

hand to the educated Indians. Here is his opportunity. Will he rise equal to the occasion?—I am, etc.,

MEDICUS INDICUS.

THE NATURAL HISTORY AND TREATMENT OF PNEUMONIA.

SIR,—This very common disease has been brought before us in the BRITISH MEDICAL JOURNAL lately, and no one can doubt that it is still deserving of, and requires, study. From careful observation of the temperature I recognized that some cases ran their course in four days, when the exudation cleared up as if by magic; others had a longer course, in which the exudation became purulent, and did not end before the seventh or tenth day, or even longer. I regarded these cases as identical in cause, and thought they varied in duration owing to the state of the exudation—looking upon those which got well in four days as analogous to a wound which heals by first intention and those which took longer to wounds which did not heal by first intention. From recent researches, however, it would appear that some pneumococci give rise to a semi-gelatinous exudation, while others produce an exudation consisting of cells. The former pneumococci were derived from lobar pneumonia and the latter from lobular pneumonia. If such be the case, then it is evident that it may be possible by watching the course of each case to tell which kind of pneumococcus has been the cause of the disease. The pneumonia that follows influenza in no respect resembles ordinary pneumonia, and there can be little doubt that its pneumococcus is a most dangerous one, and probably allied to that which causes the pneumonia following measles—a most fatal form. Such facts as bacteriology is giving us show how necessary it is that the natural history of every disease should be most carefully studied by every practitioner.

As to the treatment of pneumonia, there is little new, as we learn from Sir Dyce Duckworth's lecture; but, since it is now regarded as a specific fever, its treatment ought to be conducted on the same lines as scarlet fever, etc.; and as there is no more efficacious remedy in specific fevers than cold affusion, it ought to be used in the acute stage. Sir Dyce Duckworth recommends sponging with iced water in preference to the cold bath in cases of hyperpyrexia, but having learned (as it were by accident) that it is the shock or stimulus given to the nervous system which does good when cold water is applied, and not the lowering of the temperature, whenever it is thought safe to do so, a pail of cold water should be suddenly thrown over the patient in a tub or bath. I have seen it act like magic in scarlet fever of the worst type on the second day of the disease; and wherever the application of cold seems advisable, there can be no doubt that cold affusion, as introduced by Dr. Currie, is the best way in which it can be applied.—I am, etc.,

Hawick, Dec. 1st.

JOHN HADDON, M.D.

SUTURE OF THE CRUCIAL LIGAMENTS.

SIR,—I am much obliged to Mr. William H. Battle for pointing out the report of a further case of suture of the crucial ligaments which had escaped my notice. The case I reported at the Clinical Society was operated on in 1895, the one reported in the Clinical Society's *Transactions* for 1900 was operated on in 1898. I think probably these are the only cases in which the crucial ligaments have been repaired as a definite and distinct operation.—I am, etc.,

Park Crescent, W., Dec. 16th.

A. W. MAYO ROBSON.

"CANCER ANTECEDENTS."

SIR,—I was much interested in Dr. Lawson's remarks in the BRITISH MEDICAL JOURNAL of November 29th regarding his observations on high blood pressure as antecedent to cancer. In this connexion I have remarked in many cases of cancer an excess of uric acid, and many cases of acid dyspepsia preceding cancer of the stomach. I have also seen several cases of lead poisoning and uric acid combined with cancer.

The Welsh peasantry live chiefly on tea and bacon, and I have noticed more internal than external cases of cancer in Wales, and tea is, I think, a prolific cause of uric acid. It is drunk in immense quantities, one patient admitting to 24

cups of tea daily. I have often thought that uric acid may be connected in some way with the production of cancer, and might account for the universal manner in which cancer attacks people living under such varying conditions.

The consumption of tea and meat has increased *pari passu* with the increase of cancer.

A central place (such as the Cancer Research Association) to which medical men might transmit their observations for consideration, might assist in arriving at some definite conclusion with regard to the many floating theories and suggestions upon the subject; and country practitioners have frequently more opportunity of tracing the antecedents, habits, diet, etc., of their patients than town men.—I am, etc.,

Bettws-y-Coed, Dec. 1st.

DOUGLAS MACDONOCH.

THE EFFECT OF REVACCINATION DURING PREGNANCY ON THE CHILD.

SIR,—I have collected all the recorded instances of vaccination of pregnant women, and subsequent vaccination of their infants, from the columns of the BRITISH MEDICAL JOURNAL in the last four years. I have only taken the cases in which the date of gestation at which the mother was vaccinated is given. The results show that of these cases, twelve in number, the child was rendered insusceptible if the mother's vaccination occurred before the sixth month, that during the sixth and seventh months the protection afforded to the child is doubtful, and that after the seventh month no protection at all is produced, the babies giving typical vaccination in all cases. That is, the infants resist vaccination inversely as the stage of pregnancy at which the mother was vaccinated. This is exactly the reverse of the results obtained by Kellock,¹ who found that in 36 cases the infants resisted directly as the stage of pregnancy.

Another point illustrated by the cases in the JOURNAL supports the opinion laid down by Dr. Fulton² that the protection, however complete it may be for a time, is very short. All, or nearly all these children, give some result after 18 months or 2 years old, though the result may be slight. The proper rule to be followed in these cases, if the mother's vaccination was early in her pregnancy, is after one failure in the infant to wait at least a year, and then revaccinate.

The cases in the JOURNAL throw no light on the further deduction of Kellock that the fetus seems to be more readily affected in multiparae than in primiparae. In one instance recorded by Dr. Shuter³ protection was afforded when the mother had been vaccinated shortly before conception.—I am, etc.,

Westerham, Dec. 13th.

ARTHUR MAUDE.

SIR,—I believe the following case may interest your readers. I owe the history to the father of the patient, a clever and well-educated man.

Mrs. C. had the small-pox towards the end of her pregnancy; she was confined normally. Soon after its birth, Dr. B., the medical attendant, vaccinated the child, without success. When adult he was revaccinated once or twice, still without success. When a man he went to China, where he took small-pox, and died of that disease. This seems to show, as far as one case can go, that the small-pox of the mother during pregnancy does not give to the child immunity against small-pox, although the vaccine cannot take on him.—I am, etc.,

Geneva, Nov. 30th.

A. CORDES.

SIR,—A week ago I vaccinated the 7-weeks-old child of a woman I had successfully revaccinated in three places exactly six months before the child's birth. As the child's father is an opponent of vaccination I only made two linear insertions of the lymph (which I know by another case was quite active) and did not rub it in as vigorously as I should otherwise have done. One place did not take at all, but the other has taken quite well, though the look of the pocks reminds one much more of a revaccination than a typical primary case.—I am, etc.,

Whitby, Yorkshire, Dec. 2nd.

A. J. SHARP, M.D., etc.

¹ Quoted from Dr. Th. Acland's article in Allbutt's *System*, vol. 4, p. 574.

² BRITISH MEDICAL JOURNAL, 1899, vol. 1, p. 183.

³ BRITISH MEDICAL JOURNAL, December 31st, 1898.