Owing to the fact that we were dealing with African natives we had to rely upon examination of the conjunctivae for the presence of petechiae. Of the whole series, 78 (45%) presented this sign, many of them before meningism supervened. These latter suffered, as Drs. Turner and Dent describe, from collapse associated with rise of temperature and rapid feeble pulse; a number of them also had loose incontinent stools, which was a bad prognostic sign. Penicillin was not yet available, and I was unaware of the value of adrenal cortical extract, but all cases were immediately put on sulphonamide as a routine. There were 25 deaths (14.5%) in all—21 of the patients dying on the day of admission.

The mortality rate threw some light on the value of petechiae as a prognostic sign. The figures for this series were: total number of cases with petechiae 78, deaths 25 (32%); total number where no petechiae were observed (all verified cases by lumbar puncture) 95, deaths *nil*.

It may be of interest to mention that two cases in the series had persistent meningism with turbid C.S.F. for several weeks. Both cases made uneventful recoveries soon after the intravenous injection of T.A.B. (100 million), followed by a 200-million dose two days later.—I am, etc.,

Kirkby-in-Ashfield, Notts. J. D. DURANCE.

REFERENCE

1 *J.R. Army med. Cps*, 1945, **84**, 280.

Fibrositis

SIR,—Surely Dr. J. H. Young (March 19, p. 499) is right. No one need doubt that Stockman and Steinberg demonstrated small areas of polymorphonuclear infiltration in incised fibrous tissue; also no one doubts that Copeman and Ackerman, when dissecting the lumbar muscles of subjects selected at random, really found fatty lobules there. The question is not, Are these findings factual? but, Are they relevant?

It is futile to examine the myofascial tissues for evidence of the cause of the disorder unless previous clinical examination has shown that the fault lies in those tissues. Since clinical examination on accepted lines shows that patients with conditions called "fibrositis" are in fact suffering from articular disorders, examination of the myofascial tissues is pointless. However many little patches of inflammation or fatty lobules may be found, these must not be thought to represent significant deviations from the normal. Still less can they be regarded as in any way causative of the patient's symptoms. Careful clinical examination must point to the structure at fault, which structure should then be examined for the nature of the lesion.—I am, etc.,

Rickmansworth, Herts. M. C. WOODHOUSE.

Whither Tuberculosis?

SIR,—There have been numerous letters in the *Journal* on this subject, but so far the question of its prevention and control does not appear to have been stressed. The real aim of the profession must be the control and prevention of this foul disease.

About 1930 it was definitely shown in the U.S.A. that tuberculosis of bovine origin could be prevented by the eradication of tuberculosis in cattle and the pasteurization of milk. At that time some 2,000 persons, mainly infants, were killed each year by that form of tuberculosis in this country. If the profession had then insisted on the eradication of tuberculous cattle we should not have to-day some 1,500 deaths each year from this form of tuberculosis. Since 1930 only 16% of our herds have been certified free from tuberculosis. To prevent human tuberculosis of bovine origin we must insist on the complete eradication of tuberculous cattle so that there will be *no* living germs of tuberculosis in the milk; and then, if it is considered necessary, pasteurize the milk to make it doubly safe.

For the control and prevention of tuberculosis we must know who has been infected and who has so far escaped infection. This is most necessary, as at 20 years of age 80–85% of our population is said to have been infected. The only way to learn the truth about infection is by the tuberculin test, which is reliable in over 95% of persons tested.

Some really effective chemotherapeutic agent must be found that will kill the tubercle bacillus in the human body, and if used as soon as infection has been discovered, and before it has developed into a case of clinical tuberculosis, we shall be nearer our aim of controlling this disease.

Those persons who are still found to be free from infection urgently need protection, and B.C.G. should be made available for these cases. These two methods would save the spending of hundreds of millions on our sanatoria.

The public should be given the following information about our sanatoria: (1) How many beds were available in 1948. (2) How many patients were treated in those beds during 1948. (3) How many of these patients were discharged in 1948 with the disease "arrested." Has any record been kept of the fate of these "arrested" cases after their discharge, and, if so, with what result? (4) Were any patients discharged in 1948 with the disease definitely "cured"? If so, how many have been cured? (5) What was the cost of this sanatorium service in 1948?

The publication of the above facts would show the value of this sanatorium service and raise the question, Can we to-day afford it?—I am, etc.,

Itchingfield, Sussex. SYDNEY GORDON TIPPETT.

Trilene as an Analgesic in Labour

SIR,—With the recent focus both in Parliament and in the Press on analgesia in childbirth, I think that the lay public should have a note of warning sounded in their ears. The hysteria among the members of committees, both male and female, is almost akin to that aroused by the word "vivisection."

Gas-and-air analgesia is extremely safe, is employed in my unit, and its use taught to midwives. On the other hand, the indiscriminate use of inhalation analgesia with the less safe "trilene" is not unattended by risk. In the last six months I have had cognizance of two maternal deaths in which trilene has been used—in one case as an anaesthetic and in the other as an analgesic.

There has been considerable correspondence recently expressing the view that trilene should be used by midwives in the same way as the Minnitt apparatus. I feel that the findings of the committee who made a recent report for the Royal College of Obstetricians and Gynaecologists should be viewed with considerable respect. These are the deliberations of intelligent and senior men, and, while the gas-and-air apparatus is the safest form of inhalation analgesia, I feel that the indiscriminate use of trilene, both as an analgesic and as an anaesthetic in domiciliary midwifery and minor surgery, should be very seriously investigated.

It is not unknown for practitioners to give one of these self-administering apparatuses to a patient and leave her with it, entirely alone—an extremely dangerous practice. Finally, to stress the danger of trilene, I have knowledge of four cases within the last twelve months in which death has been associated with trilene as an anaesthetic.—I am, etc.,

Irvine, Ayrshire. RICHARD DE SOLDENHOFF.

Pain in Childbirth

SIR,—I was very interested to read the report of the Medical Women's Federation on "Pain in Childbirth" (*Journal*, Feb. 26, p. 333). As a woman doctor with two small children I have had the interesting experience of having had the first in England in 1946 and the second in 1948 in America, where analgesics in childbirth are more extensively used.

Having given a good deal of time and thought to the problem of muscle control and relaxation I approached my first confinement with an open mind. The labour, however, proved to be excessively painful, and little relief was obtained from either pethidine or nitrous oxide, though "trilene" inhalations did give a measure of relief.

In comparison, the second confinement was a pleasure. Four hours after labour started I had a dose of barbiturates sufficient to cause me to doze almost painlessly through the second and third stages. The infant was born healthy and strong, and