Treatment of Pulmonary Tuberculosis

SIR,—Artificial pneumothorax began to lose popularity as its complications became widely appreciated and as surgical alternatives multiplied. Dr. J. L. Livingstone (*Journal*, January 29, p. 243) considers that it still has a limited place in the treatment of tuberculosis, especially since chemotherapy is likely to reduce the complication rate; and you, Sir, in a leading article of the same date (p. 273), find it difficult to believe that it "can really have no useful part to play in the future."

I myself do not think that there is any place for artificial pneumothorax treatment to-day, and hardly any for pneumoperitoneum. The disadvantage of having to attend a doctor every week or two for air refills is one of which little was made when alternative methods were few. Yet it is in fact so considerable that, even if no risk whatever were involved, the physician should seek other methods wherever practicable. No one would deny that artificial pneumothorax has had good results as well as bad, but other methods are making it redundant. Current developments in the use of chemotherapy appear to be giving as good results, or better, in every respect, and it is my view that all forms of pneumatic treatment should now be abandoned as not having merit enough, compared with prolonged chemotherapy, to set against their obvious disadvantages. Only if some unforeseen snag is discovered in the use of chemotherapy for long periods should we consider reopening the refill clinics.—I am, etc.,

Malvern. T. W. LLOYD.

Treatment Abroad of Tuberculous Children

SIR,—This association is having considerable success with sending British tuberculous children for treatment at Vordingborg Sanatorium, Denmark. In the last three years some 235 children have been sent across, with exceedingly good results. At the present moment 47 patients are under treatment at Vordingborg.

It is true, as Dr. F. J. Bentley says (*Journal*, February 12, p. 418), that there is less need for treatment abroad than there was a few years ago, but we find that from Clydeside, Merseyside, and Northern Ireland there are still children whom the chest physicians wish to send. This Anglo-Danish scheme is free of cost to the parents or our Health Service. Children are kept at Vordingborg at the expense of Anglo-Danish sympathizers. The whole scheme owes its origin to the success which Denmark has had in eradicating childhood tuberculosis, and which has set free beds in the sanatoria. The psychological benefit to these children of a stay abroad during the impressionable years of life is certainly not the least important part of the scheme.—I am, etc.,

London, W.C.1. HARLEY WILLIAMS, Secretary-General, The National Association for the Prevention of Tuberculosis.

Paraffin Stoves

SIR,—In these days of expensive fuels there is an increasing tendency to use paraffin-burning stoves in sickrooms and living-rooms of domestic dwellings. It appears that this method of heating is not without danger. A few days ago I was called to see a man and his wife of 40 years of age who had retired to bed in excellent health the night before and had been found by neighbours at 11 a.m. the following day in very bad shape. When I arrived at the house the woman was still in bed and comatose. The husband had managed to crawl downstairs in answer to repeated and persistent ringing of the doorbell. He was very weak and drowsy and complained of headache. In the bedroom was a small paraffin stove of modern design which had been allowed to burn throughout the night. The bedroom door had been tightly closed, also the window, and the only ventilation was by means of the chimney. Fortunately the stove had run out of paraffin, otherwise a tragedy might have resulted. The stove had used up oxygen and had given out carbon monoxide.

It appears that the general public is largely unaware that any harm can result from an oil stove burning in a confined space. I suggest that a word of warning by the doctor finding one in a sickroom might not be out of place and might help to prevent serious and even tragic results.—I am, etc.,

Blackburn. F. C. REIDY.

Fluoridation of Public Water Supplies

SIR,—Dr. A. M. Thomson's letter (*Journal*, January 22, p. 224) provides an excellent example of the methods by which fluoridation has been promoted—namely, by sweeping assertions of knowledge in matters in which more cautious, or perhaps more humble, people admit their ignorance, supplemented by attempts to discredit opponents by a display of contemptuous language. It would have saved much trouble if the mission to the U.S.A., of which Dr. Thomson was a member, had presented both sides of the question fairly instead of behaving as a team of advocates for the proponent side. According to the report[1] of this mission (p. 11) the case against fluoridation was given full prominence while they were in the U.S.A. at the hearings before the Delaney Committee.[2] This committee, in fact, examined eighteen scientific witnesses, of whom seven were critical of fluoridation. Nevertheless, there is no evidence in the mission's report that they had visited or consulted any of these scientists; and, although a few words of the Delaney report are quoted and some criticisms of fluoridation are mentioned with a view to refutation, it is quite clear that the opposition case has been seen only through the eyes of its opponents. This bias is even clearer in Dr. Thomson's letter; and when it comes to the *ex cathedra* statements of public health officials there is no attempt to present the opposition case to the public, which is why persons such as myself have had to take a hand in the matter.

I cannot see what Dr. Thomson gains by jibbing at a plain accurate description of what he advocates. If "medical treatment" is limited to "cure" and excludes "prevention," the "medical" profession can have no status in the matter. If dosing everybody with something required only by children is not "indiscriminate," what is? Or does he hold that the scientific "discrimination" exercised in putting the fluorides in the right reservoir is sufficient? And I fail to see why this medical Big-Brotherism, with its insistence on invading every home and everybody through the water tap, should be regarded as "scientific," and an objection to it as "unscientific," except, of course, for propaganda purposes. Nice as it is to find the *North Wales Chronicle* so carefully read in Aberdeen, I think he was unwise to drag into this discussion from its pages a reference, quite correct in its context, to "civilized European opinion" and to the precedents for medical tampering with the human body without consent. The ten standards laid down at the Nuremberg trials on August 9, 1947, for persons who initiate or engage in medical research on, or treatment of, human beings, start with this statement: "*The voluntary consent of the human subject is absolutely essential,*" and I have yet to learn that the British medical profession regards itself as exempt from this standard of conduct. In France, I am informed, the Dental Convention in Paris has recently rejected fluoridation as contrary to human rights, local governments have no power to order it, and the Institut Pasteur and the Ministre de Santé Publique have not approved it.

If it is true, as Dr. Thomson clearly implies, that the medical profession, which is not without experience with dangerous drugs, can yet find no safe way of administering fluoride, under normal conditions of consent, only to those who may be expected to benefit, I cannot see how the public can be expected to consent to the putting of this substance in the general water supply. The statement that "variations in the amounts of fluoridated water ingested by individual consumers are known to be without significance for health" would be sufficiently staggering if the word "fluoridated" were omitted. With the bottom limit for "chronic low grade poisoning" officially placed as low as