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Correspondence.

PREVENTION OF HEART DISEASE.

SIR,—"The ravages of rheumatic heart disease deserve our close attention in London, and wherever there seems to be any ray of light that direction is worth exploring." This sentence from the concluding paragraph of Dr. Poynton's admirable lecture on the prevention of heart disease (June 2nd, p. 919) encourages me to remark that light may, perhaps, be found in the unpromising atmosphere of this rather grimy city, for it is now nearly two years since the Birmingham Education Committee, on my advice, began an experiment to this end which has proved, I think, successful.

As Dr. Poynton points out, no physician can avoid noticing the frequent incidence of serious sequelae of rheumatism in children of the hospital class, and their comparative rarity in the children of the well-to-do. It seemed clear to me that this difference resulted almost entirely from the lack of adequate provision for the convalescence of the poorer child. Here in Birmingham we suffer in the same way as Dr. Poynton suffers at Great Ormond Street—we are torn between the desire to keep our rheumatic children in hospital and the constant urgent necessity for the admission of acute cases.

The experiment to which I refer began shortly after the opening of the Baskerville Residential School for Cripples at Harborne, within a few miles of the centre of the city. At that time I certified a few rheumatic children among my out-patients at the General and Children's Hospitals as "physically defective within the meaning of the Act," and took them into Baskerville for periods of six or twelve months.

The considerations which induced me to choose a residential cripple school for the purpose were the following:

(1) Life in a cripple school is lived at a slow pace, which seemed peculiarly suitable for rheumatic children.

(2) One of the difficulties in an ordinary convalescent home is to ensure rest for the nervy rheumatic child. Example outweighs precept in the treatment of children, and I hoped that the unruly rheumatic girl might be induced to rest more willingly if next to her were placed a child totally immobilized for months in a plaster case or box-splint. This, indeed, proved to be the case.

(3) I was satisfied that rheumatic children do not do well while living a vegetable life—"of blind unreasoning rest," as Dr. Poynton puts it. They are frequently unusually intelligent and tend to become neurotic if left without mental occupation. For this reason a school is preferable to a hospital. In passing, I may say that Miss Smith, the head mistress, to whom so much of the success of the school is due, has been engaged for some time on an inquiry to determine the best methods of education—very much in the way suggested by Dr. Poynton. At some future date, indeed, in collaboration with Miss Bridie, we hope to publish a report on the investigation of the changes of mentality in children resulting from various diseases.

(4) For obvious administrative reasons it is a great advantage to dilute the population of a cripple school with a number of children who can to a certain extent look after themselves.

So remarkable was the improvement of these rheumatic children at Baskerville (even of those who had shown none after long periods of treatment in hospitals and convalescent homes) that we have now decided to allot half the available beds to them. In all probability we shall have fifty places for them before long. We shall most certainly need more. I cannot discuss all the points raised by Dr. Poynton. We have not found elaborate control of exercise by graded walks and slopes necessary: simple dancing is very valuable.

It would ill become me to discuss imperfections of medical education, but I cannot forbear remarking that a curiously large number of rheumatic children have passed some time in sanatoriums and other places for the tuberculous, and that about 15 per cent. of the children sent to me for admission to the open-air schools are rheumatic.

This letter is already too long; my aim in writing it is to indicate what can be done by a local education authority of courage and vision. It would be ungrateful of me not to acknowledge the support of Councillor Miss Martineau in this undertaking; only those who know what is involved in the defence of estimates at council meetings in hard times can appreciate how much of the realization of Baskerville is due to her.—I am, etc.,

Birmingham, June 8th. A. P. THOMSON.

DISEASED TONSILS AND HEART DISEASE.

SIR,—In your issue of June 9th (p. 995) Mr. Carruthers asks, "What is a 'diseased' tonsil?" It is a question which many of us must often have asked ourselves, but without arriving at a more satisfactory answer than if we had faced the old queries "What is truth?" or "What is fame?" Whatever replies we make must be influenced by "relativities." In any discussion on disease of the tonsils few will dissent from the following statements:

1. It is impossible by mere inspection to say whether a tonsil is healthy or diseased.
2. A large tonsil may produce no other effects than those brought about by mechanical obstruction of the upper air passages, the middle-ear clefts, etc.
3. A small but buried and septic tonsil may be the cause of a number of local and constitutional symptoms, which vary in their situation as well as in their gravity.

In his second paragraph Mr. Carruthers says, with reference to the definition of an "unhealthy" or "diseased" tonsil, "that this is a question of real practical value which has never been satisfactorily answered." I would venture to say that a practical solution is more easily given than any verbal definition which would include all the points at issue.

When a tonsil is "unhealthy" or "diseased" it will nearly always produce, sooner or later and in greater or less degree, local or constitutional symptoms.

In a child two of the common symptoms are enlarged glands behind the angle of the jaw—an evidence of infection from the tonsils—and mild bouts of pyrexia for which there may be no apparent cause—that is, the patient's general health is fairly good, and the fever lasts for only one, two, or three days.

In adults "diseased" tonsils are often small and buried between the faucial pillars, so that they do not arouse suspicion, but if the outer area of the tonsil be pressed upon foul-smelling purulent débris can often be expressed from the crypts. As a general rule adults are more liable than children to suffer from the more chronic constitutional symptoms of septic absorption, such as "muscular rheumatism," "rheumatoid arthritis," neuritis, various skin eruptions, and such diseases of the eye as keratitis punctata, irido-cyclitis, etc.

Such facts must be common knowledge to those who have given much attention to diseases of the throat, and I venture to state them because the practical answer to Mr. Carruthers's question is "the only thing that matters."—I am, etc.,

London, W., June 9th. HERBERT TILLEY.

SIR,—In his very interesting lecture on this subject published in your issue of June 2nd, Dr. Poynton says, "It would be in my opinion a mistake to suggest the wholesale removal of tonsils in rheumatic children and those suspected of rheumatism, when there is no evidence that they are diseased."

We have recently analysed the subsequent history of 144 patients admitted to Guy's Hospital for acute rheumatism; some of them had their tonsils removed, the others had no operation. Rheumatic infection recurred quite as frequently among the former as among the latter. The exact figures will be published in the next issue of the *Guy's Hospital Reports*, and they certainly do not support the belief that tonsillectomy is likely to prevent the recurrence of acute rheumatism. While we think that tonsils which are definitely septic ought generally to be removed, we entirely agree with Dr. Poynton that there is no justification whatever for the enucleation of tonsils as a routine measure in every rheumatic child.—We are, etc.,

G. H. HUNT,
A. A. OSMAN.

London, W., June 8th.