Lancet 1927; 2: 256-257

and flour constitute about two-fifths of the weight of food consumed by people of limited means, and are almost the sole food of many poor children whose mothers have neither the money nor the time to prepare the varied diet which enables wealthy people to utilise white bread. Scientific experiments and practical experience show that *finely* ground whole wheat meal bread is a healthy, nourishing food, suitable for all classes of the community, and being sold cooked, ready for eating, is a great advantage for poor overworked mothers.

It is hoped that all interested in the welfare of children will study this important subject, and endeavour to secure for the country a bread which will be a real staff of life, and give poor children a better chance of obtaining healthy bodies with good bones and teeth and well-nourished brains and nerves.—I am, Sir, yours faithfully,

MAY YATES,
Founder and Hon. Secretary, The Bread and Food Reform League.

37, Essex-street, London, W.C., July 22nd, 1927.

*** We have received, among other contributions to this controversy, a letter from Dr. Henning Belfrage, reaffirming the position which he took up last week, and suggesting that in view of the different medical opinions enunciated the Medical Research Council should give the matter early attention. —ED. L.

SEPARATION OF "CONTACT" CHILDREN OF TUBERCULOUS FAMILIES FROM HOME INFECTION.

To the Editor of THE LANCET.

SIR,—The experience of the Granchor organisation in France of "boarding out" the "contact" children of school age of tuberculous families, and of Léon Bernard, Debré, and Calmette, of the separation of infants from birth to school age at centres associated with a creche at the Hôpital Laennec, Paris, is well known now in this country as of proved value in the prevention of tuberculosis.

Plymouth made a start in this direction in 1924 by establishing a hostel for "contact" children of all ages, in premises in the suburbs of the town leased from the War Office, and its good work is fairly widely recognised here. Up to the present the hostel has depended on voluntary subscriptions, as the coming flag day on July 23rd, 1927, but the committee believe that they will receive support in the future from public bodies, such as health committees, boards of guardians, and others.

Practically all tuberculosis schemes employ systematically an expensive staff of doctors and health visitors to examine the "contacts," and advise the heads of the family of the necessary measures for prophylaxis, but in the majority of cases there is not the least possible chance for such advice to be carried into effect by the family, owing to adverse social conditions, especially the general lack of accommodation in the home and the loss of wages and income attendant on disablement from the disease. In fact, the examination of "contacts," speaking from a practical aspect, is a great waste of public money, because it begins and ends with advice.

The hostel system of separation of "contact" children, as practised in Plymouth, supplies the required means to the end in view, and is complementary and not a rival to the "boarding-out" system as advocated and practised in this country at St. Leonards-on-Sea by Dr. W. Bolton Tomson, and by the London County Council and by Dr. G. Jackson, F.R.C.S., at Plymouth.

Both systems deserve the support of public health and tuberculosis care committees and the community in general.

I am, Sir, yours faithfully,

F. G. BUSHNELL,
Member Plymouth Borough Public Health and Tuberculosis Care and After Care Committees.

Plymouth, July 18th, 1927.

QUININE AND CHINOSOL SUPPOSITORIES.

To the Editor of THE LANCET.

SIR,—Some of the comments by Dr. Norman Haire on the letter published in THE LANCET of July 2nd on behalf of the Medical Research Committee of the C.B.C. may confuse your readers. His American surgeon friend, who "was convinced" that a patient "had become sterile" as a result of using "chinosol jelly" is beside the mark; we were not discussing a "jelly," but giving the result of over 800 cases using a *greasy* suppository.

Then Dr. Haire says: "Chinosol has been widely used for this purpose for some years . . . . but the results . . . . have been even less satisfactory than those obtained with quinine," thus implying that there is no novelty in our Committee's communication. On the contrary, members of that Committee initiated discussion on the application of chinosol to contraceptive problems years ago, and about three years since they instructed the manufacturer to produce varieties for their investigation. The earlier types were not satisfactory, but were doubtless (like most things done by the C.B.C.) immediately imitated. All accurate evidence is valuable and would be appreciated by our Committee, and on its behalf I ask Dr. Haire, whose "results with chinosol" *greasy* suppositories were "unsatisfactory," what strength chinosol was used and what were the ingredients of the suppository?

