General Use of Tuberculin Test

SIR,—We are all in debt to the organizers and to the Prophit scholars for their skilled attack from an epidemiological angle on the disease which alone causes approximately 40% of deaths occurring in the age group 15–24. It is, however, in reference to the policy suggested in your leading article (June 19, p. 1189), a policy which might be adopted by those responsible for health supervision in young adults, that I should like to discuss certain points. How far is it practical, even with an aim so important as the early diagnosis of tuberculosis, to keep all young adults under general medical surveillance, to carry out graded tuberculin testing, and when necessary x-ray them? Among contacts, medical students, or nurses, where a special risk of exposure is recognized, it may be reasonable, and is in any case likely to be demanded because of their special knowledge of such matters. Among healthy young adults, whether in industry, the armed Forces, at the university, or elsewhere, the problem is different. In proportion to their intelligence they require an explanation of the reasons for carrying out the Mantoux test, and this entails giving information from which the seeds of anxiety might grow.

If 60–85% of these young adults are Mantoux-positive there are few health services equipped to carry out full-size chest x-ray examinations on so large a proportion. If the proportion of Mantoux-negatives were more than a small one, follow-up testing of Mantoux-negatives at four-monthly intervals would not be feasible with present facilities, and if the interval is longer the procedure loses value. Before advising the general introduction of Mantoux testing for all young adults, would it not be wiser to restrict its use to annual surveys until such time as the position in this country approaches, if it ever does, the present situation among university students in the U.S.A., where at some universities only 10–15% are positive reactors? Because this proportion is manageable, the general policy in the U.S.A. is to prefer the Mantoux test to x-ray examination as the routine, but these circumstances do not apply in this country. Here it would as yet be premature in my opinion to attempt to apply the Mantoux test to the general population for the purpose of controlling tuberculosis as opposed to that of carrying out a survey. There is an additional advantage in waiting. More information may become available concerning the value of the test when high dilutions are used. If the proportion of positives should remain high in this country, the best use of the test might well be as a test of sensitivity, in contrast to its current use to determine the presence or absence of living tubercle bacilli in the body.

At the present time we stand in particular need of published information concerning the proportion of Mantoux-positive young adults among groups of the population who are *not* exposed to special risk of infection. During a recent pilot investigation here on 41 undergraduates of average age 22.5 years, 35 showed a positive reaction (consisting of oedema up to 5 mm. diameter with surrounding erythema) to 0.1 ml. of 1:10,000 dilution of old tuberculin.—I am, etc.,

Oxford.

R. W. PARNELL.

Xanthelasma Palpebrarum, Gallstones, and Atheroma

SIR,—Xanthelasma palpebrarum, probably a manifestation of a regional disorder of cellular lipoid (cholesterol) metabolism, is, I think, the commonest external cholesterol lesion met with, and is on the whole more frequent in females and in certain families, less frequent in those of purely British ancestry than in those of foreign or partly foreign ancestry. Its connexion with other types of xanthomatosis is of course well known, and I think that there is often noteworthy frequency of arterial atheroma and gallstones in the same families—probably indicating the presence of other associated (local and systemic) errors of cholesterol metabolism.

I knew three brothers, big men, fond of open-air exercise, especially shooting. The eldest of the three, a merchant, lived in a healthful way, largely in the country, and died at 72. Towards the end of his life there were aortic and mitral murmurs, probably atheromatous, and then suddenly he developed enormous cardiac dilatation. His younger brother, in early middle age, had a severe cardiac attack when playing

cricket, and then was found to have aortic regurgitation, possibly due to rupture of an atheromatous valve. He died relatively early. The youngest of the three brothers, an architect, died at 70 or 71, apparently of coronary thrombosis. He had rather striking xanthelasma palpebrarum, and one of his daughters was operated for gallstone. A niece (sister's daughter) of these three brothers had slight xanthelasma palpebrarum at about the age of 20, but it had disappeared by 55, and she is now in excellent health at 79. The father of the three brothers died (pneumonia) at 78, and the mother lived to 94. Incidentally, this history shows that a family tendency to xanthoma and atheroma does not necessitate early death. It illustrates points to which I wish to draw attention, but is by no means an extreme example. There must be hundreds quite as striking or more so.—I am, etc.,

London, W.1.

F. PARKES WEBER.

Golden Jubilee of the R.A.M.C.

SIR,—I have just read your leading article in the *B.M.J.* of June 26 (p. 1242), and your note on p. 1267 on the *Scrapbook*, which I had already read. We in Aberdeen are justly proud of the generous references in these places to Sir James McGrigor, and to Sir James Cantlie and his distinguished son, now our Director-General, commemorated in various ways and places—e.g., the McGrigor Mess at the Cambridge, and the Cantlie Club—but I cannot help thinking that it is a serious omission to have left out all reference to our Professor, Sir Alexander Ogston, whose contribution to the initiation and inauguration of the R.A.M.C. is well epitomized by one of the contributors to a privately printed book on Sir Alexander Ogston when he says: "Another of his contributions that seems to be forgotten is his 'bombshell' Address in Surgery at the Portsmouth Annual Meeting in 1899 of the British Medical Association, when he arraigned and impeached the Army Medical Department, an address which led undoubtedly to the high position taken by the R.A.M.C. in the Great War. Full credit does not appear to have been awarded to Ogston for this bold frontal attack, carried out in true Ogstonian fashion, but '*Si monumentum requiris circumspice*.'" Perhaps the B.M.A.'s recent repeated chastenings have produced a sort of inferiority complex, but it is to the credit of the B.M.A. that it was at one of its Annual Meetings that this address in surgery was delivered by Prof. Alex. Ogston, of Aberdeen, an address that was destined to have such far-reaching effects, producing R.A.M.C. results in the two great wars second to none.—I am, etc.,

Aberdeen.

W. C. SOUTER.

Foetal Infection in Prolonged Labour

SIR,—I was greatly interested in the case of neonatal *B. coli* meningitis reported in the *Journal* (June 19, p. 1180) by Drs. H. R. Duval and J. T. Burrowes, since it draws attention to the foetal dangers of prolonged labour. However, I was surprised to find no reference to the work of Douglas and Stander (1943), who studied intra-partum infection of the foetus as a cause of stillbirth. By means of blood culture from the foetal heart they discovered 83 cases of bacteraemia in foetuses stillborn after prolonged labour, and in over 50% of these cases there was histological evidence of infection spreading into the placenta from the foetal surface. The most usual infecting organism was the anaerobic streptococcus. They concluded that the commonest portal of infection into the foetus was directly through the placenta, while inspiration of infected liquor into the air passages and infection through the maternal blood stream were less frequent causes. They also considered that apparently intact membranes do not constitute an impassable barrier to organisms.

Now, prolonged labour is a common event, but it is relatively rare for an infant which has been delivered alive to die from infection in the first few days of life. Consequently, if Douglas and Stander's results are confirmed, there must undoubtedly be many cases in which a newborn infant has an unsuspected bacteraemia and makes such a steady recovery that it is never diagnosed. In order to throw light on this point, foetal blood cultures were made from cord blood in five cases of prolonged