

the time when medical assistance is rendered, and it also appearing that a regulation of the Ministry of Health makes it illegal for a local supervising authority to pay the fee of a registered medical practitioner for assistance rendered after the lapse of a period of four weeks from the date of the confinement, it is desirable that the Board approach the Ministry of Health with a view to seeing if the regulation of the Ministry of Health can be amended so as to bring it into harmony with the Board's rules.

## Ireland.

### DEPUTATION TO THE MINISTER OF LOCAL GOVERNMENT AND PUBLIC HEALTH.

A DEPUTATION from the Irish Medical Committee, consisting of Drs. R. J. Rowlette, A. McBride, J. B. McClancy, J. P. Shanley, M. O'Brien, T. Hennessy, and Mr. C. H. Gick, waited on the Department of Local Government and Public Health in connexion with the following matters: (1) The transfer of medical officers under Section 5 of the Local Authorities (Officers and Employees) Act, 1926; (2) private patients in county and district hospitals; and (3) the remuneration of registrars of births, deaths, and marriages. The deputation was received on behalf of the Minister for Local Government and Public Health (who, owing to another engagement, was unable to be present) by Mr. McCarron, secretary, and Dr. E. F. Stephenson, chief medical adviser, of the Department of Local Government and Public Health. With regard to the transfer of medical officers under Section 5 of the Local Authorities (Officers and Employees) Act, 1926, the deputation urged that the Minister should refuse to sanction any transfer made as promotion unless the officer transferred was entitled to promotion on the grounds of merit and long service, in accordance with the intention of Section 5 of the Act. Mr. McCarron and Dr. Stephenson agreed that the section quoted had for its object the promotion of existing officers on the lines stated by the deputation, and undertook to convey the views of the deputation to the Minister. With regard to the admission of private patients to county hospitals, the deputation, whilst satisfied with the draft regulations forwarded by the department to the county health boards for adoption, pointed out that these bodies did not show any desire to put them in force and thus enable the doctors attached to the hospitals to arrange with private patients for payment for their medical attendance as provided for in the draft regulations of the Department of Local Government and Public Health. The deputation was informed that the department would use its influence in the first instance to have the draft regulations adopted by the health boards, and in the event of their refusal it would consider further representations from the profession. In connexion with the increased remuneration for registrars of births, deaths, and marriages, the deputation was invited to prepare a memorandum stating the position of these officials. Mr. McCarron and Dr. Stephenson considered the fees paid at present for this work were inadequate. More than 90 per cent. of the registrars in Ireland are dispensary doctors and the registration areas correspond to their dispensary districts.

### INCREASED AMOUNT OF SICKNESS BENEFITS.

Lady Aberdeen, president of the Slainte Approved Society, in moving the adoption of its annual report, referred to the very high rate of sickness benefit paid to insured persons as the result of their being certified as incapable of work owing to some rheumatic complaint. The report for the year ended December 31st last stated that during that period claims were paid to 6,508 members, as against 6,060 in 1925, the total paid in benefits being £32,518 3s. 2d., as compared with £30,352 18s. 4d. The committee of management was much concerned regarding the inadequacy of funds for the payment of sanatorium benefit to insured persons, and the question was receiving the consideration of the Approved Societies Association. During the year further progress had been made and the membership maintained, notwithstanding the large number of members ceasing insurance through various causes. The financial statement showed a credit balance of £38 5s. 7d.

## Correspondence.

### THE USE OF TUBERCULIN.

SIR,—In your issue of April 2nd (p. 641) Sir Robert Philip says that many persons seem to regard the subject of tuberculin as a *terra incognita*, but that he has used it much and consistently since its introduction in 1850, and is puzzled to understand the difficulties frequently expressed. Sir Robert Philip, however, does not give us definite information upon the exact methods he has adopted for diagnosis and treatment. There are many different ways of administering tuberculin, and many points upon which there is extreme diversity of opinion. In diagnosis there is the cutaneous, intracutaneous, and subcutaneous method. In treatment there is the method of obtaining allergy and the quite opposite method of creating great and lasting immunity by large doses. There is also the method by inunction. Would that Sir Robert Philip would give, not only his Edinburgh students, but the whole world concrete facts and deductions from his own ripe experience. What are his views upon the idea of danger arising from the subcutaneous injection of tuberculin for the early diagnosis of tuberculosis in accordance with Koch's exact instructions? This is a question he can easily answer if he has used the method. I say, after an experience over a period of thirty-five years in many hundreds of cases, that there is no danger.

Sir Robert Philip expresses himself as being puzzled to understand "the difficulties frequently expressed" with regard to the use of tuberculin both for treatment and diagnosis. From a large experience I say positively that there are difficulties, and great difficulties, in the administration of tuberculin if the method of large doses approved by Koch himself and his best known pupils is used in every chronic form of simple tuberculosis.

Sir Robert Philip tells us that the properties and value of tuberculin are demonstrated to all students graduating at the University of Edinburgh, and that tuberculin is in daily use in the several medical institutions which are linked up with the University department. Is it given to ambulatory cases? If so, by what method and with what results?

In the BRITISH MEDICAL JOURNAL of April 21st, 1923, I used these words: "I do not approve of his [Petruschky's] method of dosage, and I do not trust his method of inunction." I believe that Sir Robert Philip advocates Petruschky's inunctions, as he formerly advocated Béranek's tuberculin. In the article quoted I also said: "I can only be convinced by the details of protocols in evidence that Sir R. Philip can in any way approach the success I have achieved by large doses given subcutaneously."

I have placed my cards on the table in the public interest, and it would be a great public service if Sir Robert Philip would do the same. We now want evidence, not opinions or impressions. Would it not be well that the evidence both of Sir Robert Philip and myself should be submitted to an unbiased tribunal of research workers and statisticians, in order that the true value of tuberculin in the diagnosis and treatment of tuberculosis may be ascertained?—I am, etc.,

London, N.W.1, April 18th.

W. CAMAO WILKINSON.

### STATISTICS OF TUBERCULOSIS.

SIR,—According to statistics tuberculosis is dying out; but statistics can prove anything. A patient who had been some time in the sanatorium was sent home on April 16th and died on April 18th, a couple of days after being discharged. I suppose according to the statistics he would be put down as "improved," not as a death.

I think I can safely say 50 per cent. of so-called cases of tuberculosis in the sanatoriums are not tuberculosis. I believe other practitioners will agree as to the value of statistics and sanatoriums.—I am, etc.,

Woodlands, Doncaster, April 20th.

T. L. ASHFORTH.