

CONTINUOUS ANTISEPTIC INHALATION IN PULMONARY TUBERCULOSIS.

SIR,—In the thoughtful and carefully reasoned paper on tuberculin dispensaries by Dr. Pringle, of Ipswich, in the current number of the *BRITISH MEDICAL JOURNAL*, it is stated that "it has long been recognized that the treatment of pulmonary tuberculosis by direct attack upon the tubercle bacillus holds out, in the present state of our knowledge, no hope of success." This statement expresses what is the almost unanimous opinion of the medical profession at the present time. Yet I venture to claim that the statement is no longer true. From an experience of 50 cases treated by the method of continuous antiseptic inhalation, and reported in the *JOURNAL* for December 11th, 1909, and in the *Lancet* for November 19th, 1910, I am convinced (and the conviction is strengthened by the results of many cases similarly treated by others) that, under the use of this method, cough and sputum are quickly diminished, the temperature soon falls to normal, there is a rapid gain in weight, the dull areas lessen, and tubercle bacilli are less easily found by the microscope, and they gradually disappear altogether.

It seems to me to be proved that this method of treatment has certainly the power of inhibiting the development of the tubercle bacillus in the lungs, and of bringing to an end the morbid process caused by it. In a paper on the conquest of tuberculosis, written (by request of the editor) for the January number of the *British Journal of Tuberculosis*, I have pointed out that in the employment of this treatment it is not necessary to keep the patient in bed for a long time, or in a condition of enforced idleness; also that, if the patient has an airy bedroom and keeps his windows open, the treatment can be carried out successfully in his own house. This fact, with the absence of enforced idleness and the much smaller expense, is a very great gain. Even in very advanced cases, in which it is hopeless to expect a cure, the adoption of the inhalation treatment often gives much relief, helps to limit the spread of infection, and enables the patient to do light work for himself or others for a much longer time.—I am, etc.,

London, W., Feb. 11th.

DAVID B. LEES.

ALCOHOLISM AND DEGENERACY.

SIR,—We observe in your issue of February 4th a letter from Miss Dendy referring to the materials supplied by her to Professor Karl Pearson.

We have frequently pointed out that as these materials have been freely used for discussion of public and scientific questions by Professor Pearson and others their publication was desirable.

In our paper of January 14th we showed that there was no reason to suppose that Miss Dendy's notes contained the data which were essentially necessary for Professor Pearson's and Miss Elderton's inquiry.

In response to our request, Miss Dendy has kindly sent for our inspection the materials furnished by her to Professor Pearson. We find that these records consist of briefly filled up sheets for admission during the last decade to an institution for feeble-minded children. The inquiries on the sheets have clearly never been designed as a basis for a study of parental alcoholism and its effects, nor are they adequate for a study in eugenics. They contain none of the data on parental alcoholism necessary for Professor Pearson's and Miss Elderton's inquiry, and no class of non-alcoholic parents can be obtained from them.

Even the descriptions of the present states of the parents are very incomplete and almost always ambiguous. (This was partly admitted by Professor Pearson and Miss Elderton; see p. 28.) The materials are, in fact, quite useless for the purpose to which they were put by Professor Pearson and Miss Elderton, or for the study of the relation of alcohol to the question of feeble-mindedness in children, and certainly are not worth the cost of printing.

In conclusion we desire to enter a remonstrance against the repeated use by Professor Pearson and Miss Dendy of the distinguished name of the late Dr. Ashby as a guarantee of these records. There is no proof that he made himself responsible for their full accuracy; on the

contrary, the vague and unscientific terms used in the family details plainly show that he did not.—We are, etc.,

London, W., Feb. 13th.

MARY D. STURGE.

VICTOR HORSLEY.

THE CHOLERA IN MADEIRA.

SIR,—As a medical practitioner in Madeira of fourteen years' standing and as a member of the British Medical Association, I should like to give you an account of the cholera epidemic from which we have been suffering and which, I am glad to say, is now on the wane. The grossly exaggerated reports which have been published in the English and Continental press render it advisable that the true facts should be placed before your readers.

I will not comment upon the vexed question as to the mode of entry of the illness; the first cases manifested themselves in September last in Funchal, and for two or three weeks the disease made little progress, but after this it spread rather rapidly amongst the lower class of inhabitant, and soon radiated to the other parts of the island; and this is not to be wondered at considering the amount of traffic between the capital and the country districts.

