Correspondence

Fatal Cases of Influenza

SIR,—In connexion with the proposed investigation of fatal cases of influenza referred to in the paper on p. 994 of this issue of the *Journal*, I would like to invite the co-operation of practitioners. Would any practitioner who is interested in the subject and who might in the future be able to supply clinical details of fatal illnesses notified by him as being due to influenza please write to me at the address given below.—I am, etc.,

University Department of Medicine,
The Royal Hospital, Sheffield, 1.

C. H. STUART-HARRIS.

Erythroblastosis Foetalis and Breast-feeding

SIR,—The paper by Dr. I. A. B. Cathie (Oct. 25, p. 650) has given guidance of the clinical management of erythroblastosis foetalis. His conclusions confirm the suggestions concerning the breast-feeding of affected infants made by one of us some months ago.¹ However, a point of technique needs clarification.

Cathie incubated equal volumes of gastric secretion and serum of high Rh-antibody content for one hour and proceeded to investigate the resulting mixture for Rh antibodies. A similar experiment was carried out in the laboratories of the N.B.T.S., Sheffield, in August, 1946, by one of us (I. D.). The fasting gastric contents of six babies, all less than 10 days old, were used. The procedure adopted was identical with Cathie's, but it was found on testing the resultant mixture for antibody content, using known Rh-positive cells, that the mixture had a lytic action, and no results were obtainable. The pH of the mixture was determined with the facilities available and found to be acid. Attempts were made to neutralize this mixture, without satisfactory results. The acid nature of the gastric contents was expected.^{2,3}

From the experiments conducted two further points of interest were observed. First, by separating the milk into lipid and aqueous fractions there was strong evidence to suggest that the antibody content was in the aqueous portion and not the lipid fraction. This was considered to be of importance in view of the possibility of antibody being ingested adsorbed on to fat molecules without digestion occurring. Secondly, it was found that by digesting breast milk containing Rh antibodies with rennin there was a definite reduction in antibody content of the milk examined. Rennin has been found in the stomach of infants during the first day of life,⁴ and it is generally accepted that the digestive enzymes are present in the foetus some weeks before term.⁵

Further studies of the digestion of breast milk and antibodies are being undertaken as and when material and apparatus become available.—We are, etc.,

C. CHRISTOPHER BOWLEY.
IVOR DUNSFORD.

Sheffield.

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- 2 Holt, L. E., *Diseases of Infancy and Childhood*, p. 320. New York, 1940.
- 3 Feldman, W. M., *The Principles of Ante-natal and Post-natal Child Physiology—Pure and Applied*, p. 462. London, 1920.
- 4 Pritchard, E., *Physiological Feeding of Infants and Children*, 4th ed., p. 29. London, 1922.
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Direction of Labour

SIR,—As a result of labour direction during the war the members of our profession have become used to certifying men as physically fit or unfit for specific jobs. On the whole such certification was in the interest of the worker, as it was a safeguard against men being compelled to do work at which they would be inefficient or which would be detrimental to their health. Obviously there was no ethical objection to such certification. But the recent introduction by the Government of the Control of Engagement Order may well raise an issue of ethical importance to the profession. For the first time in the history of our country legislation has been introduced to compel workers in peacetime to engage in work which is not their own choice. Without going into the arguments for and against this type of legislation, there can be little doubt that the vast majority of us look upon the Order as the introduction of industrial slavery. In the controversy which recently raged round the

proposed National Health Service our profession took a very strong line against the direction of doctors to take up practice in districts which were not their own choice. We took this stand on ethical grounds. The practice of compulsion, to which we rightly objected, is now being applied to the vast majority of citizens with very few exceptions.

Now here is the practical point. If the workers should prove recalcitrant it may well be that the Ministry of Labour will ask us to examine the rebels as to their fitness for the job to which they have been directed. If we agree to undertake such examinations we will make ourselves accessories to the enforcement of a practice which we consider morally wrong. On the other hand, if the worker should ask us in confidence for such an examination, there would be no ethical objection to issuing a certificate. The worker could use it or not as he saw fit. I trust the Association will give this matter immediate consideration and that it will warn members of the impropriety of conducting such examinations if asked to do so.—I am, etc.,

Woodford Green, Essex.

L. P. GRAY.

B.C.G. Vaccination in Control of Tuberculosis

SIR,—I should be grateful if you would let me correct an error that has been pointed out to me in Table IV of my paper on B.C.G. vaccination (Nov. 29, p. 855). In the text of their paper Aronson and Palmer have grouped their non-pulmonary with their advanced pulmonary cases, and in the corresponding table they have failed to indicate that their advanced cases refer to pulmonary cases alone. On re-examination of their figures, it seems probable that the real numbers were as follows:—No. developing N.P.T.: 3 in vaccinated, 19 in control group; No. developing P.T.: 14 in vaccinated, 49 in control group. Though this change in distribution affects the N.P.T./P.T. ratio and the argument I have based on it, it does not, of course, alter the total number of cases in the vaccinated and control groups. Readers may be interested in a recent paper by Levine¹ in which he draws attention to technical defects in some of the American investigations on B.C.G. and to the completely negative results obtained by Blanch, Blanch, and Lieutier² in a study of over 100,000 infants vaccinated by B.C.G. in Uruguay.—I am, etc.,

G. S. WILSON.

REFERENCES

- 1 Levine, M. I. (1947). *Amer. J. pub. Hlth.*, **37**, 1089.
- 2 Blanch, P., Blanch, H., and Lieutier, H. (1945). *Rev. Tuberc. Uruguay*, **13**, 1.

SIR,—All tuberculosis workers in the field will welcome the pungent paper by Prof. G. S. Wilson on "The Value of B.C.G. Vaccination in Control of Tuberculosis" (Nov. 29, p. 855). I hope it will be read and re-read. He suggests a possible trial on nurses entering the larger hospitals. Too many would be lost sight of to make the trial a success. There are at present no short cuts for the eradication of pulmonary tuberculosis. Find, isolate, educate, treat, rehabilitate the adult positive case; encourage the sure but unspectacular work of tuberculosis health visitors. This, I suggest, is the hard but only way.—I am, etc.,

Church Stretton, Salop.

G. LISSANT COX.

SIR,—The critical article on B.C.G. by Prof. G. S. Wilson (Nov. 29, p. 856) and your able leading article thereon (p. 873) are of great interest at the present time. I propose to comment briefly on only one aspect of Prof. Wilson's paper—namely, his suggestion that, as children of tuberculous parents undergoing B.C.G. vaccination must be separated from their homes for 2 or 3 months following vaccination, this separation might be prolonged "till the tuberculous member of the family has been cured, has died, or has been admitted to an institution for chronic cases."

Dealing with each of these alternatives in order: (1) No patient can by definition be considered as "cured" until a minimum of five years from the onset of the disease, and many patients may take longer than this. I have, for instance, at present an afebrile patient aged 39 in this hospital who first showed a "positive" sputum 19 years ago. (2) The average survival time of a patient dying of pulmonary tuberculosis from the date of diagnosis is probably also in the neighbourhood of five years. (3) Where are the institutions for chronic cases at the present moment? Beds in them, in my experience, are practically unobtainable.