

initial instalment of further much-needed reforms to ensure an improved national physique.—I am, etc.,  
Claybury, Sept. 2nd. ROBERT JONES, M.D.

TUBERCULOSIS AND SCHOOLS.

SIR,—In a leading article of your issue of August 24th the subject of tuberculosis and schools was discussed. In fairness to some of the few workers who have already attacked this difficult and important subject, I hope you will allow me space to make some remarks on certain controversial points in this article.

In the first place the article says: "For several years we have maintained that the amount of tuberculosis, whether declared or latent, in elementary and secondary schools has been generally underestimated, and have urged that the fact should be recognized." This statement is presumably based on the well-known pathological fact that *post-mortem* records show a very high proportion of latent tuberculosis, both in children and in adults. The point at issue really is how far this knowledge is applicable to children at school, and whether the amount of declared or revealed tuberculosis, "open" or "closed," is large or small among them. This can only be settled by the direct examination of large numbers of school children by competent doctors. A relatively small number of such examinations have been made, and the article, without giving any reference to the source of information, has published a list which is identical with a list in a paper hitherto unpublished, and read by Dr. Horton and myself at the International Congress of School Hygiene this year. The results of these examinations vary from 2.3 per cent. (Edinburgh) to 0.37 per cent. (Brighton). The leading article says, "It is impossible to believe that these varying results can have been due to the greater or less care with which the children were examined; therefore it might be fair to attribute them to heredity . . . to locality, or to insanitary homes and general neglect." In our paper, to which I have referred, we have pointed out that this view is untenable, and that some of the figures are so much higher than the others as to require further investigation; and we have adduced evidence supporting the very low percentages obtained by most observers when examining school children for tuberculosis. At the discussion at Section VII of the above Congress, the great importance of each observer stating the criteria on which he based his diagnosis of early phthisis was urged, and until this is done the varying results of such examinations must be regarded as due to the greater or less care with which the tests are made.

Next with regard to the word "revealed" applied to tuberculosis. The article says: "Dr. Newsholme, who contributed the opening paper at the general meeting, expressed the opinion that not more than 1 in 300 children in schools show revealed or diagnosable pulmonary tuberculosis. This word *revealed* it is that is misleading." There is nothing whatever misleading in this word. The following scheme shows the different conditions under which tuberculosis exists in the human body, and all observers when speaking of tuberculosis must be referring to one of these. Confusion can only arise when terms are used inaccurately or are misunderstood.

Tuberculosis may be:

- |             |  |              |
|-------------|--|--------------|
| A. Inactive | { (a) not diagnosable (latent)<br>(b) diagnosable        | } revealed   |
| B. Active   | { (c) diagnosable and closed<br>(d) diagnosable and open |              |
|             | { (e) not diagnosable (latent)                           | (b) (c) (d). |

Dr. Horton and I used the word "revealed" as equivalent to diagnosable, preferring it for the sake of euphony. As shown in the above scheme, the word "revealed" covers all the cases of tuberculosis discoverable when children are carefully examined.

Thirdly, in criticizing the two chief measures proposed against tuberculosis, the article says: "Dr. Newsholme proposes two measures: the first is the removal of the children from their homes, either temporarily or permanently, to homes or schools at the seaside or in the country. This suggestion is admirable, but unfortunately at present quite impracticable, because there is no provision worth mentioning for such cases, and we must face the position in a practical spirit if possible." Apart from the fact that it would be hard to find any one more intensely practical than Dr. Newsholme, the following

remark, which embodies Dr. Newsholme's "impractical" first measure, is added a little later in the article; "What is important for the amelioration of its (the child's) condition is abundance of fresh air, good nourishing food, sleep, and avoidance of fatigue; these it can only obtain by going away to healthier conditions."

Fourthly, is it seriously believed that three stages, definite and recognizable by competent doctors, usually precede the classical first stage of Laënnec? It is simply ludicrous to suggest it. In the hands of Professor Grancher and other specialists these early signs, when they are present, are of value; but it is not practical to assume that the majority of practitioners will be able to utilize them. Before any such suggestion can be entertained these three early stages must receive the general endorsement of the heads of the medical profession. It is true that the article points out that special training is required to enable these early stages to be recognized. But that means turning the general practitioner into a specialist, and converting all the specialists to Professor Grancher's views. Professor Grancher's percentages are so high that even after allowance is made for the high tuberculosis death-rate in Paris, his results cannot be compared with any British results.

Lastly, lack of knowledge of practical administration in relation to tuberculosis is shown in the following extract:

An aspect of the case which does not seem as yet to have presented itself is that the medical officer of health who is notified of cases of phthisis in households might send a list of the names and addresses of such people—say, once a month—to every school in his district. In glancing over it, the head teacher would know if children from these houses attended his school, and, if so, immediately communicate with the medical officer of health for his advice; or in visiting the house where a case has been reported to the medical officer of health, that officer could inquire if there were children of school age in the house, and, if so, the name of the school they attended, and at once take the proper steps.

This is no new aspect of the case. If the notification of phthisis is worked efficiently, all such facts are already known and acted upon so far as is hitherto practicable. But in view of the limitations implied by questions of practicability, including expense, the most important measures should, as Dr. Newsholme urged in his paper, be taken first. The consumptives themselves must be prevented from continuing to communicate infection to their children. All other measures will follow in the order of their importance.

Had your leading article appeared in a lay newspaper I should not have attempted to criticize it; but, appearing as it does in the leading medical journal, and not receiving at more competent hands any further attention at this holiday time, I trust you will be able to find room for the above remarks.—I am, etc.,

H. C. LUCKY, M.A., B.M., D.P.H. Oxon.,  
Brighton, Sept. 7th.

THE OPERATIVE TREATMENT OF CARCINOMA OF THE CERVIX.

SIR,—In the BRITISH MEDICAL JOURNAL of August 31st, p. 555, Mr. G. Lenthal Cheatle comments upon my paper read before the Obstetric Section of the British Medical Association at Exeter last month. In that paper I pointed out that the most important feature in Wertheim's operation for cancer of the cervix uteri had not been fully appreciated, and had in fact been overlooked. I refer to the encapsulation of the cancerous cervix by a collar of vaginal tissue. To emphasize my point I quoted Dr. Vincent Dickinson as having shown a case purporting to illustrate Wertheim's technique in which the cervix was not enclosed in a vaginal capsule. I never questioned the entire removal of the growth; indeed, if asked, I should have said that in my opinion the growth had been totally removed. Your printed report of my paper lies before me at the present moment, and from it I cannot conceive how Mr. G. Lenthal Cheatle got the idea that I was under the impression that he had left any of the cervical growth behind. Mr. Cheatle's "own powers" of grasping the context, "and the manner in which he uses them are alone responsible" for the misconception. The growth was not enclosed in a vaginal capsule, and was therefore, to repeat my former words, "exposed." This being so, Dr. Dickinson was wrong in saying Wertheim's technique had been followed, and my only object in referring to the case was to draw attention to an