As pneumococci is a relatively new operation it is likely that there are few women who have undergone a pregnancy subsequently. However, it seems probable that their numbers will increase. While therapeutic abortion can easily be justified in the cases, yet there will be many patients who wish to proceed to term.

The antenatal period appears to be unaffected by pneumococccy. The course of labour must be watched carefully, any delay in the second stage being terminated by forceps extraction. In multigravida with a history of previous easy labours the outcome is likely to be favourable. In a primigravida, however, with short female antecedents of the length of labour and the patient's reaction, the prognosis must be more guarded. Should there be any complicating obstetrical factor caesarea section would be almost obligatory.

My thanks are due to Mr. A. H. Sidders, who performed the pneumococctomy, and to Mr. C. M. Gwillim, who performed the vaginal hysterectomy, for their advice and assistance in this case.

—I am, etc.,
London. S. W. 1.

J. L. WRIGHT.

Treatment of Ringworm of the Scalp

SIR,—Dr. K. D. Crow (November 19, p. 1175) indicates that he has completely missed the point of our criticism (October 8, p. 815) of the report on the treatment of scalp ringworm with local applications, by Drs. H. Haber, R. T. Brain, and Mr. J. W. Hadgraft (September 17, p. 626). We endeavoured to draw the attention of practitioners to the value of X-ray epilation, a method used by far the best treatment for Microsporon audouini scalp infections, and that the results of the treatment regime used by Dr. Brain and his colleagues were assessed on an uncontrolled series of six cases. We believed that the superiority of X-ray epilation was not sufficiently stressed in their recent article, though reference was made to a previous article1 on a related experiment, and that the value of X-ray therapy was freely admitted. In a subsequent letter (October 29, p. 980) Drs. Brain and Haber kindly acknowledged our criticisms and endorsed the emphasis which we placed on the value of X-ray epilation.

We do not suggest that the literature confirms our contention that 25% of cases of M. audouini infection of the scalp undergo spontaneous cure in less than six months. These were our own figures based on several hundred cases, but it is becoming increasingly apparent that future literature on this important point may well substantiate our claim. For example, Shaffer2 recently stated that 70% of a random sample of 129 cases from an epidemic in Detroit which involved about 7,000 children were found to be free of infection when subsequently examined three years after the original diagnosis had been made. We believe that the fact that the Brain and his colleagues had only six cases of M. audouini scalp infection, yet they included in their trial twenty of M. felineum infection. We considered this to be misleading, since spontaneous cure within months is well known to occur in the great majority of cases of the latter infection.

Four cases of contact dermatitis from the total of fourteen cases assessed at the time of writing our last letter is admittedly a very high percentage. We agree that we must have been very unfortunate, but, on the other hand, we felt in duty bound to draw attention to the possibility. We can assure Dr. Crow that they were examples of sensitization dermatitis. We used 4.5% salicylanilide in a carbodil preparation kindly supplied by Imperial Chemical (Pharmaceuticals), Ltd., and essentially the same as that used by Kinnear and Rogers.3 Dr. Brain and his colleagues mentioned local reactions presumably due to mechanical friction, but they did not mention the possibility of eczematized dermatitis.

With regard to X-ray epilation, Dr. Crow states that at many specialized centres there is a wait of sometimes 3-4 months before treatment can be commenced. If this is indeed the case then there exist a number of points of suspicion, and it is not surprising that tinea capitis is now epidemic in many areas. On discovering our own epidemic we were quite unable to deal with all the cases which were found, but by borrowing a second X-ray therapy unit, and with the whole-hearted co-operation of the county medical officers concerned, we were able eventually to carry out epilations at the rate of ten cases per day. We would like here to acknowledge the help, direct and indirect, which we received from Drs. J. Kinnear and John Bromley in planning these operations.

Dr. Crow admits that the method of treatment advocated by Brain and his colleagues is suitable only when facilities exist for examination under Wood's light and, preferably, for cultures of the organism; but there must be very few small general hospitals which do not also possess or could not borrow a superficial x-ray apparatus. He suggests that local treatment should be employed: (1) in all cases of pre-school age (we prefer X-ray epilation for all children under 12 years of age and over, if necessary under general anaesthesia), since we believe that cases of tinea in children under 2 years of age undergo cure with suitable local treatment in the majority of cases, and that in any event at this particular age they are seldom as likely to be a source of infection as older children; (2) when facilities for X-ray epilation are not available, within very short time (we agree here), and especially during epidemics (it is just in these circumstances that X-ray epilation is of the greatest possible value); and (3) in all cases of infection with the animal microsporon (we believe that, taking the average total duration of untreated infections as at the most about six months, all cases have to be treated on their merits; usually a quick cure in four weeks with X-ray treatment is preferable to a wait of some months involving laborious local therapy, as advocated by Brain and his colleagues, for in the latter event the children have to have their hair cut very short and kept short throughout treatment).

We repeat our reminder to practitioners that X-ray treatment is still the only reasonably certain method of cure, and we believe that great harm can be done by attempting local treatment for M. audouini scalp infections in any place other than an investigatory centre.—We are, etc.,
Belfast.
J. MARTIN BEARE.
IVAN H. McCaw.

