respiratory mucous membrane enumerated in his definition, how does he account for the extremely common cases of such catarrh which are familiar to every one, but which present none of the symptoms ordinarily connoted by the word "asthma?" Whatever asthma may be, it certainly is not "catarrh" or any other kind of inflammation; and no preliminary array of Greek roots or even Sanskrit roots will justify a definition that ends with the Greek word "catarrh." Such an attempt at "definition" is merely a misleading confusion of ideas.

However, the main point of "M.D.'s" letter is the attempt to justify his statement that the food we take is not the source of the energy of the body. It is here that his mind soars into those transcendental regions whither I follow him with diffidence. He asks us to believe that this energy, instead of being liberated by the chemical processes going on in the body, is somehow "received" during sleep, which "enables the body to receive an amount of vital energy from the limitless stores surrounding it." This is very pretty and very transcendental, but, as Bishop Butler said of the doctrine of Necessity, "Even if it be true, it is for us as though it were not true," and I fail to see that "M.D.'s" somewhat nebulous dissertation on the relation of matter to gravitation adds any plausibility to his contention. However, he says, after drawing various analogies, "I conceive, then, that vital energy bears to the body the same relation that electrical energy bears to the tram motor." Herein I agree with him entirely, but I must remind him that the current in the overhead wire does not get there mysteriously out of the "*Ewigkeit*," but is the direct outcome of the combustion of certain tons of coal at the nearest generating station! "M.D." admits that the combustion of food is the source of the heat of the body; he admits that it might be partially converted into energy, but refuses to admit that any of it is actually so converted. He prefers the hypothesis that mechanical energy drops down to us in some mystic fashion from interplanetary space. Now we know that the best modern steam engine, in developing the energy demanded of it, wastes from 80 to 90 per cent. in the development of heat. The proportion is probably similar in the case of the living body, but the superiority of the body as a machine lies in this, that both heat and energy are required and used.

When "M.D." comes down from this doubtful dealing in imperfect analogies to mere facts and figures he betrays the same habit of loose thinking. In basing certain conclusions on his observation of a single case, he is content to tell us that he "roughly calculated that it requires the expenditure of 780 foot-pounds of heat energy to raise 1-lb. weight of the human body 1° F. in temperature." After this we are not impressed by his dictum that "on anything like this basis it is impossible to account for my patient's work out of her food." Quite so. "Rough calculations" are no use in physiology, and I recommend to "M.D." a perusal of Sir Michael Foster's textbook.

The fact is, Sir, that the processes which lead to the production of energy in the mammalian body are so well ascertained, and so perfectly analogous to the processes of other forms of the conversion of energy, that it would only be waste of your valuable space to write any more in demolishing the fanciful and ill-considered theories of "M.D."—I am, etc.,

Leigh, Lancashire, Sept. 16th. FRED. E. WYNNE, M.B.

THE IMPORTANCE OF VAGINAL EXAMINATION EARLY IN PREGNANCY.

SIR,—Under the above heading an anonymous country doctor in the BRITISH MEDICAL JOURNAL of September 16th gave short notes of two recent cases where, for want of it, Cæsarean section had to be resorted to on account of tumour obstruction. Now I have no doubt that most medical men could cite similar cases, and others where the routine practice of early vaginal and, I would add, abdominal examination would have prevented many of the accidents of pregnancy. Some or the most painful cases I have seen in this connexion have been those of false pregnancy, where patients, after engaging doctor and nurse, and made the other needful preparations, are, after months of joyful expectation, confronted by the ghastly fact that they are not pregnant at all.

Many years ago I remember being called in to assist in a supposed difficult labour, where I found the patient in bed tugging at a roller towel and being assisted in her efforts by sympathetic neighbours, and it certainly was not likely to increase her respect for the profession to be told that her baby clothes would not be required.

It seems to me remarkable that our schools of medicine should allow men to enter upon practice so careless of the grave responsibility which a midwifery engagement involves; that in very few cases do they do more than enter the name and address amongst their engagements, with frequent results such as in your correspondent's practice and others with a less happy ending. Every medical man should adopt the custom of satisfying himself by a full examination as to the local and general condition of the patient, and decline to attend any one who refuses this necessary measure. Moreover, he should make it a point to keep the selection of the nurse in his own hands. Many painful recollections of lives sacrificed through ignorance and carelessness, when the usual method of leaving it to the patient or her friends makes me emphasize this precaution.—I am, etc.,

Nottingham, Sept. 19th. GEORGE ELDER, M.D.

SIR,—In reply to "A Country Practitioner of Twenty-five Years' Standing" on the importance of vaginal examination early in pregnancy, I should like to say that when I learnt my midwifery at the Victoria University and St. Mary's Hospital for Women, Manchester, the importance of this early examination was always insisted upon by Sir William Sinclair and Dr. Donald, my teachers, and that I have found it recognized and practised by all men who conduct their cases in scientific method.

I need hardly say it is my own practice; and in the case of so-called "good-class" practice, as my midwifery practice is, a simple statement of its importance quite reconciles the patient to the procedure in the large majority of cases. In the one or two instances where there has been any demur and the necessity questioned, I have adopted the plan of saying that *not* to examine as I propose incurred a certain amount of risk to the patient of later complications, but that if she chose to run them I had done my duty in warning her and suggesting the precautionary treatment.—I am, etc.,

A TOWN PRACTITIONER OF SIX YEARS' STANDING.

September 16th.

TEETHING AND CORNEAL ULCERS.

SIR,—Dr. A. G. Fraser draws attention in the BRITISH MEDICAL JOURNAL of September 16th to the fact that at this year's meeting of the Section of Dental Surgery no mention was made of the relation between "dentition and corneal ulcers," I presume as an example of reflex irritation. Is it not time this respectable but antiquated bogey were buried? I feel so confident that the perpetuation by the profession of the fallacy that teething is the cause of so many ailments is accountable for many deaths, because, instead of going deeper for the cause of an illness, so many rely on the diagnosis of teething, and it may be as a cloak also for ignorance. If this purely physiological process—namely, the normal growth of the teeth causing absorption of the gum, does lead to such pathological conditions as corneal ulcer, convulsions, eczema, bronchitis, etc., then why not account for "growing pains" in the same way? We hear a great deal of the diseases of dentition, but never as the result of carious teeth, which most adults know from experience can be painful enough, nor yet of any disturbance from an impacted wisdom tooth. Strange that so much reflex mischief should follow one particular physiological process. A whole mass of semi-digested, fermenting, and decomposing food may pass down a long length of highly sensitive intestine, inflating the same with the products of decomposition, pressing upon plexuses of nerves, setting up a poisoned state of blood, yet nothing is heard of it; but a harmless and necessary tooth is no sooner found exposed than all the previous ailments are at once put down to its charge.—I am, etc.,

Darwen, Sept. 18th. F. G. HAWORTH, M.B., C.M., D.P.H.

TREATMENT OF RINGWORM OF THE SCALP BY THE *X* RAYS.

SIR,—I must congratulate Dr. Macleod upon the very ingenious apparatus which is figured in the BRITISH MEDICAL JOURNAL of September 16th for the treatment of ringworm of the scalp by the *x* rays.

Considering that we have at present no really reliable radiometer to measure the rays directly, and that when various tubes are used under apparently similar conditions, the readings of the radiometers are not comparable as regards therapeutic effect. The idea of regulating the exposure by the number of interruptions in the primary circuit is certainly an improvement on present methods, though it may seem like a