

Every second person among these sufferers is unaware of or neglects his illness. In Switzerland, every tuberculous person costs the authorities or welfare agencies an average of 40,000 francs. If the disease is treated early, however, the cost is reduced by nine-tenths.

Tuberculosis must be combated in the country as in the towns, because it does not spare rural populations.

The Different Localisations of Tuberculosis.

Once introduced in number into the organism, the bacillus may set up a tuberculosis of the larynx, lungs, pleura, peritoneum, intestine, liver, spleen, bladder, sexual organs, meninges (membranes enveloping the brain), brain, eye, ear, bones (vertebral column, bones of the limbs), joints (hip, knee, elbow), or skin (lupus).

The anal fistula is of tuberculous origin. Tuberculosis of the bones and joints, like that of the lymphatic ganglia (scrofula) breaks out through the skin by means of fistulæ from which oozes a liquid containing bacilli; when these fistulæ close, they leave very visible scars.

Tuberculosis may be acute, sub-acute, or chronic. It may be arrested by medical and surgical treatment, fresh air, rest and good food. Sanatoria have already saved thousands of lives by these means. To be diagnosed as tuberculous is no longer considered a death sentence.

THE TRAGEDY OF VENEREAL DISEASE.

The Government is naturally perturbed by the increase of venereal disease, and is anxious that every effort should be made to mitigate the evil which is for ever on the increase in war. Realising the terrible suffering and results to victims of the various forms of venereal disease, we publish the following information circulated by the *Times*, with thanks.

There need be no false modesty on the part of nurses where venereal disease is concerned. Let them take every means in their power to mitigate its horrors. Begin by warning girls and young men of the danger of immorality. We presume that this question is brought before members of the Women's War Services and that they have placed before them, by expert information and diagrams, the results of infection.

Why not show them a few scarred faces minus a nose and other ghastly results by which venereal disease makes war on humanity? We believe in the utmost publicity—where this matter is concerned—and hope the Government will realise its duty in this connection, and at once appoint experts to instruct both men and women enrolled in the Service of their country that chastity is a paramount virtue where patriotism is concerned.

VENEREAL DISEASE A VITAL PROBLEM.

What is adequate anti-syphilitic treatment? Ought it to be enforced?

In an article in the *Lancet*, June 6th, 1942, will be found the following:—

"Even with immediate and vigorous treatment, there are still certain cases, luckily rare, which are completely resistant to every known form of therapy, dying within a year or two of the contagion in spite of every care.

"Another handicap to adequate treatment is the poisonous nature of the various curative agents.

"... Only such heavy metals as produce protoplasmic poisoning are of recognised value to-day, and only certain of these metals are as yet clinically safe.

"Lead... too dangerous... Antimony... banned by the faculty. Silver produced argyria... Gold... is suspected of producing epilepsy... Arsenic, until Ehrlich's time, was much too poisonous.

"It therefore came about that mercury stood alone for centuries as the one and only curative agent. This was a great handicap, for the poisonous dose was so close to the curative that adequate treatment was always a major difficulty. Waves of enthusiasm for such adequate treatment periodically swept the profession, overdosage became common, and the results of treating the disease rather than the patient were so appalling that even the public got to know of them, and boxes of popular purgative pills had to be labelled 'contains no mercury.'

"... The Wassermann reaction was discovered... That hope, too, has faded... We do not know what a persistent positive Wassermann means.

"Then came the arsphenamine era... It was a dream that those in the centre soon found *was* a dream; but its effects lasted through the war of 1914-18, and it was the huge aftermath of relapse cases in 1919-21 that drove the lesson home and restarted long and continuous treatment again.

"We are no longer afraid to push arsenicals... We have learned that we cannot depend on the arsenicals alone to combat the disease. We require long courses of the heavy metals, mercury or bismuth. The older drug, owing to its toxicity, has to be given with intervals between courses. Bismuth, with its lower toxicity, can, in most cases, be given continuously."

With such a record, how can the medical profession, or that minority that demands compulsory measures, force treatment on the unhappy sufferers?

As for the sulphonamides in gonorrhœa, many experienced doctors maintain that they abate the symptoms without eradicating the infection. There are toxic effects of the drug in a proportion of those treated with it.

No guarantee of cure can be given, and remedies which are to be forced on some of the sufferers from these diseases may kill them. Some people may think this would be an advantage to the State, but we have not yet reached that stage of national selfishness."

We call on the Nursing Profession to take action. Prevention is better than cure.

CHIEF MEDICAL OFFICER'S BROADCAST.

The Chief Medical Officer of the Ministry of Health (Sir Wilson Jameson), broadcasting on a recent occasion, said:—

Winter's getting very near now—the fourth winter of the war—and I want to ask all parents to do two things. The first is to make sure your children get their full ration of sleep this winter. Sleep comes next to food in importance in the life of a child. The Government has seen to it that your children have been well fed during this war. It's up to you to see that they get plenty of sleep.

The next thing I want you to do—if you haven't done it already—is to get your children protected against diphtheria. And this is really urgent. If the treatment is to take effect before the days when diphtheria is at its height—and that's usually December and January—you've no time to lose. See to it right away. Do you realise that on an average diphtheria kills someone in this country every three to four hours, and that as a result of it some child is taken off to the fever hospital every 20 minutes?

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