Correspondence

Poliomyelitis

SIR,—In your leading article on poliomyelitis (July 26, p. 135) you do not mention swimming and diving in sewage-polluted rivers as a cause of infection. When will the people of this country understand that if they will turn sewage into our rivers and then bathe in them they must expect trouble. Again and again we see cases of infantile paralysis appearing in farms and villages on the banks of polluted rivers. The virus is present in faeces and then passes through sewage into rivers. Young people bathe in sewage-polluted rivers, and we wonder why they get infantile paralysis.—I am, etc.,

New Barnet, Herts.

J. E. ELAM.

SIR,—I would like to draw public attention to the danger of labelling bins "Pig Food." Take off the lid the day before the refuse is collected and you find bones, meat, fat, paper, rotten cabbage mixed up with bits of carpet, sardine tins, newspaper, and a living mass (often several inches deep) of maggots, the last item keeping us well supplied with flies. I suggest that the spread of infantile paralysis may be thus caused, an outbreak of the disease in a hill station in India being coincident with stable manure being thrown on the open ground instead of being conveyed to the destructor.—I am, etc.,

London.

K. O. VAUGHAN.

SIR,—The official memorandum dealing with precautions against acute poliomyelitis (*Journal*, July 26, p. 141) is not very helpful and in places a little ludicrous. For instance, in a disease which is as likely as not air-borne and principally attacks children under five, we read that gargles and nasal sprays have been disappointing.

Would not it have been better to say that the nostrils of the immature should be periodically swabbed out, and that the same can be effectively done by the adult, when washing the face, with the wet fingers, thus avoiding the paraphernalia of a nasal douche, which will certainly not be persisted in more than a few times?—I am, etc.,

London, S.W.5.

PERCY TATCHELL.

Oxygen Poisoning in Man

SIR,—May I venture to doubt Sir Leonard Hill's theory (June 21, p. 900) that oxygen convulsions and nitrogen and argon narcosis are both due to carbon dioxide accumulation? Subjectively and objectively the symptoms of the two conditions are utterly different. I have never experienced or observed confusion or euphoria before an oxygen convulsion. Confusion is universal and euphoria common in nitrogen narcosis. Carbon dioxide enhances both oxygen and nitrogen poisoning. The obvious explanation of this fact is that it causes cerebral vasodilatation, and thus facilitates the absorption of other gases by the brain. I hope shortly to publish data which may help to clear this question up.

With regard to the questions of priority raised in his letter, the Official Secrets Act makes a full discussion illegal. No one can doubt the fundamental part played by Sir Robert Davis, but so long as publication is restricted it is impossible to assign credit objectively, and controversy can lead nowhere.—I am, etc.,

University College, London, W.C.1.

J. B. S. HALDANE.

Tuberculosis in a D.P. Camp in Austria

SIR,—With reference to Dr. F. J. W. Miller's paper on tuberculosis among small children in Newcastle (July 19, p. 91), I wonder if some observations on children in an Unrra-operated D.P. camp in Austria would be of interest. This camp had a shifting mixed Polish and Ukrainian population varying from 1,600 to 2,100. The consequent frequent changes of barracks made tracing of contacts extremely difficult. Indeed, usually no contact with known adult cases could be discovered. No ill child (with the exception of one, whose father's illness

was discovered only through the child) had an infected parent, and none of our infected parents had sick children, but two open cases had positively reacting children with very old calcifications.

I spent one year in this camp. During this time 9 open and 7 closed adult cases were removed to a sanatorium after great moral struggles or left the camp, and 3 closed cases remained in the camp. Shortly after my arrival a number of children over 5 years old were sent to a sanatorium in Italy and did not return, and 5 infected children in a family of 6 remained. These are not included in the following remarks. In this year 10 children under 3 and 3 under 5 years were found to have active primary tuberculosis (I exclude figures for older children), 3 as a result of Evans patch-testing, which was carried out last December in all camps as a preliminary to mass radiography, unfortunately delayed by various difficulties until June.

240 children under 10 were examined, and suspicious cases further examined by the Pirquet test. 46 were positive and were x-rayed immediately and, if not active, again in three months. One child aged 18 months was negative in December but in April was found to have a large infiltration and to react positively. Of the 46, 2 or 3 showed nothing abnormal, 22 showed active or subsiding disease, and the rest one or more calcifications. About 12% of adults were x-rayed at some time, and about 50% of these showed calcifications of unknown aetiology.

The 13 young children mostly appeared very ill at first, with pallor, sweating, loss of weight, and cough. About half had marked physical signs in the lungs. After a few months all except the baby referred to above, who unfortunately developed whooping-cough, were steadily improving in every way. None of these children had any special treatment other than extra milk and butter, as the mothers were very reluctant to allow them to go into hospital and did not enforce rest or early bed or distasteful medicines—or indeed anything the children didn't want. The camp was appallingly crowded, the rooms usually stuffy and either too hot or too cold, but at least we usually managed to give every tuberculous family a room to themselves. Iron and vitamin preparations were taken rather irregularly owing to the mothers' standard of education and difficulty at first in getting iron. Cod-liver oil was not available.

Regular supervision and examination was also very difficult to enforce and indeed only brought about by withholding milk until the mother brought the child, when one would remark to the mother, "You evidently consider baby quite healthy, so why should he have extra milk?"

I was surprised at the good results in spite of this laissez-faire attitude. In fact, tuberculosis at all ages was taken rather lightly. The elder patients demanded dog fat to eat and rub on their chests as a sovereign remedy (there was a high mortality among dogs at one time, I believe), and sanatorium treatment was regarded always with great disfavour owing to the separation from family and the discipline required. So long as they got some extra food they didn't see why they should bother or be bothered.

I would be very interested to see pre-war tuberculosis death figures for Poland, as such relatively rapid recovery among children so ill appears unusual to me. Was their degree of illness due entirely to their previous poor nourishment, and their recovery when nutrition was improved a sign of their natural high immunity? All our new cases with the exception of the baby were discovered in the second half of 1946, when food for the whole camp was poor, while from November, 1946, the children's diet was supplemented by International Red Cross parcels.

Similar conditions were found in other camps. Full reports will no doubt be published by the Unrra tuberculosis specialist.—I am, etc.,

Northwood, Middlesex.

AGNES C. CLARK,
Late Medical Officer, U.N.R.R.A.

Meningitis after Spinal Anaesthesia

SIR,—Dr. C. A. Vuylsteke (*B.M.J.*, Feb. 1, p. 179) reported four cases of pseudomonas meningitis following spinal anaesthesia. Three of these, caused by the melanogenes variety of *Ps. pyocyanea*, were fatal; one, caused by true *Ps. pyocyanea*, recovered after sulphathiazole treatment. Patients had been operated upon by three different surgeons at two surgical clinics whose nursing personnel belonged to the same school. During this period they had five other cases of meningitis. Careful examination of the cerebrospinal fluid did not reveal the slightest trace of any pathogenic agent. Four patients were cured, one died. Every experienced surgeon will agree that the occurrence of pyocyanea infections in surgical wards means very defective aseptic technique. The author holds the lack of sterilization of the brushes used by the surgeons to scrub their hands responsible