

cold water internally, and cold water sponging, appeared to favour recovery in many instances, one child, aged 14 months, recovering from influenzal bronchopneumonia after an illness of three weeks' duration. In the case of adults the compound powder of phenacetin and aspirin, mentioned in the BRITISH MEDICAL JOURNAL, yielded good results.

Secondly, there was a gastric form, with, in several instances, what might be termed a pseudo-appendicitis, which quickly resolved, and a few followed by catarrhal jaundice.

Thirdly, there was a type in which there was pharyngitis, usually accompanied by a high temperature, and followed by implication of the middle ear. In the case of my three daughters, one of whom contracted the disease outside this district, it took this form, the temperature at the acme being 104.1°, 104°, 103.8° F. respectively. One had epistaxis, and in all there followed an irregular temperature and pain in one ear, relieved when perforation and a purulent discharge occurred in two of them; in the case of the third, where the condition was evidently serous, resolution took place. Under treatment by means of cautious syringing with weak lysol, instillation of hydrogen peroxide and absolute alcohol, and nasal irrigation, all made a good recovery. My assistant contracted it locally, and was affected by the gastric type without sequelae.

I had only time to make a hurried examination in my private laboratory of swabs from the throat of one of my daughters, and found no sign of the pneumococcus, but chiefly the *Micrococcus catarrhalis*, many dead cocci being found within the phagocytes after a lapse of a few days, and there was no tendency to chest complications. I learn from an Edinburgh bacteriologist that the pneumococcus appeared to be the prevailing organism in that city.

Whether or not such epidemics will remit for a considerable period is on the knees of the gods, and meanwhile it behoves us to be prepared. As regards prevention, notification is out of the question, otherwise an economy axe of leviathan proportions would at once be requisitioned, but possibly an appeal could be made to practitioners to report voluntarily to the medical officer of health early cases of what appears to be the beginning of an epidemic. The Christmas and New Year holidays probably contributed their quota to the rapid spread of the malady, a plentiful supply of carriers and ambulatory cases being quite sufficient to propagate it. Vital statistics regarding the, as it is termed, recent milder epidemic will be found to be disquieting, and it is obviously in the interests of public health to forestall the loss in wages, impairment of health and heavy mortality that ensues.

The closing of schools after the organisms have taken their toll seems to me to be an ineffectual method of dealing with such outbreaks. To prevent recurrence, might not first cases and contacts of all ages be quarantined, for is the disease not more devastating in its effects in this country than plague, cholera, or even small-pox, and is it not of more vital importance to the community than the spread of foot and mouth disease?—I am, etc.,

J. BOYD PRIMMER, M.B., Ch.B., D.P.H.

Cowdenbeath, Fife, Feb. 5th.

SIR,—About three weeks ago I was called to a patient who had a temperature of 101° and some of the initial symptoms of scarlet fever, including redness of the face, excepting round the mouth. The following day the latter had disappeared, and I pronounced the case to be one of influenza. Eight days later a rise of temperature to 100° occurred, and coincidentally the same redness of the face reappeared, again to disappear by the following day. After another eight days' desquamation of both hands, and, to a lesser extent, of the feet, supervened and lasted about five days. A few weeks previously I saw a case, which had been diagnosed as scarlet fever after the preliminary question had been mooted whether it might not be scarlet fever, in which desquamation of the hands had also taken place; it was very difficult to give a verdict as to which of the two it had been. In view of the first case mentioned above, it being obvious that it could not have been scarlet fever with two rashes at an interval of a week, it appears that some of the present cases of influenza very closely resemble scarlet fever. A colleague of mine to whom I spoke about the matter informs me that he has seen exactly the same thing occur in cases which were undoubtedly influenza.—I am, etc.,

London, W., Feb. 6th.

EDGAR F. CYRIAX.

PREVENTION OF VENEREAL DISEASE.

SIR,—An address on the failure of self-disinfection, which was delivered on November 14th last by Lord Gorell in his capacity as President of the National Council for Combating Venereal Diseases, is now on sale. Venereal disease has spread so vastly in recent years, and is now so great an evil, and Lord Gorell's address contains so many misstatements and misinterpretations of fact, that his essay ought not to pass without protest. All the statements we are about to make have long been known to Lord Gorell and his colleagues. None of them have been disputed, or are likely to be disputed. They are founded on evidence, all of which is accessible, and much of which may be found in official publications.

In 1906 Metchnikoff discovered a method of aborting syphilis which was quickly adopted by most of the armies of the Continent and the British navy. In 1913 a Royal Commission was appointed to consider the means by which the effects of venereal disease "can be alleviated or prevented." Some of the medical members wished to cite Metchnikoff, but were told that the feeling among the clerical and female members was such that any attempt to discuss prevention would wreck the Commission. Ultimately it advised the Government to increase the facilities for treating the infected, and for exhorting the community to chastity. But never yet in the history of medicine has the prevalence of any infectious disease been reduced by mere treatment. In addition the Commission warmly commended to the Government for its future guidance the newly formed National Council for Combating Venereal Diseases. In other words, it warmly commended itself, for the Chairman of the Commission became the President of the Council, and was accompanied to the directorate of the latter by about half his colleagues. The advice was accepted by the Government. The N.C.C.V.D. became very influential and ultimately was entrusted with considerable sums of public money, which it expends mainly in advertisements and on lecturers who expound the horrors of disease but are forbidden to mention prevention—that is, sanitation.

In 1916, when the nation was in peril, when trained soldiers were flowing by tens of thousands into the venereal hospitals, when the Colonial authorities were threatening to withdraw their forces unless better protected from sex diseases, when in every Dominion a disloyal faction clamoured against sending "our clean lads to the British cesspool," the authorities proposed to introduce self-disinfection into the army by means of "packets," somewhat after the navy fashion. But "influential people," members and supporters of the Council, intervened, and ultimately the authorities, fearing agitation, established instead "venereal ablation rooms" for what was described as "early treatment"—an inaccurate and stupid description, for the authorities and the influential people knew quite well that the attempt was to prevent disease, and the soldiers, as long as they escaped the consequences, cared not a jot whether it was by way of prevention or cure. But prevention suggests quick, and treatment slow, action; and it seems that a certain number of soldiers, deceived by the description, did actually use the disinfectants stored in the ablation rooms—permanganate of potash in pails and calomel cream in pots—for treatment after disease had declared itself. Moreover, the scheme was defective in that the first principle of efficient disinfection, timely action, was ignored, and in that men in isolated posts and on leave received no protection. Again, since the authorities feared that they might be charged with encouraging vice even such instruction as was given to the men was extremely vague and scrappy. At this time the infections among leave men in London alone were calculated at 1,000 a week. However, even delayed disinfection, no matter how inefficient, partial, and vilely taught, is better than none, and the army war rate of infection in the United Kingdom fell in war time from the lowest peace rate of 59 to 38.

But some medical officers, more concerned with the health of their charges than of possible censure, disregarded the official instructions—in the navy and in the army; before, during and after the war; in India, Egypt, England, France, the Cape, and the West Indies; and advised their men—merely advised, for they had no disciplinary power and were themselves offenders—to carry disinfectants if likely to get into danger. In every such case the men were told that the disinfectants were merely disinfectants, useless for cure, and that they must be used with all possible speed after danger had been incurred. Among the soldiers so instructed disease invariably fell to the vanishing point; none used disinfectants for treatment; and very few, if any, returned