The local authorities immediately took precautions to isolate the patients and telegraphed for assistance to Lisbon. Dr. Carlos França, a distinguished bacteriologist, was sent out, and this gentleman soon isolated the comma bacillus from the dejecta of patients sent to him for examination. Other medical men and nurses were sent to Madeira, and a large isolation hospital, the Lazaretto, was prepared and opened for the reception of cases and placed under the control of Dr. Lomelino, who has done yeoman service during the outbreak; Funchal was divided into zones, each being assigned to a different doctor, whose duty it was to visit the houses, see that the sanitary conditions were in order, notify any cases of cholera, remove or destroy all rubbish heaps, dirt, or foci of infection, disinfect ponds containing stagnant or dirty water, give the names of all contacts to the sanitary authority, and disinfect the homes of any person who might contract the illness. If the dwelling-places were such that patients could be conveniently isolated, they were treated there; if this were not the case, patients and contacts were removed to the Lazaretto and not allowed to leave until a bacteriological examination of their dejecta gave a negative result. Afterwards, in order to avoid the necessity of carrying cholera cases from the country through Funchal, various other isolation hospitals were established in different parts of the country.

Some of the articles printed in connexion with the outbreak comment upon the dilatory conduct of the Lisbon Government in sending disinfectants and other help to the island. This is manifestly unfair. It must be borne in mind that the Republican Government has been but newly established, and has naturally many difficult problems to deal with. The fact of cholera having broken out in Madeira must have come to them as a veritable bomb-shell. When once they realized the state of affairs they did everything in their power. As the armed force available in Madeira was considered inadequate to maintain order, a cruiser was sent out, and eventually a force of 650 men. These latter will probably be engaged in forming sanitary cordons and compelling the relatives of cholera patients to consent to the removal of their friends to the isolation hospitals, a proceeding which the ignorant classes resent. The graphic descriptions of fighting and bloodshed between the troops and the populace are due to the vivid imaginations of those who give credence to every popular rumour which is bound to be heard on an occasion like the present. That there have been disturbances is certain, but the populace have listened to reason, and, as far as I know, no one has suffered even a minor injury.

The number of cases up to date is roughly 1,500 out of a population of 150,000. This gives a proportion of 1 per cent. of the entire population attacked, the death-rate is between 30 and 35 per cent. of the cases, this giving a cholera mortality of 0.3 per cent. of the entire population in Madeira; no one can say that these figures are formidable.

It is impossible to speak too highly of the energetic measures taken to combat the epidemic by the extremely able and efficient men at the head of affairs, especially

His Excellency the Civil Governor (Dr. Martins), Dr. Carlos Franca, already mentioned, Dr. Magalhaes, the special representative of the Portuguese Republic, and Dr. Carlos Leite Monteiro, the medical officer of health. In the cases of cholera which I have personally attended, I have had the privilege of Dr. Franca's advice. As far as one can judge, it is extremely necessary to get the patient under treatment as soon as possible, and the remedy *par excellence* in bad cases is intravenous injection of saline solution; this is especially useful in anuria, some cases, in which there had been no renal secretion for over forty-eight hours, having yielded to this treatment. Apart from this, the best results seem to have been obtained from a dose of castor oil as soon as diarrhoea manifests itself, and when the illness develops equal parts of hot coffee and brandy, mustard and linseed poultices to the abdomen, hot-water bottles to the feet and sides of the body, a solution of citric acid or potassium permanganate internally, hypodermic injections of strychnine and caffeine, etc.; in fact, the treatment should be directed towards the relief of the profound collapse so characteristic of cholera. The injection into the bowel of a solution of tannin mentioned by some German authorities I have not seen used. The patients complain most of the cramps in the legs, these being slightly relieved by counter-irritation.

I have had no cases among the English residents, and up to now the upper class of the Portuguese have been practically immune, the simple reason for this being that their personal habits are cleanly, and that they have taken the ordinary simple prophylactic precautions.

One result of the epidemic will be the doing away with many insanitary areas, and a general cleaning up of the town, so that when we have a clean bill of health again visitors may consider Madeira as one of the healthiest invalid resorts to be found anywhere.—I am, etc.,

J. GEDDES SCOTT, M.R.C.S., L.R.C.P.Lond.

IN DEFENCE OF CONTRACT PRACTICE.

SIR.—Although much has been said on the other side, one must admit that the advocates of contract practice have not hitherto made much attempt to justify their position. For this reason I venture to ask you to allow me to reply at some length.

