still be able to buy a commission in the Army, and I am sure that the latter practice only died after a hard fight from the reactionaries of that time !

And now as to the salary. It is freely stated that the inclusion of a basic salary is the prelude to a whole-time salary within two years. (Incidentally, I believe, the original policy of the Conservatives.) Is this pure conjecture, or is there any inside information that we lack ? If there is positive information on this point, let's have it and I'll believe it.

We are getting our usual indifferent Press. *The Times* advises us to drop our opposition to the question of the sale of practices, the *Sunday Times* to concentrate on getting the right of appeal to the courts—and there's the really important thing, the only one that matters. Let us concentrate on this, and also get the question of partnerships cleared up, and we shall be all right.—I am, etc.,

Stradbroke, Norfolk. J. V. DOCKRAY.

A Sign of Carcinoma

SIR,—I am indebted to Mr. A. Dickson Wright for drawing attention to the value of the diagnostic manœuvre which he described and portrayed in the *Journal* of Jan. 3 (p. 27). But first we must insist that the preliminary examination of breast cases should be made with the patient stripped to the waist and standing. It is only in this position that the breasts are really dependent and that the signs of the presence of malignant disease due to general retraction are most likely to be observed. These signs are diminution of the size of the organ with elevation or deviation of the nipple, and, however slight, they are most significant. It is as a corollary to this examination with the patient standing that I conceive the arms above the head position may be useful.

But the breast must also be examined with the patient recumbent. It is an additional aid in the examination of the axilla, and especially in stout people, to get the patient to lie on the side with the suspected organ uppermost. In this position the contents of the axilla are dragged forwards by the weight of the breast, and quite often enlarged nodes, not previously detected, may be easily palpated or even seen.

Of course there are many other points useful in diagnosis, but if, when all the aids have been employed, there is still real doubt, then direct exploration is justified. In making this statement I am well aware of the hornets' nest I may be disturbing. It was my former colleague, Mr. A. K. Henery, who taught me that an incision down to, but not into, a doubtful lump may settle the question of its nature, the curious drawing in and fixation of the fat around a malignant neoplasm being characteristic. If, with this restraint, the surgeon still has doubt, he can deepen the cut to obtain the information which may be so valuable in the interest of the patient. To arrive at an accurate and complete diagnosis in doubtful breast cases we need to take much care and not grudge the time spent in investigation. I have heard it said that Halsted sometimes took nearly an hour over the complete examination of a difficult breast problem.—I am, etc.,

Taplow, Bucks. G. GREY TURNER.

Cancer of the Lung

SIR,—I was interested to see in your account of the annual report of the British Empire Cancer Campaign (Jan. 3, p. 22) the suggestion that the increase in the incidence of cancer of the lung (16.5 times in men, 8 times in women) between 1921 and 1938 might be connected with the doubling of the consumption of tobacco in this period. I have often wondered if tobacco smoke had anything to do with carcinoma of the lung, but I think that the mere statement that smoking has increased misses an important point. When I was a young man pipe-smoking was the main form of the pleasure or vice, as one may look at it; cigarettes were "used when one was not smoking," as I think the author of the *Wind in the Willows* said. Few people inhaled, and I cannot remember seeing a case of primary cancer of the lung when, early in the century, I was a student. Somewhere about the time of the first world war pipes fell rather out of fashion and cigarettes came to the fore. Most cigarette-smokers inhaled—they could not get much fun out of it otherwise—and cancer of the lung began to be more common. This may be a mere coincidence, for I do not know if the tar in tobacco smoke contains a carcinogenous element. I have also heard it suggested that the inhalation of the dust from tarred roads, also more or less corresponding in date, might be a factor. Perhaps both are. But even if inhaling cigarette smoke is proved to be a cause of carcinoma I doubt if people will give it up.—I am, etc.,

Guildford, Surrey. E. W. SHEAF.

Simple Test for Pulmonary Tuberculosis

SIR,—This is a plea for the use in general practice of a very simple test by which to estimate progress in cases of pulmonary tuberculosis. Britton and Whitby say that the normal average of monocyte to lymphocyte is 1 to 3; that Sabin and his colleagues found that in cases of pulmonary tuberculosis 1 to any number less than 3 suggested possible activity, and 1 to 1 or any number less than 1 was a bad prognostic sign. I had a simpler suggestion from Heap in England more than 30 years ago and have found it of immense value in connexion with the sedimentation rate and *x*-ray findings. I have not yet found a case of unfavourably advancing pulmonary tuberculosis without a ratio of 1 to 1 or less than 1; nor in controls without pulmonary tuberculosis has the blood picture been anything like it.

It has even an advantage over the high sedimentation rate in that (1) there is no need to correct for anaemia; (2) there are comparatively few conditions giving a blood picture of high monocyte-lymphocyte ratio—glandular fever, an early stage at commencement of measles—while there are many that produce a high E.S.R. Thus it may help in differential diagnosis. I had two patients illustrating this. A mongol with a swinging temperature 101°–97° F. (38.3°–36.1° C.) for two months, cough, and wasting, and E.S.R. 150. Clinically it seemed obviously a case of pulmonary tuberculosis. His blood picture never gave a high monocyte-lymphocyte ratio: a week before his death it was 1 to 5. At necropsy it was found to be bronchial cancer, and no evidence at all of tuberculosis. The second was a man of 70 who suffered for years from chronic bronchitis. Tuberculosis was not suspected, until on one routine examination of his blood I found a 1 to 1 monocyte-lymphocyte ratio. *X*-ray examination and the presence of tuberculosis bacilli in his sputum confirmed the diagnosis.—I am, etc.,

London, W.C. H. ANGELL LANE.

B.C.G. in Control of Tuberculosis

SIR,—In his paper on B.C.G. (Nov. 29, 1947, p. 855) Prof. G. S. Wilson submits some of the published reports to a criticism which, as your leading article suggests, is rather exacting, having regard to the conditions under which the evidence must be obtained. But he is more tolerant towards Levine and Sackett's[1] report of the New York results, which purports to show B.C.G. as ineffective. Had he applied to this analysis the same standard of criticism which he applied to the more favourable results of Rosenthal, Blahd, and Leslie,[2] he would have made more than casual reference to the gross fallacy which the former contains, a fallacy which should exclude it from serious consideration but which is neglected by those who use the results to support their own argument. The whole New York investigation, of course, has little bearing on the efficacy of B.C.G., since it neglects the principle of avoiding infection before immunity has been established. But there is a much more serious error in the statistical analysis which, if corrected, would leave the results showing almost the maximum possible difference in favour of B.C.G., though even that would have only a limited significance.

During the total period of 20 years deaths from tuberculosis among vaccinated children were 11, of which 8 occurred during the period 1933–46, to which importance is attached because selection was then automatic. During this latter period the death rate among vaccinated and controls was almost the same. But of the total 11 deaths, 10 occurred in infants known to have been exposed to positive-sputum contact in the home *prior to vaccination*. No claim has been made that B.C.G. immunization could check an infection already established, and individuals for whom that possibility exists must be excluded from analysis. In some analyses all those exposed before allergy appears are excluded. If, however, the 10 deaths where previous exposure was known are excluded, there is left 1 death

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