It is wrong to assume that intercapillary glomerulosclerosis is only found in the elderly. In our present series of 16 cases (9 with necropsy confirmation) we have patients aged 47, 42, 31, 40, 42, 39, and 33. The first three of these have died and the characteristic lesion has been found. The 31-year-old patient had had diabetes for 21 years. Most of these cases have been seen by us through the courtesy of Professor T. H. Oliver, at whose diabetic clinic they have attended.—We are, etc.,

J. DAVSON.
ROBERT PLATT.

Manchester.

Prevention of Dust Diseases of the Lung

SIR,—Dr. Leonard W. Hearn says (July 17, p. 172) that grit and dust particles cannot be inhaled through a simple butter muslin or gauze mask and suggests that all workers under dusty conditions could be assured of protection against pneumoconiosis if they wore such a mask at work.

Mr. R. F. Hounam of the Pneumoconiosis Research Unit investigated the filter efficiency of a simple gauze and cotton wool mask that is produced commercially as a dust respirator and found the following results for coal dust clouds :

Particle Size	% of Particles Penetrating Mask
5 μ	30%
2 μ	70%
1 μ	90%
0.5 μ	95%

Since it is generally agreed that small particles, particularly those of 2 μ and under, are chiefly responsible for producing pulmonary fibrosis when inhaled, it may be concluded that simple gauze masks would be ineffective in the prevention of pneumoconiosis.

Members of the scientific staff of the Chemical Defence Experimental Establishment are at present collaborating with members of the scientific staff of the Pneumoconiosis Research Unit in the design of a simple but effective filter-pad to cover the mouth and nose which could be discarded after use for a single shift and which should be wearable without discomfort. A pilot model of this mask is nearly ready for trial. However, even if this simple mask is found to be wearable and effective in practice we should not like to suggest that its use should supplant dust suppression in the prevention of pneumoconiosis. I have recently seen a miner who developed advanced silicosis after only six years' work drilling in rock, during the whole of which period he wore a Mark IV respirator at work. This mask in the laboratory is at least 95% effective for particles above 0.2 μ , but it is clearly not always effective in use. My plea was for "effective action directed to prevention and aftercare" in the problem of pneumoconiosis. In such action the provision of dust respirators will only play a small part.—I am, etc.,

Pneumoconiosis Research Unit,
Llandough Hospital,
Nr. Cardiff.

C. M. FLETCHER.

SIR,—The letter written by Dr. Leonard W. Hearn (July 17, p. 172) is of very great interest to those of us who have spent many years in the mining areas and whose work has been more or less limited to the x-ray examination of miners' lungs. Dr. Hearn is "lost in wonder that no mention is made of the simple and sure means of prevention and protection by the use of the small pad" indicated by him. We also are lost in wonder that Dr. Hearn did not at some time or other make known many years ago this "simple and sure means" and thus have saved not only the lives of colliery workmen and the misery and anxiety connected with deaths due to dust disease, but also saved millions of pounds together with many hours of anxious work and research which have apparently been thrown down the drain by simple-minded people in the mining areas.

On whose authority does Dr. Hearn state that the muslin pad is a "simple and sure means of prevention"? We have failed to find any evidence of work which proves that there is "a simple and sure means of prevention and protection in dust diseases of the lung." No one has ever suggested that "grit can be inhaled," but we are at a loss to know exactly what he means by "dust particles," as this term is, to say the least, very indefinite.

Many years ago one of us (A. H.) carried out experiments with various types of mask, and by a mask we mean a mask, and not merely "six folds of butter muslin," and watched over several years the effect of these masks, including the Mk. IV so kindly given to him for that purpose by the late Professor David Jones, who assured him that dust particles of 5 μ or less would not pass through this latter type. The filtering properties of "six folds of butter muslin" cannot in any way be compared to the filters used in the Mk. IV mask. This tends to show that Dr. Hearn has rushed in where others fear to tread, as the results obtained, controlled by x-ray examination for a number of years, showed that the various masks were useless, as the usual proportion of patients still died from lung disease due to dust inhalation which was proved on post-mortem examination.

Very many years ago we stated that x-ray examination of all entrants to the coal-mining industry should be compulsory, and that periodic x-ray examinations of these men should be carried out so that on the earliest harmful evidence of pneumoconiosis the men should be given some other type of work away from all dust dangers. It would seem to us that, until the Medical Research Council or any other responsible persons publish evidence to the contrary, this is the only "simple and sure means of prevention and protection," or until the mining engineer can eliminate "dusts" from colliery workings. Masks of various types and masks of varying degrees of uselessness are to be found on the scrap heap in any mining area where dust disease is prevalent.—We are, etc.,

ARCHIBALD HARPER.
J. MANSEL MORGAN.

Ammanford, Carm.

Service Doctors in Far East

SIR,—The letter from Lieut. D. R. Morgan, R.A.M.C. (July 3, p. 54), complaining about the treatment of married non-regular officers in FARELF, is based on a misunderstanding of the regulations governing the grant of family passages. Owing to the shortage of quarters a points system was introduced, which was thought to be fair to all irrespective of age and rank. Married officers and men with the longest separation from their families were given the most points. The non-regular or National Service man with a total of two years to serve, and most likely not more than eighteen months overseas, is unlikely to acquire sufficient qualifying points. Families are not moved unless quarters are available, and unless the husband has at least one year's service to complete before being due to return to the United Kingdom. There are many regular officers who have had to serve their full term of three years overseas without acquiring sufficient points for their families to join them. There is no United Kingdom leave for any soldier during his three years' overseas duty tour, except for soldiers in Europe.

Lieut. Morgan appears to feel there is some discrimination between regulars and non-regulars, but both in estimating the points system and in the payment of local allowances and of marriage allowance National Service men and regular soldiers are on the same footing. A married officer who is not living with his wife and family cannot expect to receive local allowances at the rate of a married officer accompanied by his family, as he is already receiving marriage allowance at United Kingdom rates and is allowed overseas allowances for himself at single rates. The half-rate marriage allowance of officers under 25 is the same for both regular and non-regular and is not peculiar to FARELF; it applies everywhere.—I am, etc.,

R. EDGEWORTH-JOHNSTONE,
Major-General,
Director of Public Relations,

The War Office.

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

SIR,—All will be gratified at the graceful acknowledgment by Major-General R. E. Barnsley (July 24, p. 223) of the decisive and successful action by the B.M.A. from 1896 to 1898, recorded in your leading article of June 26 (p. 1242), and commented on by Dr. W. C. Souter (July 10, p. 107), which resulted in the long-overdue establishment of the Army Medical Corps. As an addendum I would, however, remind him that no account of the detail of this outstanding piece of work can be considered complete if it omits honourable mention of the