

MEDICAL MEETING

CONGRES DE L'ASSOCIATION DES MEDECINS DE LA RIVE SUD

Le prochain congrès de l'Association des Médecins de la Rive Sud aura lieu à Plessisville, Québec, les 5, 6 et 7 juin 1959.

Les médecins de la région ont choisi récemment les membres du comité du congrès:

Président: Dr Raymond Charron, Plessisville; Vice-Président: Dr J. A. Blais, Plessisville; Secrétaire-Trésorier: Dr Bertrand Savoie, Plessisville; Directeurs: Dr Liguori Breton, Warwick, Dr Claude Fortin, Thetford, Dr Gabriel Giguère, Plessisville, Dr Jean-Louis St-Hilaire, Princeville, Dr Raymond Arsenaux, Victoriaville, Dr Gérard Tremblay, Laurierville, Dr J. P. Lamontagne, St-Ferdinand.

Vendredi soir, il y aura un Forum Public où des médecins répondront aux questions posées par le public. Ce genre de forum s'est avéré dans les années passées intéressant pour le public ainsi que pour les médecins. Samedi matin, séance clinique. Samedi après-midi, forum médical. Samedi soir, réception et dîner.

with her in all her statements. The title I chose for the editorial was probably a poor one, thus leading to misunderstanding. I am sure that Dr. Allen and I are in complete agreement with the conclusions of the editorial. Whether the investigative work reviewed in the editorial proves to have any widespread practical importance or not, there is no question of the importance of the advances being made in methods of diagnosis, and especially in methods of treatment, of tuberculosis. Because of the good results obtained in the treatment of tuberculosis with a wide variety of chemotherapeutic agents, there is a danger of the diagnosis being made without thorough investigation and of treatment being instituted by physicians without special training in this field. Wherever it is possible, the treatment of all cases of tuberculosis should be under the direction of the trained physicians actively engaged in tuberculosis work, since they are the only individuals capable of evaluating the rapid advances being made.

NORMAN S. SKINNER, M.D.

Saint John General Hospital,
Saint John, N.B.,
April 22, 1959.

LETTERS TO THE EDITOR

THE CHANGING FACE OF TUBERCULOSIS? BEWARE!

To the Editor:

In the April 1 issue of the *Journal (Canad. M. A. J., 80: 554, 1959)*, Dr. N. S. Skinner refers to two articles in the *American Journal of Roentgenology* of 1959. He writes, "A patient may have radiological abnormalities of the lungs characteristic of pulmonary tuberculosis, with sputum loaded with acid-fast organisms, and yet be free of tuberculous infection."

My concern is: (1) that in my 28 years on the staff of the Saint John Tuberculosis Hospital, I have never seen such a case; (2) that the readers of the *Canad. M. A. J.* may not distinguish in their minds the difference between acid-fast organisms and acid-fast bacilli; (3) that far advanced pulmonary tuberculosis is continuing to be diagnosed in New Brunswick, and sometimes only after several members of the family have contracted the disease.

A survey of the time between the first symptom and the seeking of medical advice, and the time between the medical advice and the diagnosis, similar to surveys carried out in some cancer clinics, would be very illuminating and cause all physicians to beware of any changing face of tuberculosis.

IRENE V. ALLEN, M.D.,
Senior Medical Resident,

Saint John Tuberculosis Hospital,
East Saint John, N.B.,
April 12, 1959.

PUBLIC HEALTH

SURVEILLANCE REPORTS OF EPIDEMIC OR UNUSUAL COMMUNICABLE DISEASES

INFLUENZA

Since the previous surveillance report (March 7, 1959), outbreaks of influenza-like illness have been reported from St. John's, Newfoundland (large percentage of population); Halifax, Nova Scotia (up to 30% of employees of some businesses affected); Halifax County (approximately 3000 cases); Saint John, New Brunswick (approximately 1000 cases); Clinton R.C.A.F. Station, Ontario (500 cases); Aylmer R.C.A.F. Station, Quebec (300 cases); Camp Borden R.C.A.F. Station, Ontario (240 cases); and among Army personnel in central Ontario (approximately 90 cases). The illness has been described as relatively mild and lasting 36 to 48 hours.

Influenza B virus has been isolated from three cases in Halifax and five cases in Ottawa and serologically confirmed in eight cases from Camp Petawawa, Ontario.

UNITED STATES—Influenza B, confirmed by serological tests or isolation of virus, has appeared in epidemic form in eleven States and in the District of Columbia, and in sporadic form in three other States. Type A2 (Asian) infections have been identified in New York, Florida and California. The mortality from all causes and from influenza and pneumonia continues to be within normal limits in the 114 large cities.

EUROPE AND ASIA—The outbreaks of epidemic influenza reported during the last few weeks have not proved so severe, in any country, as those of the pandemic in 1957-1958. Influenza A2 (Asian) occurred in U.S.S.R. (where the peak of the epidemic was reached at the end of January), and then in Poland, Czechoslovakia, Bulgaria, Greece, Israel, India and Japan. In the United Kingdom, both A and B types of virus have been held responsible for the observed outbreaks, the latter being the most frequently encountered. Influenza B, reported in sporadic form in the Federal Republic of Germany, Czechoslovakia, etc., during the last few months of 1958, occurred in epidemic form during January, and particularly during February in Italy, Sweden, Denmark, the Netherlands, North Germany, Switzerland, Yugoslavia and France.

To the Editor:

In regard to Dr. Allen's criticism of my recent editorial-review, I wish to state that I agree thoroughly