The perfected form we have tested on over 800 cases can hardly yet have been tested by outsiders as it was announced in your columns only on July 2nd.

I am, Sir, yours faithfully,

H. V. ROE,
Hon. Secretary, C.B.C., Medical Research Committee.

108, Whitfield-street, London W., July 25th, 1927.

CANCER OF THE LUNG.

To the Editor of THE LANCET.

SIR,—I have read Dr. J. B. Duguid's article and your leading article on this subject with much interest (THE LANCET, July 16th, pp. 111 and 125). From the clinician's standpoint it seems desirable to refer to one or two points where wrong inferences may possibly be drawn.

Everyone is agreed that the incidence of cancer of the lung is high in this district. But I do not think we are agreed that this increase has occurred within the last few years. I regard Dr. Duguid's Table I. as going far to prove that the incidence has been fairly constant for the past 25 years, and that its increase began about that length of time ago. Table II. does not seem to me to negative that. It must be quite 17 years ago that a well-known professor of pathology at the end of his first week's work in Manchester remarked to me, "We have had two P.M.s on cancer of the lung this week, and during all my time at —— hospital I only saw a couple." That remark seemed to me to show that it is true that the incidence in Manchester is greater than elsewhere, and that it began to be greater a good many years ago—certainly before the influenza epidemic of 1918–19. I quote it here as I think the inference may be drawn from your leading article that the increase is very recent, and to draw such an inference might at the present juncture have the effect of guiding any further investigations in a wrong direction.

As a clinician I have one or two other remarks to make: (1) It might be assumed that the incidence is limited mainly to the working classes. This is by no means the case; in Manchester we have lost several well-known public men from this disease in recent years. (2) I have no statistics with regard to tobacco, but I think that in almost every case I have seen and known of the patient has been a regular smoker, generally of cigarettes. To this there have been the following exceptions: (*a*) Two ladies who succumbed to the disease unusually rapidly. In

each case the lady lived "hard by" a railway station, where trains frequently stopped, and where smoke from the engines must have at almost all times pervaded both house and garden. (b) A group of acute adolescent cases, all males, in which I regard the condition as being usually mediastinal Hodgkin's disease.

I was surprised to find when demonstrating two of these cases to some members of the American Inter-State Post-Graduate Assembly two years ago that they were looked upon quite as curiosities, but I have since found that numbers of medical men in this country also have never met with the disease, or at least have never recognised it.

I am, Sir, yours faithfully,

Manchester, July 18th, 1927. FRANK E. TYLECOTE.

POOR-LAW HOSPITALS.

To the Editor of THE LANCET.

SIR,—Dr. F. J. O'Donnell's article in THE LANCET of July 16th (p. 116) is full of constructive criticism. To touch upon one point only, there can be no question that the mass of patients in Poor-law hospitals must provide unrivalled opportunities for clinical research. From the surgical standpoint, if the hospital is properly equipped, these opportunities are almost inexhaustible. Unfortunately, the professional degradation, which is inseparable from being associated with Poor-law, often deters those who are best fitted from participating in the work. At the present time, I think, British surgery is considerably hampered by an absurd dilemma. On the one hand, there is the assistant surgeon of the large teaching hospital, trained to the hilt, keen, and in every way fitted to undertake surgical research, but paralysed because he is "bedless," or almost so (according to locality) during what are, potentially, the most productive years of his short life. On the other hand, there are thousands of surgical beds under Poor-law administration, staffed, in many instances, by those who have had comparatively little surgical training, and have no desire or aptitude to further their science and art. It can only be to the interests of the public and the profession at large to see that this absurdity is rectified.

I am, Sir, yours faithfully,

Birmingham, July 18th, 1927. HAMILTON BAILEY.

"TENNIS LEG."

To the Editor of THE LANCET.

SIR,—Your annotation (July 9th, p. 78) and Dr. G. P. James's letter (July 16th, p. 143) on this subject will, I hope, help to emphasise the value of early physical treatment for all muscle injuries when open operation can be avoided—this in spite of the somewhat scant praise in your annotation which reads: "There can be little doubt, we think, of the benefits to be obtained by massage and heat and early or immediate gentle movement in the slighter cases of this not uncommon lesion."

