India. I feel that many of these cases are unrecognized, as the condition is not so well known.—I am, etc.,

Srinagar, Kashmir. S. KAUL.

REFERENCE

[1] Kaul, S., *Armed Forces med. J. (India)*, 1951, 7, 2.

The Tuberculous Immigrant

SIR,—"The incidence of active pulmonary tuberculosis in this country as shown by mass radiography surveys is less than 1 per 1,000 of the population. . . . Asian immigrants show at least 25 cases of active pulmonary tuberculosis per 1,000." (December 16, 1961, p. 1624.)

It would be of interest to know more about the statistical basis of this estimate of tuberculosis in Asian immigrants. Then a fairer comparison would be with the incidence of tuberculosis in this country as shown by the number of cases on clinic registers, which may be about five active cases per 1,000 of the population.

It would thus seem that the incidence in Asian immigrants is not 25 times but about five times that of the general population here, a figure which is in harmony with that given by Springett for Birmingham.[1] —I am, etc.,

Swanley, Kent. J. H. HUDSON.

REFERENCE

[1] Springett, V. H., Adams, J. C. S., D'Costa, T. B., and Hemming, M., *Brit. J. prev. soc. Med.*, 1958, 12, 135.

Treatment of Typhoid

SIR,—Your annotation on the treatment of typhoid (January 6, p. 41) prompts me to make some comments in the light of a therapeutic study that we made in the Dacca Medical College Hospital during 1958–9 with 200 cases of typhoid.[1] That "nowadays large outbreaks of typhoid are mainly confined to rather poor countries, where the cost of treatment is of much greater significance than it would be in a country such as Great Britain" is a very practical issue which should have been brought into light long before. Apart from the economic loss we undoubtedly lost many lives because of initial loading dose leading to anaphylactic reaction and in many cases fatal agranulocytosis.

Prednisolone has been "reserved for patients with high fever" only because of its cost. This, we feel, is likely to invite some avoidable risks. In our experience during the past six or seven years not a single case of perforation complicating typhoid could be saved by surgery. Low general condition of the patient, associated shock, and the nature of the tissue damage at the site of surgical repair are at least three important causes for this.

Administration of prednisolone in these cases gave dramatic results in our hands. Typhoid state and perforation are two other complications which also could be successfully controlled with the timely administration of prednisolone in addition to chloramphenicol. Even in cases where haemorrhage was of sufficient degree to warrant a blood transfusion (but transfusion could not be made available) prednisolone proved to be the next best alternative. It is unfortunate that nothing has been mentioned about these in your annotation.

Fuchs[2] had the highest relapse rate (23%) with a dosage of 1 g. chloramphenicol twice a day for a week after the patient became afebrile, whereas in our series, with an initial dose of 0.5 g. followed by 1 g. daily in four divided doses continued up to four to seven days after the temperature became normal, the relapse rate was about 10%. We are therefore inclined to think that, apart from the duration of therapy after the control of temperature, the interval between the two doses may be responsible for the rate of relapse.—I am, etc.,

Department of Medicine,
Dacca Medical College and Hospital,
East Pakistan. N. ISLAM.

REFERENCES

[1] Islam, N., and Nurul Haq, A. Q. M., *Sth. med. J. (Bgham, Ala.)*, 1960, 53, 1291.
[2] Fuchs, F., *Ztschr. Hypnose*, 1956, 2, 53.

Danger of Electrocution

SIR,—I described the technique of checking polarity of socket outlets referred to by Dr. Allan Birch (March 3, p. 643) in a letter to you on November 20, 1954 (p. 1231). It is important to wire the "earth" and "live" terminals of a plug and not push in bare wires, and to remember that whilst lighting a lamp indicates earth continuity it does not guarantee adequate earthing. In cases of doubt the local electricity-board inspector is usually very willing to advise.

Electric blankets should always be connected to a three-pin fused plug and invariably switched off before use. They should regularly be checked for insulation faults. In conclusion I would stress the desirability of extending the Government's safety regulations to prohibit the manufacture of fifteen-amp. two-pin plugs, which are a menace, and possibly to include the five-amp. series as well. Only two-amp. two-pin plugs should continue to be used, and these confined to low-consumption insulated appliances.—I am, etc.,

Godalming, Surrey. W. K. TAYLOR.

Suicide in Alcoholics

SIR,—Dr. N. Kessel and Mr. G. Grossman (December 23, 1961, p. 1671) rightly call attention to the great risk of suicide in alcoholics. Their series showed no suicidal deaths among alcoholic women, so that these authors stress the importance of close observation—for some years after discharge—of male alcoholics only. However, the risk is hardly less serious also in female alcoholics. Thus only last week we heard of an alcoholic woman who gassed herself having threatened suicide on several occasions in the past; and even in the absence of a systematic follow-up the deaths by suicide or accident of at least six female alcoholics come to mind, quite apart from a larger number in whom it was touch-and-go as to whether the attempt would prove fatal or not. As in the series of Kessel and Grossman, these alcoholics had generally relapsed into drinking, frequently associated with taking excessive doses of other drugs. In alcoholics it is often difficult to say whether a death is suicidal or accidental—for example, "automatism," the ingestion of more and more tablets whilst under the influence of drink or drugs, is not an infrequent occurrence among alcoholics.[1] The dearth of accidental relative to suicidal deaths in the series reported by Dr. Kessel and Mr. Grossman is thus rather surprising. At any rate, not only unsuccessful suicidal attempts (a history of which was obtained in 25% of male and female alcoholics in various samples and from all social classes[2 3]) but also suicidal and accidental deaths are not uncommon in alcoholic men and women. In some alcoholics alcoholism may indeed be "chronic suicide"[4]; in others it seems rather a long-drawn-out

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