all the signs of simple acute otitis (whether the drum bursts or not) have not completely subsided in 10 to 14 days under adequate chemotherapy (and this for an adult means not less than 1 g. 4-hourly and not one tablet t.d.s., as one still sometimes finds given), an otologist ought to be called in at once. Under these circumstances the persistence of a profuse discharge alone is strong evidence that the mastoid is infected, and the persistence of any discharge at all a warning to be on the look-out for trouble.

My own experience of mastoid operations is that before the days of sulphonamides one encountered many more mastoids, but of these a very small percentage had complications; nowadays I do a fraction of the pre-war number of mastoids, but among them an enormously higher proportion come up with complications such as intracranial infection, sinus thrombosis, and septicaemia. The reason is, as Mr. Dingley points out, that if the infection is not eradicated but merely suppressed it grumbles away silently in the mastoid till it gives rise to serious trouble. As regards myringotomy, I have almost packed away my myringotome: first, because I do not see the acute ears, since the general practitioners cure them; and, secondly, because I have been disappointed with the results of myringotomy in conjunction with sulphonamides—instead of the expected gush of pus I have often felt that I have only incised an oedematous drum and not really done any good.

Perhaps Mr. Dingley would say that if I got at the ears earlier and incised them without chemotherapy I wouldn't see so many complicated mastoids. I think the answer to that is that what is at fault is the non-realization of the damping-down effect of sulphonamides, particularly in insufficient dosage, and that to discourage general practitioners from using chemotherapy for acute otitis would do far more harm than good.—I am, etc.,

Guildford. G. H. STEELE.

Chemoprophylaxis of Gonorrhoea

SIR,—In your review of Dr. Herrold's book (June 3, p. 753) you state: "Apparently prophylaxis not only for Service men but for civilians is recommended; a warning is wisely uttered against the use of oral sulphonamides for this purpose." The last clause does not accurately represent Dr. Herrold's views. On page 91 of his book he says:

"This method of prophylaxis is not without danger because the incidence of patients previously sensitized to sulfonamides is likely to increase as time goes on. Such prophylaxis, therefore, is more safely given in close co-operation with a physician. Should oral chemotherapy prove efficacious, additional prophylaxis should be given for the prevention of syphilis. From a practical view, therefore, the exposed individual should report for both measures of prevention and should not be given a quantity of the particular sulfonamide as a precautionary measure to be taken before or at the time of exposure."

Self-medication by sulphonamides is to be deprecated, but medical practitioners should not be dissuaded from prescribing, on the day following exposure, a method of prophylaxis of proved efficacy—e.g., three doses at four-hourly intervals of sulphathiazole or sulphadiazine, 3 g., 2 g., and 1 g. It should be added that in individuals whose work calls for a high degree of visual and mental efficiency such use of these drugs is inadvisable.—I am, etc.,

May and Baker, Ltd., Dagenham, Essex. ROBERT FORGAN.

SIR,—I am interested to see your article (May 20, p. 695) on sulphonamide prophylaxis of gonorrhoea. The question of prophylaxis for this disabling disease is of prime importance, but I feel that one important observation has been omitted from the article which would prevent me from using it in the manner described, unless my views on the matter undergo a radical change in the light of the opinion of experts.

My objection is this: the administration of sulphathiazole prophylactically carries with it the danger that by its very administration we may hide those symptoms which are sometimes the only indication of the presence of the disease, a disease which a man is usually most anxious to hide, and which, in the absence of symptoms, he may not report at all. If sulphonamide is given prophylactically it is at the best a very "hit-and-miss" method, and cannot be subjected to critical analysis or results accurately assessed. I feel that if a man has had prophylactic treatment it is very difficult to state whether he has (*a*) had the disease and been cured (a deduction which can only be made from the man's own statement), (*b*) has not been infected at all, (*c*) has got a latent form of infection without any external symptoms. In addition to this, it is surely axiomatic that wherever possible a patient should be allowed to develop his own immunity before calling in the aid of drugs.

I am not a venereologist and probably the factors I have mentioned can be satisfactorily answered by one with greater knowledge than myself, but at present I would be chary of introducing a form of preventive treatment over which I felt that I had little or no control, and the results of which I was unable to check with any degree of accuracy.—I am, etc.,

KENNETH G. BERGIN, M.B., B.CH.,
Squad. Ldr., R.A.F.

Expectation of Life in Urinary Tuberculosis

SIR.—The case reported by Mr. Victor Bonney in your issue of May 20 illustrates the fact that Nature can effect what is to all intents and purposes a complete cure of tuberculous lesions of the urinary tract. Further examples are provided by two cases I saw some years ago.

1. *X*-ray examination of a lady aged 80 after an injury to her back revealed the fact that the right kidney and ureter were completely calcified. She informed me that she had had severe frequency, dysuria, and haematuria at the age of 20. These symptoms persisted for several years, then gradually disappeared. She has remained in good health since that time and has had no return of urinary symptoms.

2. A well-nourished and very active man of 60 who has attended St. Peter's Hospital for a number of years for dilatation of urethral stricture mentioned that he had been treated for urinary tuberculosis at the age of 15. His symptoms subsided after several years and he has remained in good health. Investigation showed that he had a completely functionless calcified left kidney. The left ureteric orifice was obliterated and retracted. The urine was normal.

In both these cases cure was effected by complete destruction of renal parenchyma with extensive fibrosis and calcification of the remaining peripheral renal tissue and fibrous obliteration of the ureter (so called "auto-nephrectomy"). It is obvious that a process such as this can only go on to completion when the lesion is a unilateral one, and it seems likely that in Mr. Victor Bonney's case destruction was confined to one kidney, tubercle bacilli being regurgitated from an infected bladder along the ureter of the normal side, and thus appearing in both ureteric catheter specimens. It should be pointed out, however, that spontaneous cure is the exception rather than the rule, and that there is overwhelming evidence to indicate that nephrectomy is the treatment of choice in any unilateral destructive tuberculous lesion of the kidney. In such cases surgery effects a complete and rapid removal of a progressive and (for all practical purposes) localized tuberculous focus, Nature's cure is, on the other hand, prolonged and may remain incomplete for a number of years; meanwhile the patient is exposed to the risks of spread of the infection, particularly in the direction of the opposite kidney.

The conclusion is that nephrectomy, in suitable cases of urinary tuberculosis, will on the whole increase the expectation of life, though it must be admitted that spontaneous cure will occur in a small proportion of cases not treated surgically.—I am, etc.,

JOHN SANDREY,
Temp. Surg. Capt., R.N.V.R.

Aerial Convection from Smallpox Hospitals

SIR.—Allow me to supplement my last letter by referring to the three letters appearing in the *Journal* of June 10.

As regards Sir Alexander Macgregor, we in Leicester also adopted the procedure he describes, and used not to allow members of the staff of the smallpox hospital (other than the medical officer) to go outside. After a certain spell of duty they were given long leave after thorough disinfection, and they were also paid extra salary. I am quite satisfied that "hospital operations"—apart from aerial convection—could not conceivably have accounted for the sudden and remarkable outbreak referred to in my previous letter.

As regards Dr. John Ware and his reference to the Purfleet experience, I certainly cannot agree with him that the bottom