

GRAINS AND SCRUPLES

Under this heading appear week by week the unfettered thoughts of doctors in various occupations. Each contributor is responsible for the section for a month; his name can be seen later in the half-yearly index

FROM A BACTERIOLOGICAL BACK-NUMBER

I

WHEN Jenner and Pasteur developed the idea of artificial immunisation they did something more than make a scientific discovery; they founded a faith and as so often happens with faith came an offset of superstition and charlatanry. Neither of these great innovators approached the matter as entirely unprejudiced and impersonal observers. They aspired to be missionaries as well as scientists. It seems odd in our disillusioned age that the nineteenth century should have found its sermons so readily in stones though it was perhaps the gift for identifying what *is* with what *should be* that made it both great and ridiculous. Immunisation was born and brought up in rose-coloured surroundings and it has continued to live in a dangerous atmosphere where the wish has been wont to be the father of the thought.

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We have lived through some striking changes in the attitude to small-pox vaccination. Compulsory vaccination which once had the suffrage of the nation has now hardly a serious supporter. We are ashamed to jettison the idea completely and perhaps afraid that if we did the accident of some future epidemic might put us in the wrong. We prefer to let compulsory vaccination die a natural death and are relieved that the general public is not curious enough to demand an inquest. In the meantime our attention is diverted to other and newer forms of immunisation. In our own immediate times diphtheria immunisation has taken its turn as the arch stunt of the immuniser. The scientific ideas behind it were certainly engaging and were proved beyond any reasonable doubt. The Schick test distinguished the susceptible from the immune and by a simple treatment the susceptible could be made immune. These facts carried with them no categorical imperative. That diphtheria can be prevented by immunisation no more implies a command to immunise people than the fact that nitric acid and glycerin make an explosive mixture implies a command to blow up our neighbours. Yet the immunisation of the masses has been undertaken with almost a religious fervour. The enthusiast rarely stopped to wonder where it would all finish or whether the fulsome promises made to the public in the form of "propaganda" would ever be honoured. Without propaganda there can, of course, be no large-scale immunisation, but how perilous it is to mix up propaganda with scientific fact. If we baldly told the whole truth it is doubtful whether the public would submit to immunisation. On the whole diphtheria immunisation has proved a fairly safe affair, but suppose we included in our propaganda a candid account of the various untoward accidents which have accompanied the procedure. No method involving a parenteral injection is without a significant risk. When injecting a healthy individual with anything we are always skating on thin ice. Sick people for the most part are quite prepared to take a risk in trying out a remedy, but the main desire of well people is to preserve their status quo. If you knock them out in an effort to protect them from a disease there is no knowing they will ever get,

there is the devil to pay. Accidents and mistakes must inevitably happen and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take detailed notice of the immunisation accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service. And if the technical experts have often been furtive and disingenuous in their methods the public in its turn is unfair and vindictive. The whole world is ready to be wise after the event and a scapegoat has to be found at all costs. Some of the mistakes that have been made seem foolish enough when coldly reviewed: mislabelled bottles, preparations issued without check tests on animals, the omission of a disinfectant—all this seems easily avoided but the point is that they *are* made and are bound to be made sometime or other, even with the greatest vigilance. There are few immunologists responsible for the preparation of immunological reagents or doctors who have carried out immunisation on a large scale who have not had some hair-raising experience.

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My own most unhappy experience in this direction was when immunising a group of mentally defective children against scarlet fever. It was in the early days of scarlet fever immunisation but we had already had a reassuring experience with many hundred children. Of course we knew that we had to deal with a population that might contain some pleasant "unknowns" and we ran a preliminary trial on two or three dozen of the children to see how things would go. Everything went well, so as time and the occasion pressed, we proceeded to immunise the rest of the children. We had not got very far when we were urgently called back to the bed of one of the injected children and there found a Mongol imbecile pulseless and looking like death. In the next few minutes came four more summonses of the same kind and each of the unfortunate patients was a Mongol imbecile. We had failed to include a specimen of Mongol in our try-out—a stupid enough thing to do, for as everyone knows Mongols are odd little folk and a law unto themselves. All's well that ends well and fortunately all the patients recovered with almost the same speed and inconsequence with which they had collapsed. Even to this day we don't know the reason for this strange behaviour of Mongols and needless to say we were deterred from further experiments on such kittlecattle. We may not have learnt anything of the essential nature of mongolism but we *did* learn to think more feelingly of the misfortunes of our fellow immunisers.

The risk of accidents must remain one of the snags of all forms of immunisation. The individual immuniser is after all the only person who has the moral right to decide whether the game is worth the candle. His knowledge may be quite inadequate for the decision but the risks are one way or another mainly personal and his concern alone.

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The gradual extension of immunisation to an increasing number of diseases is rapidly bringing us

to the stage when we have too much to choose from. Shall I be immunised against small-pox, diphtheria, and typhoid (a standard selection), or shall I choose influenza (by the new method), the common cold (by the old method), and scarlet fever? Shall I be high-brow and fortify myself against psittacosis and tularæmia or prepare myself for a really *grand tour* by having a few shots against the fevers of Malta, the Rift Valley, or the Rocky Mountains? It is quite clear that if I don't want to tattoo myself from head to foot with injections or come out in as many rashes as a chameleon I have got to stop somewhere. My risks of contracting even the commonest of these diseases is usually small—not nearly so great as my risk in crossing the High-street between any Sainsbury's and any Woolworth's.

