THE LANCET.*

SIR,—I think I should answer the letters written to THE LANCET since the publication of my lecture on Pulmonary and other Forms of Tuberculosis in your issue of Jan. 24th. These letters were written by Dr. E. Ward, Dr. Oscar M. Holden, and Dr. J. Fairley, who are, or have been, tuberculosis officers. I will not endeavour to answer all their criticisms.

With regard to Dr. Ward's letter, I am glad to find that both he, as well as the other two medical men, agree that we have failed in our treatment of tuberculosis. The sanatoriums and sanatorium methods are not doing what they were said to do. Dr. Ward complains, as each of the other two writers has complained, that not enough is done to separate infective people from others who appear to be healthy. I agree most thoroughly that, if it was proved up to the hilt that the infection by the tubercle bacillus in all cases, or in the majority of cases, or in a goodly number of cases, could be originated at any stage in life after childhood by infection from a tuberculous subject—such as is the case in measles, whooping-cough, and diphtheria—then segregation should be carried out, always remembering that the consideration shown for the infected subject, as sketched out by Dr. Fairley, is duly attended to. But, feeling as I do that there are so many good arguments for the theory that the only infection with tubercle bacillus which really matters is the one contracted in childhood, I hesitate to be as optimistic, as these gentlemen are, that segregation will stamp out tuberculosis; and, for this reason, that I think there are are so many symptomless, and even signless, tuberculous "carriers" who could be potential, and actual, infective agents that our children would still be infected. I will not cross lances with Dr. Ward as to which is the more serious infection, tuberculosis of the respiratory tract or catarrh of the respiratory tract. I have expressed my belief in the theory that the accessory catarrhal infections are the main causes of the signs and symptoms I meet with in the consumptive. I am glad Dr. Ward agrees that there are cases which appear clinically to be tuberculosis of the lungs, or consumption, in which the tubercle bacilli are repeatedly absent from the sputum; but, until Dr. Ward, or some other worker, establishes as a fact his hypothesis of the existence of an unrecognised form of the tubercle bacillus, I think such cases should not be treated as if they were due to tuberculous infection.

Dr. Holden will forgive me for tilting at the cocksure way in which he prophesies that segregation would render tuberculosis in a generation as uncommon as leprosy. I would ask him to use his efforts to substantiate that theory by direct experiment before he uses the weight of his opinion in holding out before the public still another cure for tuberculosis.

Dr. Fairley asked me if it is my considered opinion that the adoption of prophylactic vaccination against tuberculosis and catarrhal infections would lower the tuberculosis death-rate, and my answer is that, arguing on the analogy of what had been done to prevent

typhoid fever in the army, I say that I consider inquiry by experiment should be made in this direction. I do not advocate it for application in practice until favourable experiments are carried out. I must counter one remark of Dr. Fairley's. He says that tuberculin tests enable us to find out infected cows. Surely in these days it is not necessary to remind Dr. Fairley that cattle may be tuberculous and yet give no tuberculin reaction, so that when we "cleaned up our herds" we should still be left with cattle which were capable of infecting our children. Such an example of the difficulties met with in preventing the spread of tuberculosis is only one of the many which I fear beset us in this difficult subject.

I am, Sir, yours faithfully,  
Harley-street, W., Feb. 23rd, 1920. H. BATTY SHAW.

### THE INTERNATIONAL CONGRESS OF MONACO.

*To the Editor of THE LANCET.*

SIR,—Allow me to draw the attention of your readers to the special interest of the forthcoming International Congress of Monaco. The Congress will open on April 15th, under the presidency of H.S.H. Prince Albert I. of Monaco. It amalgamates the following scientific congresses: (1) Medical Hydrology and Geology; (2) Hygiene and Climatology; (3) Spas and Thalassotherapy. It is expected to last ten days.

It seems futile to insist on the scientific interest of these various congresses, but I should like to point out the national interest of this occasion for the health resorts of Great Britain. The Congress is exclusively open to the Allies. So far as the benefit of a cure in health resorts is derived from the complete change in the patient's habits and surroundings, is it not time for Great Britain to cater for those who, previous to the war, used to flock to Central Europe?

The organising committee has been working, as might be expected, under difficult circumstances; nevertheless, special facilities as regards travelling and hotel accommodation will, it is hoped, help to make this gathering a success.

For information apply to Dr. C. F. Sonntag, secretary of the Balneological Section of the Royal Society of Medicine, Zoological Society, Regent's Park, N.W.

I am, Sir, yours faithfully,  
GUSTAVE MONOD, M.D., M.R.C.P.,  
Vichy, Feb. 18th, 1920. Secretary of the Organising Committee.

### ANÆSTHESIA IN THROAT AND NOSE OPERATIONS.

*To the Editor of THE LANCET.*

SIR,—In THE LANCET of Feb. 21st you publish Dr. Felix Rood's admirable paper on Anæsthesia in Throat and Nose Operations. In spite of the fact that there are still a few advocates of chloroform, the case against this anæsthetic was well established, and the only conclusion possible is that there is a very general agreement that ether is preferable. It is evident that the whole difficulty originates from the fact that there is blood in the neighbourhood of the glottis, and yet neither in the opening paper nor in the subsequent discussion was there any mention made of any attempt to solve the problem by an efficient device for removal of the blood.

During a recent visit to the throat clinics in the United States I was much struck by the usefulness of an apparatus for aspiration of blood which is in general use there. This blood evacuator is made in a compact and portable form, and consists of a motor-driven combination pressure and suction apparatus, by means of which it is possible completely to evacuate the blood from the throat, while at the same time delivering a regulated stream of ether vapour. I have now used it in a large number of cases to the entire satisfaction of the anæsthetist and myself, and am convinced that no method which does not embody this principle of removal of blood by suction can secure such a quiet field of operation and opportunity for leisurely performance of pharyngeal operations. It obviates the repeated sponging which is one of the chief difficulties of the anæsthetist,