Let it be distinctly understood that I am only defending the principle and not the present rate of payment, which in the case of friendly and other societies is very inadequate. The fault of this lies entirely with the profession. If we had the common sense to increase our subscription to the British Medical Association, so that it could afford to secure the services of a large staff of whole-time men—one for each Branch—whose business, among other things, would be to bring into the Association every member of the profession, and to keep each Branch in touch with the central organization, and vice versa; if we had large reserve funds, and in other respects became a powerful union, it would be quite easy to dictate terms instead of scrambling for ill-paid appointments. Five guineas a year, or only 2s. a week, would secure us all these advantages. Is it not high time for those fortunate individuals who, owing to private means or a lucrative practice, do not feel the need for combination, to cease holding up their hands in pious horror at the idea of anything similar to a trades union, and to cease from throwing cold water on the attempts of the rank and file to protect themselves by combination?

But with regard to contract practice. On this subject I claim to speak with some authority, as I have been engaged in extensive contract practice for 26 years side by side with ordinary private practice.

First of all, with regard to the ridiculous estimate of one of your correspondents that what he calls a "parcel" of 1,500 people would require 50 visits a day. For many years I kept an accurate record of visits to contract patients, and I quite agree with "Festina Lente" that the average works out at about 10 visits a day for 1,000 people.

Secondly, with regard to the alleged slavery. Such a term can only be used by men who consider it slavery to work for a living. Of course, one has to attend to messages either from contract or private patients, but in the latter case one often spends much time and trouble only to find that eventually the patient leaves the town without remembering to pay the doctor's bill or furnishing any address. Then of course one is occasionally called to a

hypochondriacal club patient at an inconvenient time for something ridiculously trivial; but the most fashionable practitioner has the same experience with his private patients, the only difference being that the latter has to spend half an hour or more in humouring a good and lucrative patient, whereas the former can in two minutes express his sentiments in good Saxon English, much to the relief of his feelings and also to the benefit of the patient.

If we are to talk of slavery, consider the slavery of the tall hat and brougham. How thankful I was when, partly owing to contract practice, I was able to escape from this bondage; and now, in cycling from one pit village to another in comfortable costume, I pity the fashionable doctor with his uniform and his half-hour visits, for the most part occupied with fatiguing small-talk. Furthermore, what about the slavery of the day-book ledger, bill book, etc., wretched office work that is most repugnant to the average medical man, and then the distasteful task of sending accounts to patients, especially those who are friends. How hateful the whole thing is! How one cheats oneself frequently in the case of poor, decent, honest people, to whom in any case the doctor's bill will entail hardship, by sending in an account for less than half the proper amount. Then the indignation one feels with well-to-do people who habitually dispute their accounts. Add to this the annoyance caused by those who never intend to pay unless forced by legal proceedings. Besides, a man must be a good clerk and keep a collector if the percentage of bad debts is to be kept in reasonable limits. I must confess that, personally, I should be only too glad if a scheme could be devised by which I could take all my patients on contract.

Then we are told that club doctors scamp their work. This is a gross libel on a large portion of the profession, and might as well be made on medical officers of health or any other salaried men. Of course, there are black sheep in every profession and every branch of it, but these are exceptions. So far from the work being scamped, a contract patient often gets more attention than those who have to pay for every visit, and who in consequence try to keep down the doctor's bill by discouraging visits and neglecting medicine, and failing to send when necessary or sufficiently early. But, apart from the morality of the thing, a club doctor who did not try to get his patient well as soon as possible would not only be a slacker, but an arrant fool, inviting more work and more outlay. In an urgent or interesting case one can visit a club patient as often as necessary without incurring the suspicion of mercenary motives, and, on the other hand, one does not have the tiresome routine of visiting a chronic case every day and spending a weary half-hour trying to think of something fresh that will interest a wealthy and exacting patient. My experience is that my contract patients look upon me as a friend, and are pleased to see me not only when they are very ill, but also at any time when I think it necessary to call.

In some quarters there is a mistaken tendency to look down on club doctors as an inferior species. In my opinion it would be a distinct gain to the profession if every teacher in our large medical schools was obliged, prior to his appointment, to take out a three months' course with some experienced club or colliery doctor—one, I mean, who does all his own work. The teacher of medicine would then learn something about the etiology of disease. The teacher of surgery would find that his pet operations could be performed equally successfully in a cottage, without any of his elaborate toilet, and under conditions he would otherwise have deemed impossible. The teacher of midwifery would no longer lag fifty years behind the times, but would be able to teach students to be useful accoucheurs instead of helpless spectators. Finally, the teacher of bacteriology would discover that Nature is not such a fool after all as he has mistaken her for, and that she created bacilli and cocci for other purposes than the spread of disease, and that he has built his theories on a wrong foundation. He might retrace his steps, and become a help rather than a hindrance to medicine and surgery.

I am under the impression that I could prove all these points from my records and temperature charts of cases; but after so long a letter I must not trespass any more on your space.—I am, etc.,

North Shields, Jan. 22nd.

F. C. MEARS.