Can we ever abolish a human disease by a mass immunisation? While the craze is hot we can immunise a thousand or ten thousand, but sooner or later the apostolic zeal wanes, or the available hoardings are wanted for some more fashionable advertise-

ment and the Sisyphean stone once more rolls down the hill and we are much in the position as we were at the beginning. Immunisation surely should remain a matter of private, not of public, venture—a question for the individual to decide on personal grounds and in terms of his own risks, fears, and prejudices.

We see the same impasse reached in the current argument about typhoid inoculation. Sir John Ledingham rightly laughs at the risks of the negative phase. As a distinguished bacteriologist noblesse oblige that he should not be pusillanimous in the exercise of the special methods of his own subject. Your LANCET critic is inclined to pooh-pooh the risks of disease and dwell on the risks of inoculation. He seems to prefer the God-sent to the man-sent risk and perhaps in this he is also right. The Mayor of Croydon is said to have discussed the typhoid epidemic over a dish of watercress. Perhaps he is rightest of all. After all if the chicken had listened to other chickens it would never have dared to cross the road, and it would never have got to the other side—Q.E.F.

PARLIAMENTARY INTELLIGENCE

RISE IN THE COST OF LIVING

In the House of Commons on Dec. 22nd Mr. LATHAN moved:

“That this House, taking note of the upward trend of prices without a corresponding increase in the income of the average household, is of opinion that the public, especially that section of it already suffering on account of inadequate resources, should be protected by measures for the better organisation of production and distribution and the elimination of profiteering in order to keep the cost of living within proper limits.”

He said that in the last four years food prices had risen 16 per cent. Milk was dearer to-day than in any other country in Europe. The desirable amount of milk for children was from one to two pints a day; at present prices $1\frac{1}{2}$ pints a day would cost 3s. $4\frac{1}{4}$ d. a week, more than the sum allowed by the Unemployment Assistance Board for a child under five. In 1933 the cost of a minimum diet was said to be 22s. $6\frac{1}{2}$ d. per week; it had now risen to from 26s. $8\frac{1}{2}$ d. to 36s. 2d.—figures obtained in the cheapest shops doing ordinary working-class trade.—Mr. RIDLEY, seconding the motion, said that the Government policy was largely to blame for the rise in food prices. The country had gone back in the last five years to economic nationalism.

Mr. RAIKES said that he knew of no better wicket upon which the Government could bat than upon the rising cost of living at present. A fall in the price level would mean a gradual return to the conditions from which the country had drawn itself during the last few years. Cheap talk about the cost of living obscured the fact that to-day the purchasing power of the nation was higher than at any previous time.—Captain MACNAMARA pointed out that the cost of living was considerably higher in France, Germany, Italy, and the United States.

After further debate, Captain EUAN WALLACE, Parliamentary Secretary to the Board of Trade, said that the recent rise in the cost of main foodstuffs was mainly due to the widespread strengthening of demand caused by the general economic revival. During the depression a rise in prices was declared by the leaders of all parties to be an essential condition of recovery. Those who had been in constant employment throughout the depression might be slightly worse off now than four years ago; but there was no doubt that to-day the insured population as a whole was better off. The cost of living index was lower than in 1929, the last year of prosperity, and wages were higher; consumption of food, drink, and tobacco was 20 per cent. greater;

the total expenditure on social services had risen from some £468,000,000 in 1930, when the Labour party were in office, to over £503,000,000 in 1935, the last year for which figures were available; to-day 3,000,000 children were receiving cheap and 400,000 free milk; when Labour held office 27,500,000 free meals were given to children by local education authorities, whereas now there were 100,000,000; the sale of milk had gone up by 16,000,000 gallons during the last year. Special attention was being paid to households where a substantial part of the income came from the Unemployment Assistance Board. The first review of cases was completed on Nov. 30th and increased allowances were being made in some 250,000 cases. It would be impossible to run a contributory pensions scheme on the basis that payments should fluctuate with the cost of living; if that were done the 10s. old age pension would be worth 6s. 9d. to-day.

The motion was negatived.

NOTES ON CURRENT TOPICS

The Christmas Adjournment

The House of Lords adjourned for the Christmas recess on Dec. 22nd, and the House of Commons on Dec. 23rd. Both Houses, unless called together earlier in emergency, will reassemble on Feb. 1st.

Coal Bill and Miners' Welfare

On Dec. 20th, when the House of Commons considered the Coal Bill in Committee, a series of amendments which were all negatived were moved to provide for miners certain benefits in the allocation of the surplus. The suggestions included a pension fund for those over 55, funds for improving their conditions, especially in regard to safety, noise, and silicosis, and for displaced miners in general.

Mr. OLIVER STANLEY, President of the Board of Trade, did not think that any contribution that a Commission of this sort could make year by year as its surplus rose or fell, or disappeared, would be in any way a safe foundation upon which a pension scheme, however desirable in itself, could possibly be based. The question of safety must be left for decision by the Royal Commission that was considering this and other matters. Already a large proportion of the cost of research would be borne by the Coal Commission. If work of this sort was being starved for money—and he did not think that there was any ground for saying that—it was surely not right that there should be delay by waiting for the surplus fund to provide a remedy.