hence the greater liability to infection even from a "queen of puddings." Lastly, distribution being as it is, it is unlikely that the two hundred eggs delivered to St. Bartholomew's were less than a month old.—I am, etc.,

Hittisleigh, Devon. F. E. GRAHAM-BONNALIE.

Chilblains

SIR,—I read Dr. J. T. Ingram's contribution, concerning chilblains, to the "Refresher Course" (December 3, p. 1284) with increasing interest, for it occurred to me while reading this article that chilblains may eventually be classified as one of the minor and localized diseases of adaptation.[1]

As Dr. Ingram states, "Exposure to cold and damp followed by warmth" is the common precipitating factor for chilblains. Exposure to cold is one of the "alarming stimuli" described by Selye. The psychological and nervous influences mentioned by Dr. Ingram could act via the pituitary and the "endocrinotropic" hormones in the same manner that Selye postulates nervous fatigue acts in the alarm reaction.

Finally, the susceptibility for the development of chilblains at puberty, the menopause, and old age and their virtual non-appearance during pregnancy are very suggestive of an endocrine mechanism. It was indeed the remissions of rheumatoid arthritis during pregnancy and jaundice that led Hench to his brilliant observations concerning cortisone.

It would be interesting to know the incidence of chilblains in rheumatoid subjects as compared with that in normal people, and also whether anyone has yet observed a dramatic resolution of a chilblain in a patient treated with cortisone.—I am, etc.,

London, W.5. M. D. WARREN.

REFERENCE

1 Selye, H., *Practitioner*, 1949, **163**, 393.

Resettlement of the Tuberculous

SIR,—The views of Professor Frederick Heaf on rehabilitation of the tuberculous need no bolstering from me against the oblique attack of Dr. Alice Stewart (December 3, p. 1294). It is, however, disheartening to learn that, emanating from "the city of lost causes," philosophic doubt is being cast on the worth of all our policies and schemes in regard to rehabilitation. Misguided these may be, but their fulfilment is at least practicable and realistic. If, as an alternative to the wise and timely reinstatement of tuberculous persons in industry or office, Dr. Stewart can only offer the suggestion of keeping them permanently "in affluence," then she should withdraw from the industrial Midlands and North along with her impedimenta of mass radiography and morbidity tables.

Will she define "affluence" not in the *O.E.D.* sense but in terms of the needs of a tuberculous wage-earner and his wife and family? The standard rates of pensions, sick-pay, and national assistance provide little more than subsistence. Increases have been granted by (or wrung out of) successive Governments sporadically and lagging in time behind the rise in the cost-of-living index. Does Dr. Stewart really think that in future tuberculous persons will be assisted by the State with more than the wherewithal of bare existence? Pensioning-off, however generously, our tuberculous population will not abate by one jot their infectivity in society and in their homes, clubs, churches, and cinemas. Man works for 44 hours, sleeps through 60 hours, and is at home or mixing gregariously with his fellows for 64 hours each week. There is no evidence that exclusion of the tuberculous (even if it were possible) from all work activity would diminish the total infectivity existing in the community. On the contrary, granted eight hours more leisure daily they might well have more opportunities of sowing infection outside workshop or factory.

Half of the tuberculous population becomes capable and does resume work eventually; the work may require to be modified or altered. One-sixth are dying cases, are aged, or are dependent married women. Only the remainder, consisting of 20,000 to 30,000 chronic active cases of pulmonary tuberculosis, need consideration in our rehabilitation plans. Many of them have good work capacity and tolerance. Most are entering or are already at the stage of full productive life. It would be inhumane to deprive these people of opportunity to work and to treat them as "superannuated" men and women at or before the prime of life.

No one, least of all Professor Heaf, advocates the indiscriminate replacement of the tuberculous in industry. Our young people going straight from school to work-bench, shop, or office, there to work alongside older persons, must be protected at all costs. Dr. Stewart's finding of 7 "open" cases in a boot and shoe factory is not germane to the issue unless she also indicates the size of the population that was surveyed or at risk. She decries our present "industrial schemes." To which does she refer? I would draw her attention to the plans of the Disabled Persons Corporation, which has already set up special "Remploy" factories for the tuberculous and aims at establishing one or more in each region. Hull's factory was the first to be opened in the country. It has operated for nine months, has places for 250 men and women, and 60 men are now working there. I can testify to the increased well-being and morale of men who are now being afforded for the first time the chance to work within their reduced physical capacity. As a reward they take home a wage packet on Fridays, earned by their work and skill, instead of being the passive receptors of their "allowances" at the Post Office on Mondays.

Some of the desiderata enumerated by Dr. Stewart in the earlier part of her letter are surely not impossible to attain. I refer to more adequate housing and improved standard of life for tuberculous and healthy alike. These and other social betterments are the prerogative of none, but are within the rights of all to obtain or possess. I assume that Dr. Stewart's letter was intended to be provocative. If her suggestion that it might be better to superannuate tuberculous men and women as a means of reducing the reservoir of tuberculous infection in this country is seriously advanced, then I trust that this latest "Oxford movement" will die a premature and unhallowed death.—I am, etc.,

Hull. ROBERT HARDY.

Rh Genotype Tests

SIR,—Dr. Edgar Rentoul (December 3, p. 1300) refers to the production of evidence with regard to the Rh sub-groups as being used in a British court for the first time in a medico-legal case recently heard in a Scottish Sheriff Court. Although Dr. Rentoul does not state the date of the hearing, which has otherwise escaped my attention, I gather it was more recently than June 8, 1949, when I gave such evidence at a magistrate's court. The facts of the case were as follows.

A woman who had previously borne an illegitimate child alleged that as a result of a single act of intercourse following a casual meeting she had become pregnant. The defendant, who admitted the act, alleged that a contraceptive sheath had been used. The probable time of conception corresponded with the admitted intercourse.

It has been my practice to test for all the antigens for which I have been able to obtain antisera in disputed paternity cases which I have investigated, but this was the first occasion on which an Rh sub-group had produced evidence of value. The results of testing in this instance were as follows:

	A	B	C	D	E	c	M	N	S
Baby ..	+	−	++	++	++	++	+	+	−
Mother	+	−	++	++	−	?−	+	+	+
Alleged father	+	−	++	++	−	(+)	−	+	−

The result obtained on the mother's corpuscles with the anti-c serum available was a doubtful negative reading, and a very active anti-c serum was not available at the time. Because of the uncertainty of this result an attempt was not made to genotype the individuals, and the evidence was considered to be unsuitable for medico-legal work. The evidence was accepted by the magistrates and the claim dismissed as not proven.—I am, etc.,

Newcastle-upon-Tyne. T. H. BOON.