1956). Few have more than one attack of rheumatic fever and 35 to 40 per cent have no residual valve damage.

Summary

A case is reported of acute rheumatic fever in a woman aged 44 years. Another similar case has recently been seen and it is possible the condition is not so rare as some authorities believe.

The diagnosis and treatment are briefly discussed.

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MEASLES AND ITS TREATMENT BY ANTIBIOTICS IN GENERAL PRACTICE

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During the measles epidemic of 1960-1961, details of cases occurring in our practice in an industrial area were collected. All cases were given antibiotics in full dosage when first seen. The antibiotic used in most cases was demethylchlortetracycline (Ledermycin).

Results

Of a total of 1,092 children in the practice under the age of 10, as estimated at 31 December 1961, 294 developed measles, i.e., 26.9 per cent.

		Male	*Female*
Children under 10	1,092	534	558
Cases	294	154	140
Percentage	26.9	28.8	25.08

The greatest incidence occurred between the ages of 4 and 6. The epidemic reached its peak in December. The recorded body temperature on first seeing the patient ranged between normal and 105°F. Apart from the rash, the most constant symptom was cough.

Of the 294 cases, 39 (13.2 per cent) developed a total of 49 com-

plications. These were

Bronchitis	29
Suppurative conjunctivitis	4
Facial excoriation and sepsis	4
Bronchopneumonia	2
Otitis media	2
Subsequent recurrent bronchitis	2
Subsequent prolonged debility	2
Laryngeal stridor	1
Empyema	1
Stomatitis	1
Diarrhoea	1

Discussion

In our series 13.2 per cent developed complications whilst under treatment by antibiotics. These included two cases of bronchopneumonia, one of which developed empyema.

Forbes (1961) considers that viruses causing a laryngotracheitis predispose to superimposed bacterial infection. If such viruses pave the way for bacterial infections the use of antibiotics prophylactically could be justified if the risks of such prophylaxis are less than the risks of complications.

Christie (1960) recommended that penicillin should be withheld except in cases where physical signs are present in the chest or the child is already ill with another disease. Similarly Armstrong (1960) reserves antibiotics for the more severe cases. Ashley-Miller and Fenning (1960) gave antibiotics only when secondary infection had already occurred. They reported a series of 119 cases in which 39 (31.9 per cent) had complications, 25 of which were bronchitis or bronchopneumonia.

Karelitz *et al.* (1959) gave prophylactic antibiotics to a series of 114 cases without development of unusual complications or superinfections. Similarly, Cioffari (1952) used chloramphenicol in 44 cases without development of complications. A study group of the College of General Practitioners (1956) reported against the use of routine antibiotics except where pulmonary complications are anticipated.

Our results, and the literature reviewed, suggest that the use of antibiotics may reduce the incidence of complications in measles.

Summary

The incidence of measles and the results of treatment by antibiotics in an industrial practice are reported.

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IN DEFENCE OF GENERAL PRACTICE

From a presidential address given at an inaugural meeting of North Lancashire and Westmorland Branch of the B.M.A. at Preston, 15 *June* 1950.

This is a time when general practice is in eclipse, when every medical student determines that at any cost he will be a specialist of one kind or another; when general practitioner fathers advise their sons either to specialize or to adopt some other profession. At this time I would avow my confidence in the future of general practice and say that I am glad to be a general practitioner. Why? Because our contacts with our patients are closer, are more continuous and much more personal. The variety of our work is wide, and we are still free to arrange our work as we wish with a minimum of interference. Our relationships with our colleagues are surprisingly good and in no way undermined by the fact that we are in competition to a certain extent.

How often we have been told that we are the " backbone of the profession ", but how often on less public occasions we are made to feel that the backbone is sadly in need of orthopaedic attention, perhaps plaster of paris. We feel like Kipling's " Tommy " who was called various things according to circumstances and declared " We ain't no thin red heroes and we ain't no blackguards too ".

Curiously enough the term " backbone of the profession " is a perfectly fair description, for only the general practitioner can assume continuous responsibility for the patient as a whole man and a clinical entity. It is he who must decide whether a second opinion is necessary and when it should be sought. He must be quite free to retain the case in his own hands if he so decides, and should not be forced into an unwanted consultation because he cannot otherwise obtain pathological or x-ray service. On his performance the the success of the medical service will stand or fall. I have sufficient faith to believe that, given the tools, he will continue to do the job and do it well.

F. M. ROSE