phthisis in the insane are not paradoxical, they are as definite, and as much a part of the clinical features of phthisis in the insane as are the otherwise paradoxical signs of tubercle in children."

The average age at death from phthisis is, in asylums, greater than in hospitals, and the kind of phthisis called by Dr. Percy Kidd "emphysematous" is, in them, owing to the tendency amongst chronic lunatics to early fixation of the chest walls, relatively very common. The pleuritic, bronchitic, fibroid, and bronchiectatic kinds of phthisis are also relatively more common in asylums than elsewhere. On the other hand, haemoptysis is infrequent, and the so-called haemorrhagic type of phthisis exceedingly rare, in the insane—a point of some interest in view of the importance apparently attached by the Tuberculosis Committee to haemoptysis as a diagnostic sign of early phthisis.

I would repeat that I am confident that phthisis is not more difficult of diagnosis in the insane than in the sane, if the characteristics of phthisis as it occurs in the insane be borne in mind. As Dr. Henry Head has said, the diagnosis of tubercle in children would be difficult, and the signs called paradoxical, if one applied to the child the methods appropriate to the adult. And if an asylum medical officer expects to find, in the dayroom of an asylum, phthisis of none but the same type as that one commonly sees at the out-patient department of a general hospital, he will make mistakes and overlook cases.

Dr. Shaw does neither himself nor myself justice when he suggests that I would speak in a "contemptuous strain" of asylum medical officers taking an interest in charades or musical evenings as a means of recreation. But it is ridiculous that dramatic or musical talent should, in the absence of evidence of professional capacity, render a man eligible for appointment as an asylum medical officer, and it is absurd that junior medical officers should be expected to combine the duties of a pathologist with those of an organizer of entertainments.—I am, etc.,

Barnes, S.W., Nov. 17th. F. GRAHAM CROOKSHANK.

THE EXTIRPATION OF TUBERCULOUS LYMPH GLANDS.

SIR,—I was interested to see the opinion put forward by Dr. Harnett[1] against the too frequent operative interference with so-called tuberculous lymph glands. My own experience coincides with that of Dr. Harnett as regards the many cases that get well without operation. I am in the habit of treating suitable cases of this condition with ung. hydrarg. oleati smeared over the glands twice a day, and by tincture of iodine and iodides internally. Iodide of iron is particularly useful. Fresh air and proper diet are, of course, essentials to proper treatment, but the air of Croydon seems to answer so well that I suspect fresh air is more important than any particular air.

It would be interesting to know how many of the glands removed at hospital are really tuberculous. When I was a student they were all so-called, but were never properly examined. A systematic bacteriological examination would be of great of interest, and might prove much, I think.—I am, etc.,

Croydon, Nov. 17th. A. PERCY ALLAN, M.D.Lond., B.S.

PNEUMONIA AND TYPHOID FEVER.

SIR,—The very interesting lecture by Sir Dyce Duckworth on the treatment of pneumonia in the BRITISH MEDICAL JOURNAL of November 15th raises some interesting points. First, can we say for certain that "herpes labialis does not occur in enteric fever"? Niemeyer speaks of its "great rarity" in typhoid; Broadbent (in *Quain's Dictionary*) says that "it may break out when there has been a rigor." Secondly, is it quite correct to say that "the amount of respiration is in relation to the amount of lung involved by the disease"? To quote Niemeyer again, "With the abatement of the fever the dyspnoea ceases almost entirely, although all the obstacles to respiration still continue." In speaking of those cases of pneumonia in which the desired crisis does not come, Sir Dyce does not draw attention to the possibility of an underlying typhoid. All of us have been taken in at least once in our lives by cases of typhoid with abrupt invasion, and all the signs and symptoms of pneumonia, but very few of the text-books lay any stress upon this important point.—I am, etc.,

November 17th. G. P.

[1] BRITISH MEDICAL JOURNAL, November 1st, p. 1472.

PLAGUE WORK IN INDIA.

SIR,—In the BRITISH MEDICAL JOURNAL of September 6th "Medicus Indicus" writes that "Indians, no matter how high be their qualifications, are being rigidly excluded" from plague appointments in India. It is well known to every one resident in India that the masses of the people much prefer to see an Englishman holding any official appointment—medical or otherwise.

In referring to the antiplague inoculation in the Punjab it has been recently stated in the columns of the *Pioneer*—one of the leading Indian daily newspapers—that on several occasions villages of people—especially the women—have refused to submit to inoculation at the hands of native medical men, but have willingly assented to its performance on Englishmen being sent to carry out the work.

"Medicus Indicus" drags "colour, creed, or caste" across the trail, but the people of the Punjab, and possibly the India Office authorities, realize what he and so many educated native gentlemen fail to realize, namely, that the passing of examinations is not the object of life, and that official appointments—like others—should be filled by men who possess certain qualities which no examination system can possibly gauge.

Owing to the absolutely different conditions of life, it is impossible for tourists and stay-at-home Englishmen to be in a position to form an opinion of the advisability or otherwise of employing Orientals in the higher appointments of India. To those interested in the matter, Steevens's little book *In India*, will be found serviceable, as it gives a faithful account of Indians, especially the official classes and their ways.—I am, etc.,

September 23rd. NON-INTERESTED.

THE MEDICAL DEFENCE UNION.

SIR,—As one of the earliest members of the Defence Union I have read Dr. Bateman's letter in your last issue with deep regret, and venture to enter my most emphatic protest against the imposition of an entrance fee. The Union has successfully struggled through bad times to its present state of prosperity, without an entrance fee, and cannot need one now from a financial point of view. Complaint has been made and surprise expressed at the small number of men who join, but how will this proceeding help either the Union, or the poorer members of our profession, and there are plenty of them? If the opposition Defence Society has no entrance fee of course they will join it.

The Council apparently have the power to make the alteration, but in a matter of such moment, I consider they would have been wise to take the sense of the members generally. It is still possible for the latter if they so will to enforce the withdrawal of the resolution.—I am, etc.,

Uxbridge Road, W., Nov. 17th. HILDYARD ROGERS.

THE EFFECT OF REVACCINATION DURING PREGNANCY ON THE CHILD.

SIR,—Having experienced some difficulty in the successful vaccination of infants during the last six months, it occurred to me to make inquiries as to whether the mother had been revaccinated whilst the infant was *in utero*. My inquiries go to prove that in all cases where the vaccination of the child was not satisfactory the mother whilst pregnant had been successfully revaccinated. Last week I vaccinated three on the same day with the same quality lymph; one took splendidly (mother not revaccinated) two did not take (mothers revaccinated). It would be interesting to hear experience of others after such general revaccination as occurred last winter and spring.—I am, etc.,

Jerdan Place, S.W., Nov. 7th. MORRIS J. WILLIAMS.

CAESAREAN SECTION: A CORRECTION.

SIR,—In the BRITISH MEDICAL JOURNAL, 1889, vol. i, p. 183, Professor Cameron writes of my cases as follows:

I am quite aware that Dr. Edmunds's cases have done well without sutures..... I began my operation intending if possible to do without