The Leeds Region is, I understand, trying a way to avoid the fatal divorce. Two important unifying principles are at work there. First, the chairman of the tuberculosis advisory panel of the region is the most *un*-specialized tuberculosis worker possible—namely, a T.O. holding a university teaching post for medical students and having experience and interest in prevention. Secondly, the staff of the region are under one paymaster (i.e., no joint appointments and two masters), and the field of work given to each member of the region's staff, covering diagnosis, treatment, rehabilitation, and particularly prevention, is apportioned by the tuberculosis advisory panel. —I am, etc.,

Church Stretton, Salop. G. LISSANT COX.

REFERENCE

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Co-ordination of the Tuberculosis Services

SIR,—Your leading article (Feb. 5, p. 226) on the tuberculosis service is timely. As a social disease tuberculosis is responsible for a greater loss of man-power than any other pathological condition, and during the Hitler war for every two men from this country who were killed in action a third person died at home of this disease. Surely then the control of such a disease warrants the prime attention of those responsible for organizing the future health services of this country. Yet, as Dr. G. Lissant Cox has pointed out (Dec. 25, 1948, p. 1118), the Central Health Services Council has on it no tuberculosis specialist. Perhaps this would be excusable if it were that we knew so little about the disease that no special measures for its control were practicable, but nearly thirty years ago Sir Pendrell Varrier-Jones declared that there was no disease capable more easily of prevention than tuberculosis, and it is half a century since King Edward VII asked the famous question, "If preventable, why not prevented?"; and since then considerable progress has been made towards that goal.

It has been put forward that tuberculosis officers are wanting to treat patients. It should not be forgotten that most tuberculosis officers in this country to-day are probably seeing from 25–50% more new patients each week, keeping under surveillance many more minimal cases, and maintaining far more collapse measures than ever they were before the war. Why then should they be seeking to extend their activities even further? Surely because they are more acutely aware of waiting-list problems than any other worker in the tuberculosis field, and some of us wonder whether valuable sanatorium beds really need to be occupied for such long periods by individual patients when, with modern knowledge widening rapidly the range of treatable cases, it is becoming essential to treat more and more patients somewhere.

Few would dispute the dictum of Sir Robert Philip which you quote, that the centre of tuberculosis control must be in the old dispensary, but it must not be overlooked that modern developments require much greater skill and knowledge from the tuberculosis officer than formerly. No longer does it suffice to diagnose advanced phthisis with the stethoscope and microscope; he must be a competent radiologist as well as clinician, and responsible for diagnosing all forms of chest disease, not merely phthisis. No longer does after-care comprise recommending extra nourishment for the poor and needy; the chest physician must be competent to maintain a delicate pneumothorax (or two of them) for several years, and he must be acquainted with industrial and social conditions, enabling him to advise the D.R.O. in the important field of rehabilitation. And it is to be hoped that some day B.C.G. will extend his field yet further.

If progress is to continue toward the abolition of tuberculosis (which was the aim of the old Welsh National Memorial Association), then the status and remuneration of the new "chest physician" must be such as will attract men competent to prosecute such a campaign vigorously, regardless whether they attack the disease inside or outside institutions or whether their prime interest is in differential diagnosis, collapse therapy, or social medicine. There is ample room for all. But this alone will not suffice: there must be good generalship, and at least at regional level, if not national, clear co-ordination of all aspects of tuberculosis control is essential.—I am, etc.,

Reading. W. H. TATTERSALL.

Mantoux-negative Nurses

SIR,—In his valuable paper, "Tuberculosis at the Cross-roads" (Feb. 5, p. 207), Dr. C. O. Stallybrass states, "I do not think any responsible person in charge of a hospital admitting patients suffering from tuberculosis can be happy about present conditions under which Mantoux-negative nurses . . . come into contact with infectious cases."

You have from time to time published letters from me about risks to Mantoux-negative nurses, but as the last appeared over four years ago, and as such staff are still employed in nursing the tuberculous, I should like the opportunity of briefly re-expressing these views. They are based on a not inconsiderable experience with Mantoux-negative student nurses at this hospital and on the evidence in the world literature, especially that from Scandinavia, which provides overwhelming evidence that in a comparable environment Mantoux-negative persons have a far higher morbidity from tuberculosis than Mantoux-positives.

A few years ago the L.C.C. became impressed with these facts and arranged that no Mantoux-negative nurses should work in the tuberculosis wards of their general hospitals or in their tuberculosis hospitals, but they were not excluded from their sanatoria. Tuberculosis institutions in this country would appear to be divisible as regards this problem into three categories: (1) There are many in which nurses are not Mantoux-tested and "ignorance is bliss." (2) Institutions in which nurses are Mantoux-tested and carefully followed up by regular *x*-ray and routine examination, as recommended in the Joint Tuberculosis Council report. This is good so far as it goes, but this procedure, dictated as it is by the pressing need for nurses, does not protect them from infection. (3) A few institutions do not employ Mantoux-negative nurses in their wards.

An attempt has been made to differentiate between tuberculosis hospitals and sanatoria, chiefly by medical superintendents of the latter, in regard to the risks of infection in both. Apart from the fact that this distinction has become less and less obvious with the increasing use of collapse therapy and chemotherapy in all institutions, it must surely be recognized that wherever positive-sputum cases are treated the risk of infection is present.

When B.C.G. is available in this country, as it shortly will be, it is to be hoped that there will be a definite directive both to general hospitals and to all institutions nursing positive-sputum cases, to urge this protective vaccination on Mantoux-negative nurses.—I am, etc.,

Colindale Hospital, London, N.W.9. W. E. SNELL.

Tuberculous Infection of Infants

SIR,—In Dr. C. O. Stallybrass's article, "Tuberculosis at the Crossroads" (Feb. 5, p. 207), the work of the maternity unit at Black Notley Hospital is mentioned (p. 211), but the presentation of figures of infant morbidity may give rise to an erroneous impression.

It is true that in an early follow-up of infants the morbidity figures of those born to mothers remaining sputum-positive was 4 out of 11. We must point out that these figures related to those mothers who remained sputum-positive after discharge and no infants were infected while in the unit. It is true also that 2 of these 4 died, but the other 2 developed only mild glandular infections and recovered. A follow-up, shortly to be published by one of us (M.C.W.), of a large series of infants and children treated at Black Notley for tuberculous lymphadenitis confirmed that this is a benign form of tuberculosis, and that a primary infection occurring in a child born of a tuberculous mother is not necessarily of evil consequence.

The series quoted was a small one, and an investigation of the larger numbers now available is proposed, but we have no reason to believe that the incidence of serious tuberculous infection in infants born in the unit is likely to be high. Dr. Stallybrass must be unaware that, though the conditions in the maternity unit are excellent, the infants reported on were in many cases discharged to the Greater London area under war-time conditions.

At the same time, although we feel that the dangers of familial infection of infants can easily be exaggerated, we would like to agree most whole-heartedly with Dr. Stallybrass that vaccination with B.C.G. of infants exposed to contact infection is