It is always refreshing to see tribute paid to the pioneer work of Wharton Hood, and it is sad to think, as Dr. James tells us, that his book is out of print. I cannot help feeling, however, that physical treatment has advanced since Wharton Hood's day, and that perhaps Dr. James might be able to hasten recovery still more if he were to avoid the preliminary rest for 48 hours. At the end of this time, he advises us to "get the patient to walk, or rather hobble, about."

Among many similar cases, I shall always call to memory one Saturday morning at hospital, where I was working hard in my department in order to get off in time to go down early to the inter-'varsity sports. About 11.30 the Cambridge first string in the high jump hobbled into the department, unable to put his heel to the ground; while at practice he had ruptured a few fibres of the gastrocnemius at their insertion into the soleus tendon. He arrived well within an hour of the injury, and for the next hour or so I devoted myself to the forlorn hope of being able to turn him out in the afternoon. Not only was he able to jump, but he won the event, and thereby, incidentally, the sports for Cambridge. One of my most treasured letters is that which he wrote me the same evening, in which he says: "You were the means of pulling the fat out of the fire for Cambridge, so we all owe you a debt." Before, and since, I have always regarded the high jump as a dull event, but I still remember the interest it had for me that day, and my anxiety lest the strapping should prove too loose to support adequately, or so firm as to impede freedom.

Would it not be well if the value of physical treatment were more widely recognised for this type of injury, and if opportunity were given to those who carry it out to start their treatment at the earliest possible moment?

I am, Sir, yours faithfully,

Park-crescent, W., July 18th, 1927. JAMES MENNELL.

TETANUS FOLLOWING INTRAMUSCULAR INJECTION OF QUININE.

To the Editor of THE LANCET.

SIR,—I read with great interest Dr. J. Macqueen's note on four cases of tetanus following intramuscular injection of quinine in THE LANCET of June 18th. I had a similar case about three years ago in which the incubation period was considerably longer than in Dr. Macqueen's cases—namely, two months.

An adult, 40 years old, a member of H.H. the Amir Abdulla's staff, suffered from tertian malaria while on pilgrimage in Mecca in 1924. The administration of quinine by the mouth up to 2 g. daily was ineffective. He was then given 1 g. of quinine bihydrochloride into his left deltoid. The rigors stopped and he returned to Amman in perfect health, not even complaining of irritation at the site of injection. Two months later I was called to see him and found that he had already developed trismus and the injection site was sore; no other wound could be detected. He died 24 hours afterwards in spite of intraspinal injection of antitetanic serum.

In this case the skin had been painted with 10 per cent. tincture of iodine; the syringe and needle were boiled for 20 minutes; the quinine ampoule was prepared by a well-known French company; the remaining 11 ampoules of the box were injected into companions of the deceased who are all in perfect health to-day. Nevertheless, it must be admitted that tetanus spores introduced with the needle gave rise after an incubation period of two months to a sudden fatal attack of tetanus.

For the avoidance of such a calamity I suggest that quinine should not be given by intramuscular injection, or if it must be so given, that a prophylactic dose of antitetanic serum should be given at the same time.

I am, Sir, yours faithfully,

DJAMIL F. TUTUNJI,
Private Physician to H.H. the Amir Abdulla.

Amman, Transjordania, Palestine, June 29th, 1927.

THE LATE DR. R. A. BAYLISS.—After a long illness Dr. Richard Arthur Bayliss died on July 6th at Weston Park. He was the son of Richard Bayliss, of Spondon, Derbyshire, and was educated at Loughborough School and St. Thomas's Hospital, London, qualifying as M.R.C.S. Eng. in 1890. He spent two years as house surgeon at Ryde Infirmary, and went to Bath in 1897 as resident medical officer to the Royal Mineral Water Hospital. Later he took up private practice in the town, but in 1912 he had to stop this work owing to poor health. For many years he was connected with the Bath Eastern Dispensary. When he retired he went to live in the western district, and became a member of the parish council. Dr. Bayliss was a man of many interests, including horticulture, photography, and cricket. He was married in 1900 and leaves a widow with a son and a daughter.