Correspondence

Specialists in Physical Medicine

SIR,—Lord Horder (November 15, p. 1095) makes a plea for additions to the establishment of consultants and registrars in physical medicine. His reasons for this recommendation are based on assumptions from some of the evidence available on the subject. These assumptions will not, I think, be accepted by some who are acquainted with the practical working of physiotherapeutic clinics. It is true that the increase in the last few years of treatment given is of the measure of 75% in most hospitals in the south. I have not seen an analysis of the relevant figures, but I have noticed in my experience with the Metropolitan Police that there is an increasing tendency to prescribe relatively long courses of physiotherapy for men suffering from minor injuries or the secondary effects of early osteoarthritis. Often enough I doubt whether these courses are really necessary or in the best interest of the patient and community. I cannot but think that, certainly for minor injuries, the result is to prolong the period of disability and to encourage an undesirably passive attitude towards the process of recovery.

The following quotation from Lorenz Böhler expresses the idea I have in mind : "The physiotherapeutist (*Medico-mechanik*) should take an honoured place in the service of medicine, but he should be used in the right place at the right time and not be regarded as a universal healer."

It is doubtful if the appointment of more consultants in physical medicine will improve the present state of affairs, for the specialist in any branch tends to magnify the importance of his own subject and to enlarge his department. There are men in charge of the larger clinics with the clinical experience and the attitude of mind which are desirable, but they are a select group. I do not think the method of training suggested in Lord Horder's letter will necessarily reproduce their kind. The possession of the diploma in physical medicine will ensure that a man has an understanding of the various methods of therapy which may be in use, but a great deal more than this is required if he is to form a sound judgment of the value and limitations of these methods for the individual case. I would suggest that, in the small units, economy and efficiency of effort is more likely to be achieved by the closer supervision of treatment by the practitioner primarily responsible for the care and diagnosis of the case.—I am, etc.,

Faversham, Kent. MAX PAGE.

Rubella in Pregnancy

SIR,—In 1940 and subsequently, Gregg, Swan, and others in Australia pointed out the very definite danger to the foetus, leading to deafness, blindness, and sometimes a cardiac lesion, of a rubella infection in the first three months of pregnancy. As an otologist and a member of the Committee of the Deaf Children's Society, I was very perturbed to learn recently from the relative of a deaf child that a general practitioner had questioned the accuracy of the diagnosis of rubella in these reported cases.

If it is thought by many doctors that the infection was not true rubella, and "that other cases have not occurred since," this is a very dangerous as well as an erroneous supposition. There is no doubt whatsoever that children are still being seen with these tragic defects as the result of infection in their mothers by a "simple" illness indistinguishable from typical rubella, often of a very mild nature. Pregnant women should still be extremely careful to avoid contact with rubella—in fact there seems every justification to recommend that all girls should be exposed to rubella before leaving school.—I am, etc.,

London, W.1. IAN G. ROBIN.

Tuberculin Tests

SIR,—Dr. J. D. Lendrum (September 20, p. 649) outlined a practical routine procedure which leads to a rational and quite accurate "jelly method" of testing sensibility to tuberculin. Here in the Province of Quebec those tuberculin tests are made almost entirely in connexion with vaccination by B.C.G. Until recent years the general routine used by the Ministry of Health's "Unités Sanitaires" consisted mainly in the Vollmer's patch test, followed, if proved negative, by an intradermal injection of purified protein derivative (P.P.D.). The negative were vaccinated with B.C.G. scarifications.

In 1950 Frappier and Guy, of the University of Montreal's Institut de Microbiologie et d'Hygiène, published a "New and Practical B.C.G. Skin Test (the B.C.G. Scarification Test) for the Detection of the Total Tuberculous Allergy" (*Canad. J. publ. Hlth*, **41**, 72) which is now extensively employed in our country. This test joins the practical usefulness to the impressive accuracy of the reaction. Broadly it consists of a scarification made through one drop of B.C.G. in the concentration of 10 to 25 mg. of B.C.G. per ml. At the same time a scratch is made with a needle only on the opposite side, generally the lumbar region, as a control. The results are observed after 24 hours. The "negatives" show merely the trace of the needle scratch; the "positives" show marked oedema and an intense redness which persists for more than 72 hours. This test enables even a residual allergy (infra-tuberculous allergy) to be detected.

So from a practical point of view it seems that the B.C.G. scarification test is one of the simplest and most accurate reactions for the detection of tuberculous allergy. Furthermore, it makes it possible within 24 hours to choose those who are to receive B.C.G. immediately. One is in favour of, or is against, B.C.G. for active prevention of tuberculosis. But if we are in favour of this vaccine we must use the most sensitive and practical test as time is concerned, and we consider that the B.C.G. scarification test of Frappier and Guy is the best available to-day.—I am, etc.,

Beauport, Quebec. GUY MARCOUX.

Abscess in Femoral Hernial Sac

SIR,—An encysted abscess of a femoral hernial sac resulting from peritonitis due to a perforated appendix is a rare complication. The following case occurred at the Royal Halifax Infirmary.

A woman, aged 75, was admitted to the Infirmary with a history of onset of lower abdominal pain three days previously, with diarrhoea on the day of onset. Her own doctor had diagnosed appendicitis and had been treating her conservatively for it. On the day of admission to the Infirmary her pain had got worse and she had started to vomit. Her bowels had not been open for two days, but she had passed a little flatus on the morning of admission.

On examination, the relative findings were a moist but thickly coated tongue, a tense, tender, irreducible swelling present over the right femoral ring, and some generalized tenderness over the lower abdomen. The general practitioner reported that the hernial swelling had not been present on the previous two days. Nevertheless a diagnosis of strangulated right femoral hernia was made and the patient was operated on under a general anaesthetic.

A right inguinal incision was made and the femoral hernial sac was dissected out and opened. It was found to be full of pus, and the neck of the sac was found closed. This was opened with a finger and pus was seen to pour from within the abdomen. The incision was then extended, and the peritoneum opened. The peritoneal cavity was found to contain purulent fluid and a perforated gangrenous appendix was found and removed. The hernia was repaired and the peritoneal cavity drained.

The patient was treated with intravenous fluids and chemotherapy and made an uneventful recovery. She was discharged home sixteen days after the operation.

Two other similar cases have occurred in this hospital in the last two years. A search of the literature reveals abscesses of the hernial sac to be rare, only a few cases having been described.[1–5] But the fact that three cases have occurred in this hospital in the last two years would suggest