

two quite different things, and on economic grounds alone it would not be possible for all students of medical art to receive their training at one centre. I should like to add that it has never been suggested that the possession of the Edinburgh certificate of medical illustration should be considered as a qualification for admission to membership of this association. We have our own board of examiners, consisting of two medical artists and also a distinguished anatomist and an equally eminent surgeon.

If anyone felt that the splendid work being done at various hospitals and universities in training future medical artists was being disparaged, then I would like to assure him that this was not the case.—I am, etc.,

DAVID TOMPSETT,
Chairman of Medical Artists' Association
of Great Britain.

London, W.C.2.

Mass Vaccination

SIR.—Recently two cases of clinical smallpox and one suspect occurred in this district. A mass vaccination campaign was launched, and over 30,000 people were vaccinated in a week.

The question is whether mass vaccination is justifiable in smallpox outbreaks in this country. It seems to me that mass vaccination is an anachronism in a society with a highly organized health service and that the main lines of attack are: (1) selective vaccination of contacts and medical and nursing personnel at risk; (2) isolation of all patients with undiagnosed febrile illnesses; and (3) quarantining of contacts. Only where the contacts get out of hand should resort to mass vaccination be necessary.

I am purposely omitting reference to the trouble, expense, and panic associated with mass vaccination campaigns, the dangers of vaccination, and the fact that none of the cases in this area was subsequently confirmed, because all these items are secondary to the main question—whether mass vaccination is necessary for the control of outbreaks of smallpox in this country.—I am, etc.,

Halifax.

A. W. FOWLER.

The Maternity Service

SIR.—The letter on this subject by Dr. J. S. Laurie (*Supplement*, April 22, p. 177) voices a legitimate amusement on the part of the medical profession about the Government and the R.C.O.G. claiming credit for the reduction in recent years of maternal mortality. But it also affords a streak of amusement to those who initiated the birth-control clinic service, and who know that the now widespread use of birth control by women who are in a state of ill-health and unfit to bear children also plays a very important part in the reduction of maternal mortality.—I am, etc.,

London, W.1.

MARIE C. STOPES,
President of the Mothers' Clinics for
Constructive Birth Control.

British Spas and Health Resorts

SIR.—A group of medical men interested in physical medicine, and particularly in the therapeutical powers of the British health resorts and spas, have held some preliminary meetings for the purpose of discussing the methods of study and development of these resorts. It was decided not to revive the pre-war British Health Resorts Association but to create a new organism, a new association, including medical and non-medical men interested in this question. As hon. secretary of these meetings I was entrusted with the task of ascertaining the views on this subject of the British medical profession, and I should be grateful to receive any comments on this plan for the development of our spas and health resorts.

Great Britain possesses some of the finest spas and health resorts in the world, and it is, in fact, in this country that modern climatotherapy originated. The renewal of interest in the method of physical medicine, the difficulties of travel abroad, and the desire to bring into this country many overseas visitors are sufficient factors to stimulate us to more definite action for the development of these outstanding physical therapeutical agents.—I am, etc.,

7, Wimpole Street,
London, W.1.

A. P. CAWADIAS.

Brachial Neuralgia

SIR.—I read Dr. W. M. Philip's article (April 29, p. 986) with interest and some surprise. In the paragraph on differential diagnosis the author surprisingly omits a, in my experience, very frequent and important group of painful arm conditions which are purely muscular in origin and due to an idiopathic myalgia.¹ Dr. Philip's paper refers to 66 ambulatory patients with "pain radiating down the arm," of which 24 cases, belonging to a miscellaneous group, defied classification. But in 42 cases "it has seemed probable that the symptoms were the result of compression of one or more cervical roots."

The diagnosis was made primarily "on clinical grounds" and based on: (1) referred pain of dermatome-like distribution; (2) tenderness and pain in the muscles supplied by the same spinal nerve (root); and (3) x-ray changes corresponding to the root involved. I feel bound to say that the clinical and other evidence is not conclusive nor suggestive, for the following reasons. It has been known for many years that referred pain of dermatome-like delineation is very characteristic of muscular diseases. Further, the modern diagnosis of myalgia is based on objective criteria and characterized by the triad referred pain, loss of power (weakness) in a muscle or muscle group, and paraesthesia. In addition the procaine injection of the specific "myalgic spots" may serve as a diagnostic test to prove conclusively whether or not a myalgia is responsible for the symptoms and signs in a given case. By contrast the diagnosis of "root irritation" is based on theoretical considerations which cannot be proved objectively.

As far as x-ray findings are concerned, the author himself stresses "one rather striking feature"—that gross osteophytic protrusion into the intervertebral foramina can occur without the production of symptoms. Why then, one may ask, is the narrowing of the intervertebral foramen conclusive evidence for "root irritation"? No evidence has been adduced to show that variations in the width of the different intervertebral foramina are not found in normal persons. On theoretical grounds it would seem reasonable to expect such variations, since the thickness of the spinal nerves is not a constant. According to Dr. Philip the earliest radiographic sign is the loss of the normal curve. I am, however, of the definite opinion that this symptom is caused by an unequal tonus (degree of contraction) of the cervical muscles attached to both sides of the vertebrae: under normal conditions the antagonistic pull of the right and left cervical muscles—especially the trapezii—keeps the vertebrae in a straight balance.

Lastly Dr. Philip seems to support the diagnosis of brachial neuralgia by comparing it with the syndrome of sciatica, which "is well recognized as due to a prolapsed intervertebral disk resulting in irritation of a single root." For years I have been emphasizing that the majority of cases of sciatica are muscular in origin—"muscular sciatica"—caused by a polymyalgia of hip muscles (quadratus lumborum, glutei, tensor fasciae latae), and can be cured by procaine injection of the appropriate myalgic spots without ever resorting to the ordeal of a laminectomy.—I am, etc.,

London, N.W.11.

M. G. GOOD.

REFERENCE

¹ Good, M. G., *Lancet*, 1940, 2, 326.

Maternity and the N.H.S.

SIR.—In his endeavour at over-simplification Dr. C. Iliffe (May 6, p. 1080) manifests himself as a victim of the age which lauds institutional treatment and can view domiciliary practice only as second best. Happily he would seem to sense the foolishness of his arguments based upon false premises, as evidenced by his fondness for the word "surely."

I regard childbirth away from the home as an unfortunate anticlimax for the parents and cannot conceive a more joyous home than one in which lie an infant and its mother. The significance of this with regard to the future stability and well-being of the family is not to be lightly dismissed, nor must one ignore the unrest of the mother in hospital, so completely divorced from her husband and possibly her family.

It is not perhaps properly realized that a general practitioner has frequently to guard his patients against too great a readiness