Importance of Preventive Medicine

SIR,—It is now many years since a leading article in your educational number (September 19, p. 934) proclaimed that the prospects of a career in public health have never been better. And then a few lines later you wrote, “Financially the rewards ... will always be less than clinical medicine can offer.” In the interim only one or two voices have been raised to query this pronouncement, and I think that the time has therefore come to try to make the profession face the implications which our acceptance of this orthodoxy has. First I ask, Is it the considered opinion of the Association that preventive medicine is of so little importance that its remuneration shall compare unfavourably with that of therapeutic medicine? The triumphs of preventive medicine in Britain in the last century have been in their way at least equal to those of the therapeutic branch. Smallpox, typhus, cholera, enteric, and lastly diptheria have gone or are going. The waster of infant life has been reduced by about two-thirds. These achievements are not dramatic in the way that successful therapy may be, but they are no less real on that account. Is preventive medicine therefore of so little importance?

If the answer to my first query is in the affirmative, the second must be squarely faced. Does the medical profession as a whole regard interventional medicine? The only justifiable ground for casting aside preventive medicine lies in the belief that it is not effective. If it is conceded to be effective then it must be given adequate encouragement of all kinds. If they consider it to be effective but not worth equal financial encouragement it is then a legitimate criticism of the therapeutic branch that they want the public to be ill in order that the doctor’s livelihood shall not suffer. On the other hand, if, the profession as a whole agrees with preventive medicine in theory and practice, what are they doing to see that the necessary encouragement is given?

It took a year to wring agreement to negotiate from the local authority associations, and after four further months the machinery for negotiation is not ready. Our colleagues in the Civil Service have the necessary machinery, but apparently it has taken them a year to wade to water and they are badly off. This is not good enough, and calls for an awakening of the medical conscience of every Division and Branch of the Association as...
well as in B.M.A. House. If prompt and effective action is not forthcoming the medical services of the central and local authorities will go where the school dental service has already gone—down the drain. The economic pressure is just as great on the doctor as on the dentist, but the opportunity to transfer from prevention to cure less easy to find.

If the local-authority medical services go the way of their dental counterparts there will be the immediate risk of the return of diphtheria on a substantial scale and also of the reappearance of the other epidemic diseases. As a parting shot I want to ask if any of my general-practitioner friends want to have to cope with an outbreak of smallpox without the help of their local health department.—I am, etc.,

Elgin, Moray.

I. C. MONRO.

Dangers of Dicoumarol

Sir,—The new coumarin substance, B.O.E.A., described by Dr. Catherine C. Burt, Helen Payling Wright, and Mirko Kubik (December 3, p. 1250), is clearly a more quickly acting and in some ways a safer anticoagulant than dicoumarol. In view of this article and of the leading article entitled “Dangers of Dicoumarol” (p. 1279), I think three important questions need answer. What is the most effective and safest prothrombin level to aim at? How often is it necessary to estimate the prothrombin level? How dangerous are these anticoagulants?

In the case of Dr. Burt's patients, who took dicoumarol for six months during each of four successive years similarly showed no ill effect, their white and red cells remaining normal.

It is suggested, therefore, that a prothrombin level of 60 to 75% of normal is adequate for the treatment of most cases of thrombosis; that prothrombin estimations in these circumstances are unnecessary more often than every five days in most cases; that dicoumarol and also B.O.E.A. given for a prolonged time are not harmful in correct dosage.—I am, etc.,

Wallingford, Berkshire.

HECTOR MACKENZIE-WINTLE.

Enteritis Due to Duck Eggs

Sir,—The article by Professor L. P. Garrod and Dr. M. B. McIlroy on enteritis due to duck eggs (December 3, p. 1259) raises certain problems of prevention. Is there any conclusive evidence that a duck infected with Salm. typhimurium ever transmits infection to the inside of a freshly laid and undamaged egg?

In the article in question the words, “In hens' eggs contamination is confined to the outer surface of the shell,” suggest that this may also be the path of infection in duck eggs, facilitated in the case of duck eggs by the greater porosity of the shell and by the conditions under which a duck may lay its egg. Unlike a hen, a duck as often as not does not lay its egg in a nest but anywhere about the farm. In addition, a duck's droppings are almost invariably liquid, and this liquid faecal matter gets tampered with over the egg.

Even under these conditions it is highly improbable that the egg will become infected unless it is left lying out for a matter of days, and it is on dirty farms that this is likely to occur. It is these “found” eggs which may have been lying out for an indefinite period which are probably the cause of human infection.

It seems, be it duck or hen, which has been lying in one position for some days tends to become sided-yolked, and when, as happens to all eggs at packing stations, these eggs are lamped and found to be sided-yolked they should be discarded, although this would entail discarding some fresh eggs.

It should also be borne in mind that most cracked, broken, and stained eggs are, at packing stations, turned into what are known as “liquid eggs” and sent to butchers and caterers.