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Correspondence

Letters to the Editor should not exceed 500 words.

Infectious Diseases: Do they Matter?

SIR,—"Everyone knows that infectious diseases hardly matter." This quotation from Dr. H. W. Ashworth's admirable "Personal View" (25 October, p. 231) seemed at first not to be worth a challenge. No doubt Dr. Ashworth really meant to convey that death and illness from communicable diseases have dramatically declined. We may all agree and be grateful that this is true.

The trouble about letting it go at that is that attitudes to communicable diseases oscillate crazily from the extreme view that they hardly matter to the other that an old-fashioned plague has stricken us, so we need to find whose head should roll. The one error begets the other. Perhaps it is enough to mention that the public and press retain a real interest in such matters as rabies, deformities after rubella, smallpox importations, the common cold, antibiotics, food-poisoning, and methods of immunization. Their interest is well founded, as your communications on epidemiology show us week by week.

We need to understand infectious diseases in order to treat and prevent them rationally, and we shall not do so if we allow anyone to think and say that they hardly matter. The way to ensure that they will matter more than they ought is to underestimate their significance.—I am, etc.,

JAMES HOWIE.

Public Health Laboratory Service, London W.1.

SIR,—The quite incredible statement "Everyone knows that infectious diseases hardly matter" expressed by Dr. H. W. Ashworth in his "Personal View" (25 October, p. 231) cannot pass unchallenged. Are we to accept that 100 deaths per annum from acute meningococcal infection, outbreaks of acute gastroenteritis with several deaths, fatal cases of meningoencephalitis from infection with herpes simplex, *Coxsackie*, E.C.H.O., and other viruses "hardly matter"? Do we gloss over the fact that for all practical purposes the whole range of the *Salmonella* genus as well as *Shigella sonnei* are antibiotic-resistant, and that the totally indiscriminate use of drugs in these infections has led to the alarming problem of transfer resistance factor? Do we ignore the emergence of a vast range of infection with viruses and agents such as *Mycoplasma pneumoniae* and *Toxoplasma gondii*, all fraught with the possibility of morbidity if not mortality? Surely it is time we freed ourselves from the fallacy of a world without infection, and faced squarely the fact that a very large part of acute medicine relates to infection. One need only mention multiple sclerosis and leukaemia as conditions in which modern research indicates a possible infectious aetiology.

As for infectious diseases being an unpopular subject, I would refer Dr. Ashworth to generations of past students of the Royal Free Hospital. In their two weeks' residence in the infectious diseases unit they found a form of acute medicine not to be found elsewhere, and many have paid testimony to the value of this experience as a preparation for general practice.—I am, etc.,

A. MELVIN RAMSAY.

Carshalton, Surrey.

Death and Resuscitation

SIR,—Dr. Alec Paton's personal approach to the subject of resuscitation is most refreshing (6 September, p. 591). We all know how fearful is the problem in real life. Only last week I admitted to our cottage hospital an emphysematous man for whom death's kind hand was at last outstretched after many years of suffering. The ambulance men, finding him in extremis, were itching to take him bells a clanging to the district general hospital for resuscitation, and were scarce restrained by sister, who had already been informed that he was beyond salvage (he would have been nursed at home but for his wife's exhaustion).

This little incident was nothing, however, compared with what happened last spring. A splendid old man of 84, ex-ship's pilot, was slowly breaking up under the impact of a double carcinoma. He had lost 4 st. (25 kg.) in weight, and was suffering such misery from the pains of bone secondaries that palliative radiotherapy became necessary. The day after his admission to the radiotherapy unit a sudden massive bowel haemorrhage occurred and he was soon unconscious. And then what happened? Action stations! He was transfused with five pints of blood, revived, given his radiotherapy, and sent home to endure another four months of increasing pain and cachexia, a burden to himself and his family.

Soon after his resuscitation I wrote to the consultant asking if the houseman concerned could be gently reminded that there are perhaps occasions when enthusiasm should be curbed. To my surprise and consternation the reply stated that it was not the houseman but the consultant in person who had ordered the transfusion. It was appreciated, the reply said, that the feelings in my letter were sincerely meant, but "one cannot stand back and see a patient die of haemorrhage."

Death, it seems, must be prevented whenever possible, whatever the ultimate costs, no matter how painful the period of repayment by the patient and his relatives. If one discounts the inhumanly human situation of deliberate torture the fear of death is normally divisible into two parts: the fear of death itself, and the fear of the suffering that may have to be endured before death. Have we now to add a further dimension, the fear of resuscitation?