trauma would not be hazardous. Accordingly I made three superficial insertions with a needle through a drop of calf lymph on the outer part of the upper third of the left arm, adjacent to the site of the scar of the previous vaccination. A well-defined reaction of immunity appeared within twenty-four hours and faded by the eighth day. During this time the patient remained well, though on the third day he had a slight headache and some backache. This may have been significant. He has since taken up his appointment and remained well.

—I am, etc.,

Melbourne, Australia. F. S. PARLE.

Infant Feeding

SIR,—It was most refreshing to read Professor R. S. Illingworth's article on the feeding and management of infants (November 12, p. 1077), for during recent years it seems that nurses have been trained (1) to feed the baby at 4-hourly intervals, no matter how it cries; (2) to allow it in the mother's room at feeding times only; (3) not to pick it up and nurse it when crying. How very absurd all this is, and how contrary to the dictates of nature. One should observe, and take lessons from, the lower animals. I thought that after half a century of practice I was becoming old fashioned, and I thank Professor Illingworth for showing me I am not. Both in labour and in the management of the infant the wisest dictum is to let nature have its way, and only interfere when it fails.—I am, etc.,

Upholland, Lancs. J. THOMSON SHIRLAW.

Buccal Ulcers Caused by Isoprenaline

SIR,—Soreness (or ulcers) of the buccal mucosa as described by Dr. M. Campbell (November 19, p. 1176) are indeed a rare side-effect of sublingual tablets of isoprenaline (isopropylnoradrenaline). I have encountered it in only two out of approximately two hundred asthma patients. The difficulty was easily overcome in these cases by using the aerosol instead of the tablets. Attention should be drawn, however, to the fact that if oral mucosal absorption is desired the tablets should not be sucked, as Dr. Campbell states, but allowed to disintegrate slowly,[1] otherwise most of the substance is dissolved in excess saliva and swallowed into the stomach, from which its effect is weak and uncertain.[2]—I am, etc.,

London, W.C.1. H. HERXHEIMER.

REFERENCES

1 Konzett, H., *Klin. Wschr.*, 1940, **19**, 1303.
2 Gay, L. N., and Long, J. W., *J. Amer. med. Ass.*, 1949, **139**, 452.

Treatment of Erysipeloid with Penicillin

SIR,—I should like to add a few observations to Dr. R. A. Bush's memorandum (October 29, p. 964) and Dr. N. V. Sapier's letter (November 19, p. 1175) on the subject of penicillin for cases of erysipeloid. It is difficult to collect a large number of these cases on which a proper evaluation of treatment can be made. However, as an industrial medical officer supervising workers in the fat and bone trade, I usually see eight or nine such cases each year.

Penicillin therapy was first started in 1947 and, as in the cases reported by Drs. Bush and Sapier, relapse often occurred, especially pain and swelling in the joint. In 1948 daily injections of penicillin in oil were used, and, provided treatment was continued for at least three days, no relapse occurred. Such injections were painful, and, as the cases continued working, there was a tendency to default after the second injection, the acute condition having subsided. Most of the men agreed to the third injection after the point was explained to them.

This year, 1949, procaine penicillin has been used in ten cases. All have completed three days' treatment without complaint of pain. Symptoms subsided in 24 hours, and no relapses have occurred. The dosage used is 400,000 units on the first day and 200,000 units on subsequent days. It therefore appears that satisfactory control can only be obtained by a prolonged maintenance of a high blood level.—I am, etc.,

London, E.16. J. F. ERSKINE.

Definition of Senility

SIR,—Your correspondent, Mrs. M. N. Hill (November 19, p. 1179), raises a legitimate query concerning the nomenclature of senile states. I have elsewhere (*Psychiatry: A Short Treatise*, 1948, Bristol) suggested that Letienne's "senescence" be adopted to represent the normal signs of wear and tear met with in old people in contrast to "senility," which would represent its pathological correlate. Senescence would then be regarded as the natural process of growing old, just as adolescence is the natural process of growing up.

This theoretical distinction may of course present difficulties when we try to correlate the two concepts with physiological involutional changes on the one hand and definite pathological lesions on the other. Indeed, some workers hold that uncomplicated senile death is a rare occurrence. The important changes, apart from the obvious physical ones, occurring in senescence are of the nature of reductions, and these affect practically the whole range of life's potentialities—in the field of emotion, of conation generally, and of intellectual output. There occurs a restriction in desires, affections, and in the capacity for empathy. Acquisitive ambition, whether in the direction of physical prowess, financial enrichment, or fame seeking, is no longer as compelling as formerly. Diminution, too, occurs in the capacity for perception, attention, receptivity, and memory. When these reductions reach a certain arbitrary degree we speak of senility.—I am, etc.,

Kingswinford, Staffs. WM. A. O'CONNOR.

The G.P. and E.C.T.

SIR,—I would point out to Dr. Robert Thompson (November 19, p. 1178) that the object, in which it appears to have failed, of my letter (October 29, p. 984) was to elicit the views of other G.P.s. We already know, having had them reiterated, the views of the enthusiast. Dr. Thompson asks, "What is wrong with a second course of E.C.T. or even a third?" Has Dr. Thompson any idea of the horror and dread with which patients approach their third and subsequent shocks? This is a matter not usually mentioned by enthusiasts. Perhaps they have scotomata for the point.—I am, etc.,

Launceston, Cornwall. DONALD M. O'CONNOR.

SIR,—True there has been considerable correspondence in these columns on E.C.T., and we have learnt a good deal about it from the various opinions expressed, but I still feel Dr. Donald M. O'Connor (October 29, p. 984) has asked a very important question and one which can be answered only by the G.P. who is in constant contact with the patients who have been treated. He can give a much clearer picture than any social worker can in a follow-up of how the patient is adapting to his environment as a result of treatment.

In my work I see a number of patients who have had E.C.T.; some have responded well while others have not. There are patients who would appear to belong to the same diagnostic category and whose environments are in some way comparable, yet they show very divergent responses. I am sure there are many psychiatrists who would welcome the observations of general practitioners regarding the results of this treatment in the various types of neurotic illness.—I am, etc.,

Bishops Stortford, Herts. D. N. HARDCASTLE.

Conceptions of Right and Wrong

SIR,—Dr. Douglas McBain (November 5, p. 1050) has given the simplest and most lucid account of the meaning of the word "wrong" as used in the M'Naghten rules that I have yet seen. Whether he is entitled to our thanks for this is another matter, as his explanation seems to me to make the situation even more chaotic.

"Wrong" (in the M'Naghten rules) Dr. McBain says means morally wrong, not legally wrong, and he gives chapter and verse to prove it. But, he says further, when a person knows